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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Mepartment of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	ne 2008 calendar year, or tax year beginning $JUL~1,~2008$ and ending	JUN 30, 2009)
В	Check i	Please C Name of organization	D Employer identif	
	applical	use IRS		
	Addi	ess label or HARVARD-YENCHING INSTITUTE		
	Nam chan	e type S S :	04-2	062394
Ī	Initia			
F	Term	In- Specific VANCEDC HALL CHIME 20 25 EDANCIC		234400
┌		nded trons CALLARY ALARY AND ALARY A		10,838,190.
┌	retur Appl		G Gross receipts \$	
_	tton pend	F Name and address of principal officer SARAH REED	H(a) Is this a group r	Yes X No
		SAME AS C ABOVE		
		xempt status	H(b) Are all affiliates in	
		ite: WWW.HARVARD-YENCHING.ORG		list. (see instructions)
			H(c) Group exemption	
	art I	Summary	Year of formation: 1928	M State of legal domicile. MA
•	Т		VENCUITIO TIME	
Governance	1	Briefly describe the organization's mission or most significant activities: <u>HARVARD</u> -("HYI") IS A NONPROFIT CORPORATION ORGANIZED		
nar		Table 1 and		
Ver	2	Check this box I if the organization discontinued its operations or disposed of i		1
ő	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
ಂರ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
ţį	5	Total number of employees (Part V, line 2a)	5	7
Activities	6	Total number of volunteers (estimate if necessary)	6	0
Ä	1	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<u>7a</u>	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		0.
		• · · · · · · · · · · · · · · · · · · ·	Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		
Revenue	9	Program service revenue (Part VIII, line 2g)		
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,841,054.	5,232,292.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,399.	64,783.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,889,453.	5,297,075.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,711,596.	5,480,403.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	839,046.	901,263.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
ă	b	Total fundraising expenses (Part IX, column (D), line 25)		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,005,505.	494,301.
	18	Total expenses Add lines 13-17 (must equal Part IX, column A) in 25)	7,556,147.	6,875,967.
	40	Payanus loss avanges Subtract line 10 from 10	<2,666,694.	<1,578,892.
s or		Total assets (Part X, line 16) Total liabilities (Part X, line 26)	Beginning of Year	End of Year
set	20	Total assets (Part X, line 16)	230,570,926.	162,029,469.
AB	21	Total liabilities (Part X, line 26)	2,822,072.	2,276,572.
羟	22	Net assets or fund balances Subtract line 21 from line 20	227,748,854.	159,752,897.
P	<u>irt II</u>	Signature Block		
20	20 21 22 art II	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledg	ge and belief, it is true, correct,
ra		In the state of th	l l	5/ 5
S lgr	1		1 Am	L6, 2010
Her	е	Signature of officer	Date	1
		SARAH REED, TREASURER		
		Type or print name and title		
		Preparer's MAL. M. 1 C. O. Date		r's identifying number tructions)
Pion	arer's Only	signature Martin March, CPA 04/15/10		
. K	aiti a Nntv	Firm's name (or TAIT, WELLER & BAKER LLP	EIN ▶	
S	Jiriy	self-employed), address, and 1818 MARKET STREET; SUITE 2400		
		ZIP+4 PHILADELPHIA, PA 19103	Phone no. ► (2	215) 979-8800
Мау	the If	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
	01 12-1		instructions.	Form 990 (2008). \

Form **990** (2008)

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| Part IV | Checklist of Required Schedules | Part IV |

	CTV Officeration of traduition confedence			
			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 Schedule B, Schedule of Contributors?	_2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		_X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any accounts where 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		X
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, 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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the US? If "Yes," complete Schedule F, Part I	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		l	
	located outside the United States? If "Yes," complete Schedule F, Part III	16	Х	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>X</u> _
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_X_
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21	_X_	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	_X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			₹7
	If "No", go to question 25	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		i	
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	0.5	ŀ	v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	or:		v
	prior year? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			v
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	990 (X X

Form 990 (2008) HARVARD-YENCHING INSTITUTE

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an	,	``	,
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
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		X
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		X
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, Parts II, III, IV, and V, line 1	34	<u> </u>	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		_X_
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_		_X_
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_

2008) HARVARD-YENCHING INSTITUTE
Statements Regarding Other IRS Filings and Tax Compliance

tale Eiter the number reported in Box 3 of Form 1996, Annual Summary and Transmittat of U.S. Information Returns. Eiter 6 4 not applicable	•			Yes	No
b. Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable c. Did the organization comply with backup withholding rules for reportable paryments to vendors and reportable garning (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the callendar year ending with or within the year covered by this return b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this esturin (see instructions) 3b. Did the organization have unrelated business gross income of 15 1.000 or more during the year covered by this return? b. If "Yes," has if filed a Form 990-T for this year? If "No, provide an explanation in Schedule O 4a. At any time during the calidard year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b. If "Yes," has if filed a Form 990-T for this year? If "No, provide an explanation in Schedule O 4a. At any time the name of the foreign country. ★ See the instructions for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5a. Was the organization a party to a prohibited tax shelter transaction? 5b. If "Yes," did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If "Yes," to question 5a or 5b, did the organization that for was or is a party to a prohibited tax shelter transaction? 7b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b. If "Yes," indicate the number of Forms 8282 filed during the year 8c. Did the organization shell, exchange, or otherwise dispose of tangible personal property for which it was required?	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	/ \	۶,	6 5
c Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return? It if 'Yes,' has it filed a form 990-T for this year? If 'No, 'prowde an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See the instructions for exceptions and filing requirements for form TD F 90.22 1, Report of Foreign Bank and Financial Accounts See the instructions for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts See Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Li Yes, 'under the regarization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5b Li Yes, 'under the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Li Yes, 'under the requirement of the value of the goods or services pr		U.S. Information Returns. Enter -0- if not applicable	ַן. `		3.7
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 1cl of the calendar year ending with or within the year covered by this return 2 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more dump the year covered by this return? b if "Yes," has filled a Form 990-FOr for this year! If "No. "provide an explanation in Schedule O the "Yes" as filled a Form 990-FOR this year? See the instructions for exceptions and filing requirements for Form 1D F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization is protected tax shelter transaction at any time during the tax year? 5b If "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 1cl "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 1cl "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 1cl "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 1cl "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 1cl "Yes," idl the organization vinclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 1cl "Yes," idl the organization on clude with every solicitation an express statement that such contributions or gifts were not tax deductible or the production of more than \$75? 2 b If "Yes," idl the organization notify the donor of the value of the goods or services provided? 2 c Did the organization shall may receive deductible contributions under section 170(c). 3 b Types," id	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>,</u> [c	36	
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. Note, if the sum of lines 1 and 2 as greater than 250, you may be required federal employment tax returns? Note, if the sum of lines 1 and 2 as greater than 250, you may be required to e-file this return (see instructions). 3a Did the organization nave unrelated business gross income of \$1,000 or more during the year covered by this return? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 5 if "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 9022 1, Report of Foreign Bank and Financial Accounts See this instructions for exceptions and filing requirements for Form TD F 9022 1, Report of Foreign Bank and Financial Accounts See this instructions for exceptions and filing requirements for Form TD F 9022 1, Report of Foreign Bank and Financial Accounts See this instructions for exceptions and filing requirements for Form TD F 9022 1, Report of Foreign Bank and Financial Accounts See this instructions for exceptions and filing requirements for Form TD F 9022 1, Report of Foreign Bank and Financial Accounts See this instructions for exceptions and filing requirements for Form TD F 9022 1, Report of Foreign Bank and Financial Accounts 5a Was the organization and party to a prohibited 1 at was or is a party to a prohibited 1 ax Shelter transaction? 5b Was the organization and party to a prohibited 1 at was or is a party to a prohibited 1 ax Shelter transaction? 6c If "Yes," to question 5 or 5b, did the organization in that was required 1 for 1 foreign 8 organizations shelt and 1 was exception and 1 foreign 8 organizations or general and 1 foreign 8 organization shelt in thi	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		i	
field for the calendar year ending with or within the year covered by this return b (fill least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b (if Yes) is an \$1 filed a Form 990 for this year? (if Who, provide an explanation in Schedule 0		(gambling) winnings to prize winners?	1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 Did the organization have unrollead business gross income of \$1,000 or more during the year covered by this return? 3 If 'Yes,' has if filed a Form 990-T for this year? If 'No, 'provide an explanation in Schedule O 4 At any time during the callendary year, did the organization have use an interest in, or a signature or other authority over, a financial account in a foreign country; less than a bank account, securities account, or other financial account; or a financial account in a foreign country (such as a bank account, securities account, or other financial account; or a financial Accounts 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization a party to a prohibited tax shelter transaction? 6 If 'Yes,' to question 5s or 5b, did the organization file Form 886-T. Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6 If 'Yes,' to question 5s or 5b, did the organization file Form 886-T. Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6 If 'Yes,' to did the organization solicit any contributions that were not tax deductible? 6 If 'Yes,' to did the organization shell with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization provide goods or services in exchange for any quid pric quid contributions of more than \$75? 7 Tay If 'Yes,' did the organization notity the donor of the value of the goods or services provided? 9 Off the conganization shell, exchange, or otherwise dispose of trangible personal property for which it was required to the Form 8282? filed during the year 9 Did the organization shell exchange, or	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines I a and 2 as greater than 250, you may be required to e-file this return (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If Yes, 'has it flied a Form 990-T for this year? If 'No, 'provide an explanation in Schedule O 4 At All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax sheller transaction? 6 If "Yes," to question 5a or 5b, did the organization that it was or sa party to a prohibited tax sheller transaction? 6 If "Yes," did the organization solicit any contributions that were not tax deductible? 7 Organization solicit any contributions that were not tax deductible? 8 Organization stat may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid prole quo contribution of more than \$75? 7a X b If "Yes," indicate the number of Forms 8282 filed during the year c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7b For contributions of qualified intellectual property, did the organization file Form 899 as required? 7c X 7f For contributions of qualified intellectual property, did the organization file Form 899 as ponsoning organization, have excess business holdings at any time during the year? 9		filed for the calendar year ending with or within the year covered by this return	7		
3a Dd the organization have urrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has if field a Form 990-T for this year? if "No," provide an explanation in Schedule 0 A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Sa. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c. If "Yes," to question 5a or 5b, did the organization file Form 8866-T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c. If "Yes," to did the organization include with ever not tax deductible? 6d. If "Yes," did the organization mobile with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d. If "Yes," did the organization notive with every solicitation and express statement that such contributions or gifts were not tax deductible? 7c. If "Yes," did the organization notive the during the value of the goods or services provided? 7d. If "Yes," indicate the number of Forms 8282 filed during the year 9d. Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d. X. 7d. Y. 7d. X. 7d. Y.	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," has it flied a Form 990-T for the year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; Such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country; Such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90:22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b IV 3x Shelter Transaction? 6b IV available party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to question 5a or 5b, did the organization file Form 8886 T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c IV "Yes," to did the organization solicit any contributions that were not tax deductible? 6c IV "Yes," the organization solicit any contributions that were not tax deductible? 6c IV "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c IV "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c IV "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c IV "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d IV "Yes," did the organization include on services in exchange for any quid pro quo contribution of more than \$75? 7a X. X. Yb IV "Yes," indicate the number of Forms 8282 filed during the year. 9b Iv the organization, during the year, pay premiums, directly or indirectly, to pay		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			. (3)
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Form 990 (2008) HARVARD-YENCHING INSTITUTE 04-2062394 Page Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. In the the number of voting members of the powering body Enter the number of voting members of the powering body Described, function, function, or key employee Paive a family relationship or a business relationship with any other officed, describ, rustes, or key employees to a management company or other person? Described relacions of nuturities, or key employees to a management company or other person? Described relacions of nuturities, or key employees to a management company or other person? Described relacions of nuturities of a marked adversion of the organization have members or stockholders? Described regularization become award during the year of a marked adversion of the organization assests? Described regularization have members or stockholders? Described regularization become award during the year of a marked adversion of the organization assests? Described regularization become award during the year of a marked adversion of the organization assests? Described regularization become award during the year of a marked adversion of the organization assests? Described regularization become award during the year of a marked adversion of the organization assests of the governing body? Described the organization have included the person of the organization and the person of the governing body and the person of the person of the governing body? Described the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Described the organization have because and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Described the organization have a written occurrent resonation and such personatio	Sec	tion A. Governing Body and Management			
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SUSAN ALPERT - 617-496-3591 25 FRANCIS AVENUE, STE 20, CAMBRIDGE, MA 02138					
SUSAN ALPERT - 617-496-3591 25 FRANCIS AVENUE, STE 20, CAMBRIDGE, MA 02138	20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion. 🕨	·	

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Name and Title Average hours per week ll that apply) Average hours per week Average hours per week all that apply) Average hours per week Average hours per week all that apply) Average hours per week Average hours per week all that apply) Average hours per week Check this box if the organization did not co	1 '	y of	ficer			or, tr	uste		, <u></u>		
Nouse Per Pe	(A)	(B)							(D)	(E)	(F)
Peter L. Kelley State	Name and Title	, -	 (c					lv)	I	•	-
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<u></u>	(A) Name and title	(B) Average			(e Pos	C) itior			(D) Reportable compensation	(E) Reportable compensatio				
		hours per week	director	Institutional trustee		Key employee	Highest compensated P		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	com fr org	other pensa om th anizat d relat	ation le tion ted
			_								-			
													-	_
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											_			
						-								
	Total						•		120,344.		0.	3	7,8	92.
2	Total number of individuals (including those compensation from the organization	e in 1a) who re	ceiv	ed n	nore	tha	ın \$1	00,0	000 in reportable		<u> </u>		Yes	1 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sch	edul	e J f	or such individual		_	4	X	
5 Sec	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched tion B. Independent Contractors				rom	any	y uni	relat	ed organization for serv	ices rendered to		5		Х
1	Complete this table for your five highest co the organization. NONE	mpensated inc	depe	ende	ent c	ont	racto	ors t		\$100,000 of com	pensa			
	(A) Name and business	address							(B) Description of s	ervices	Co	(C ompe	s) nsatio	n
														
				-										
		_												
2	Total number of independent contractors (i	ncluding those	e in '	1) wł	ho re	ecei	ved	mor	e than \$100,000 in com	pensation				
	from the organization	0		-			_				F	orm	990 (2008)

	n 990 irt VI	(2008) HARVARD-YENCHING INST	ITUTE	 	04-2062	2394 Page 9
Pa	,	II Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		,	,	
Program Service Revenue	2 a b c d e f	All other program service revenue				
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	659,087.			659,087.
	b					
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) (i) Securities (ii) Other 7665000.2449320. 4071041.1470074. 3593959.979,246.	4 572 205			4572205
Other Revenue		Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a	4,573,205.			4573205.
Othe	9 a	Less: direct expenses b Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19 Less: direct expenses b				
	10 a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less. cost of goods sold Net income or (loss) from sales of inventory				
	11 a	Miscellaneous Revenue Business Code PUBLISHING INCOME 611710 OTHER INCOME 611710	62,470. 2,313.	62,470. 2,313.		
	d e 12	Total. Add lines 11a 11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	64,783. 5,297,075.	64,783.	0.	5232292.

Form 990 (2008) HARVARD-YENCH
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	lete column (A) but are	not required to complete		(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				, , , , , ,
	organizations in the U.S. See Part IV, line 21	791,520.	791,520.		
2	Grants and other assistance to individuals in			·	
	the U.S See Part IV, line 22	3,929,893.	3,929,893.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.			,	
	See Part IV, lines 15 and 16	758,990.	758,990.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	177,846.		177,846.	
6	Compensation not included above, to disqualified		}		
	persons (as defined under section 4958(f)(1)) and				t
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	567,266.	327,315.	239,951.	
8	Pension plan contributions (include section 401(k)	1			
	and section 403(b) employer contributions)				
9	Other employee benefits	156,151.	94,407.	61,744.	
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	34,713.		34,713.	
С	Accounting	30,750.		30,750.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	110 500		110 500	
13	Office expenses	112,508.		112,508.	
14	Information technology				
15	Royalties	21 762		21,762.	
16	Occupancy	21,762.	101,015.	21,/02.	
17	Travel	101,015.	101,015.		
18	Payments of travel or entertainment expenses				
4	for any federal, state, or local public officials	184,674.	184,674.		
19	Conferences, conventions, and meetings	104,074.	104,074.		
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	8,879.		8,879.	
22 23	Insurance	0,013.		0,010	
23	Other expenses. Itemize expenses not covered				
24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	· ' / /				
b					
0					
d					
e					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	6,875,967.	6,187,814.	688,153.	0.
26	Joint Costs. Check here J If following	0,010,3010	0,10,1014.		
-0	SOP 98-2. Complete this line only if the organization	ł			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	And a second of the second of				

			(A) Beginning of year			(B End of					
	1	Cash - non-interest-bearing		1							
	2	Savings and temporary cash investments		2							
	3	Pledges and grants receivable, net		3							
		Accounts receivable, net	f	4							
	4		 								
	5	Receivables from current and former officers, directors, trustees, key		ا ۔							
		employees, or other related parties Complete Part II of Schedule L		_5							
	6	Receivables from other disqualified persons (as defined under section									
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	Y	_	`	•					
	_	Part II of Schedule L	24 262	6		2.5	1 5	0			
ets	7	Notes and loans receivable, net	34,363.	7		33	1,5	<u>, </u>			
Assets	8	Inventories for sale or use		8							
•	9	Prepaid expenses and deferred charges		9							
		Land, buildings, and equipment cost basis 10a 314,621.		j			,				
	Ь	Less accumulated depreciation Complete	1 700 020			~ ~	1 0	, ,			
	i	Part VI of Schedule D 10b 92,636.	1,700,939.	10c			<u>1,9</u>	85			
	11	Investments - publicly traded securities	220 025 604	11	1 (1						
	12	Investments - other securities See Part IV, line 11	228,835,624.	12	161	,45	5,9	46			
	13	Investments - program-related See Part IV, line 11		13							
	14	Intangible assets		14							
	15	Other assets. See Part IV, line 11	220 570 026	15	1.00	0.0	0 4	<u></u>			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	230,570,926.		<u> 162</u>						
	17	Accounts payable and accrued expenses	2,822,072.	17		<u>, 27</u>	0,0	12			
	18	Grants payable		18							
	19	Deferred revenue		19							
	20	Tax-exempt bond liabilities		20							
ties	21	Escrow account liability Complete Part IV of Schedule D		21							
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II			`						
<u></u>		of Schedule L		22							
	23	Secured mortgages and notes payable to unrelated third parties		23							
		Unsecured notes and loans payable		24							
	25	Other liabilities Complete Part X of Schedule D		25							
!	26	Total liabilities. Add lines 17 through 25	2,822,072.	26	2	,27	6,5	72			
		Organizations that follow SFAS 117, check here X and complete									
es		lines 27 through 29, and lines 33 and 34.									
2	27	Unrestricted net assets		27							
ala	28	Temporarily restricted net assets	221,394,065.	28	153	,39	8,1	08			
g p	29	Permanently restricted net assets	6,354,789.	29	6	, 35	4,7	89			
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117, check here						-			
٥		complete lines 30 through 34.									
ets	30	Capital stock or trust principal, or current funds		30							
188	31	Paid-in or capital surplus, or land, building, or equipment fund		31							
et /	32	Retained earnings, endowment, accumulated income, or other funds		32							
Ž	33	Total net assets or fund balances	227,748,854.	33	159	,75	2,8	97			
	34	Total liabilities and net assets/fund balances	230,570,926.	34	162	,02	<u>9,4</u>	69			
Par	t XI	Financial Statements and Reporting									
		- 					Yes	No			
1	Accou	unting method used to prepare the Form 990. Cash X Accrual	Other			Ì					
2a	Were	the organization's financial statements compiled or reviewed by an independent a	accountant?]	2a		X			
b	Were	the organization's financial statements audited by an independent accountant?				2b	X				
С	c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,										
	reviev	v, or compilation of its financial statements and selection of an independent accor	untant?			2c	<u>_X</u>				
За	As a r	esult of a federal award, was the organization required to undergo an audit or aud	lits as set forth in the Single	e Audıt							
		nd OMB Circular A-133?				3a		X			
b	If "Ye	s," did the organization undergo the required audit or audits?				3b		<u>L</u>			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2008

Name	of the organizat	ion						[1	Employer i	identification number
			-YENCHING I							1-2062394
Part	I Reason	for Public Char	ity Status (All organ	izations mu	ıst comple	te this pai	t) (see ins	structions)	·
The org	ganization is not	a private foundation	because it is: (Please c	heck only	one organi	zation.)				
1 🗆	A church, co	nvention of churche	s, or association of chu	rches desc	cribed in se	ection 170)(b)(1)(A)(i	i).		
2 🗌	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach S	chedule E.)					
3	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(rii). (At	ttach Sch	edule H.)	
4 [A medical re	search organization	operated in conjunction	n with a hos	spital desc	ribed in se	ection 170	D(b)(1)(A)(iii). Enter t	he hospital's name,
	city, and stat	te								<u></u>
5 🗀	An organizat	ion operated for the	benefit of a college or u	university o	wned or o	perated by	y a govern	mental ur	nit describe	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6 🗌	A federal, sta	ate, or local governm	ent or governmental ur	nt describe	d in sectio	on 170(b)(1)(A)(v).			
7 🗌	🗌 An organizat	ion that normally rec	eives a substantial part	t of its supp	oort from a	governme	ental unit d	or from th	e general p	oublic described in
	section 170	(b)(1)(A)(vi). (Comple	te Part II.)							
8 _	A community	trust described in s	section 170(b)(1)(A)(vi).	, (Complete	Part II)					
9 _			eives (1) more than 33							
			nctions - subject to cert							
	income and i	unrelated business t	axable income (less sec	ction 511 ta	ax) from bu	sinesses	acquired t	y the org	anization a	fter June 30, 1975
_	_	509(a)(2). (Complete	•							
10 _		•	perated exclusively to to	-	_			-		
11 🔀	=		perated exclusively for t							
			ations described in sect		•		2) See se	ction 509	(a)(3). Che	ck the box that
			organization and comp							Type III · Other
	a X Type		• •	c Typ		-	-			• •
e 🗀	-		it the organization is no han one or more public							
			ten determination from						13(a)(1) 01 S	ection 505(a)(2)
f	_	rganization, check th		116 1110 111	acicisaiy	pe i, Type	ii, Oi Typ	C III		1
g		-	organization accepted a	inv aift or c	ontribution	from any	of the foll	owina pe	rsons?	<u> </u>
9			rectly controls, either a							Yes No
			upported organization?		,				(,	11g(i) X
	•	- ,	n described in (i) above							11g(ii) X
			person described in (i)		e?					11g(iii) X
h	Provide the f	ollowing information	about the organization	s the organ	nzation suj	oports				
(i) Na	me of supported	(ii) EIN	(iii) Type of		organization			(vi) l organizat	s the	(vii) Amount of
	organization	(, =	organization (described on lines 1-9	in col. (i) li	sted in your	organizat	tion in col.	(ii) organi	ized in the	support
			`above or IRC section	L	document?			U.S	5.7	
			(see instructions))	Yes	No	Yes	No	Yes	No	
HARV							1			
		04-2103580	2	 	X		X	X		1,849,238.
	ED BOARD		_							
		13-5562367	7	 -	X		X	X	+	791,520.
	SCHEDULE									
<u>o</u>			 	<u> </u>	X		X		X	
				 	 		 	-	+	
				+	-			 	 , 	
Total		`							'	2,640,758.
ı vıdı		1 /				1	1	r .	()	<u> </u>

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

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	edule A (Form 990 or 990-EZ) 2008						Page 2
Pa	rt II Support Schedule for	-			0(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	ri)
	(Complete only if you checke	d the box on line !	5, 7, or 8 of Part I)	<u> </u>			
Se	ction A. Public Support					, ,	
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-					j	
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	j	1				
	furnished by a governmental unit to	1					
	the organization without charge						
4	Total. Add lines 1 - 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	ĺ	Í	Ì			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	,		,	,		
	column (f)			,		1	
_6	Public Support. Subtract line 5 from line 4						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources ,				<u> </u>		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income Do not include gain						
	or loss from the sale of capital				·		
	assets (Explain in Part IV)						·
11	Total support. Add lines 7 through 10		<u> </u>				
12	Gross receipts from related activities,	etc (see instructi	ons)		1	12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth t	tax year as a sectio	n 501(c)(3)	
	organization, check this box and stop		 .				▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2008 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	<u>%</u>
15	Public support percentage from 2007	Schedule A, Part	IV-A, line 26f			15	%
16a	33 1/3% support test - 2008. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	$\textbf{stop here.} \ The \ organization \ qualifies$	as a publicly supp	orted organization	ı			▶
b	33 1/3% support test - 2007. If the o	rganization did no	ot check a box on l	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	-					▶∟
17a	10% -facts-and-circumstances test	t - 2008. If the org	anızation dıd not d	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	his box and stop l	here. Explain in Pai	t IV how the organ	ızation
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances test	t - 2007. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	ie "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publ	icly supported orga	inization .	▶□
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	<u>.</u> ▶ □
					Sche	dule A (Form 990	or 990-EZ) 2008

Part III Support Schedu		Described in	Section 509(a	(Complete only	y if you checked the bi	ox on line 9 of Part I.)
Section A. Public Suppor		T	T	· · · · · · · · · · · · · · · · · · ·		
Calendar year (or fiscal year begin		(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
 Gifts, grants, contributions, 	í		1			
membership fees received					İ	
include any "unusual grants	·					
2 Gross receipts from admiss merchandise sold or service formed, or facilities furnishe any activity that is related to organization's tax-exempt p	es per- d in o the					
3 Gross receipts from activities	es that					
are not an unrelated trade o	or bus-					
iness under section 513						
4 Tax revenues levied for the	organ-					
ization's benefit and either p or expended on its behalf	paid to					
5 The value of services or faci	lities	İ				
furnished by a governmenta	al unit to					
the organization without cha	arge					
6 Total. Add lines 1 - 5						.
7a Amounts included on lines 1	1, 2, and	1				
3 received from disqualified	persons					
b Amounts included on lines 2 and 3 re from other than disqualified persons i exceed the greater of 1% of the total 10c, 11, and 12 for the year or \$5,000	that of lines 9,					
c Add lines 7a and 7b						
8 Public support (Subtract line 7c fro				<u> </u>		
Section B. Total Support					,	
Calendar year (or fiscal year begin	ning in) (a) 2004	(b) 2005	(c) 2006	(d) 2007_	(e) 2008	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments receive securities loans, rents, royal and income from similar sou	ed on Ities	:				
b Unrelated business taxable inco (less section 511 taxes) from bu acquired after June 30, 1975	•					
c Add lines 10a and 10b 11 Net income from unrelated b	ousiness				 	
activities not included in line whether or not the business regularly carried on	e 10b,					
12 Other income Do not includ or loss from the sale of capit		-				
assets (Explain in Part IV) 13 Total support (Add lines 9, 10c, 11)	and 12)					
14 First five years. If the Form		s first, second. thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop her	-	,		,		▶□
Section C. Computation		rcentage		-		
15 Public support percentage f			column (f))		15	%
16 Public support percentage f					16	%
Section D. Computation						
17 Investment income percenta	age for 2008 (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	%
18 Investment income percenta	-				18	%
19a 33 1/3% support tests - 20			on line 14, and line	15 is more than 3		7 is not
more than 33 1/3%, check t	=					▶□
b 33 1/3% support tests - 20	· ·					ınd
line 18 is not more than 33 1	=					▶□
20 Private foundation. If the or		•				▶□
					nedule A (Form 990	or 990-EZ) 2008

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

Name of the organization

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection Employer identification number

Schedule D (Form 990) 2008

	HARVARD-YENCHING I	NSTITUTE	04-2062394
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
_	•		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's	_	└── Yes
6	Did the organization inform all grantees, donors, and donor a	• •	· — —
r _	for charitable purposes and not for the benefit of the donor		
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	oleasure) 🔲 Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a con	servation easement on the last day
	of the tax year		•
	•		Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	nucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		<u> </u>
•	year >	ioadda, changaidhea, ar terrimiatea ay an	organication defining the tanadas
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		nd
•	enforcement of the conservation easements it holds?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
Ü	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170	Yes No
9	In Part XIV, describe how the organization reports conservat	ion consendate in its revenue and expense	
9	include, if applicable, the text of the footnote to the organization	•	
	conservation easements	(101) \$ IIIIanciai statements that describes	the organization's accounting for
Par	t III Organizations Maintaining Collections o	f Art Historical Treasures or O	ther Similar Assets
	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	7,000,00
	complete it the organization answered Tes to Form	550, 1 art 14, mile 5.	
4	if the exception elected as possible us des CEAC 11C us	A A aut in its value is statement and b	alance sheet works of ort bustories!
ıa	If the organization elected, as permitted under SFAS 116, no	•	
	treasures, or other similar assets held for public exhibition, en		blic service, provide, in Fart XIV, the text of
_	the footnote to its financial statements that describes these		
þ	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		. • \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		. > \$
	Assets included in Form 990, Part X		> \$

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	dule D (Form 990) 2008 HARVARD	-YENCHING Collections of A			easures.	or Oth		04-20 ar Asse			
3	Using the organization's accession and other										
Ū	that apply).	1000100, 0170011 071	, ., ., ., .		it are a eigini				(4		
а	X Public exhibition	,	a \square L	oan or exc	hange progr	ams					
b	X Scholarly research				mango progr						
	Preservation for future generations	•	• 🗀 🔻								
C	Provide a description of the organization's c	allastians and avala	un how the	av furthar t	ho organizat	ion's ave	mot nuro	nco in Dar	+ YIV		
4								33 0 111 F a 1	LAIV.		
5	During the year, did the organization solicit of					iei Siiliia	1 235613		Yes	T	No.
Do	to be sold to raise funds rather than to be m						o" to Form	- 000 Par			7 140
Pai	Trust, Escrow and Custodia reported an amount on Form 990, Pa	-	s. Comple	ete ii organ	ization answ	erea re	s to Forn	1 990, Par	t iv, ime	9, 01	
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for c	contribution	is or other as	ssets no	ıncıuaea		٦.,	Γ	٦
	on Form 990, Part X?								」 Yes		_l No
р	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	able							
									Amoun	<u>t</u>	
C	Beginning balance						<u>1c</u>				
d	Additions during the year						1d				
е	Distributions during the year						_1e				
f	Ending balance						1f		-		
2a	Did the organization include an amount on F	form 990, Part X, line	e 21?						」Yes		J No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete	if organization answ	ered "Yes	" to Form 9	ı				···		
		(a) Current year		ior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Fou	years	back
1a	Beginning of year balance										
b	Contributions		ļ.,		-						· · ·
С	Investment earnings or losses		, , , , , , , , , , , , , , , , , , ,		ļ						
d	Grants or scholarships						•				
е	Other expenditures for facilities		1 ′							•	
	and programs					`					
f	Administrative expenses		ļ								
g	End of year balance		L								
2	Provide the estimated percentage of the year	r end balance held	as								
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment >	%									
3a	Are there endowment funds not in the posse	ession of the organiz	zation that	t are held a	ind administe	ered for t	he organiz	zation	1		
	by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required (on Schedi	ule R?					3b		
4	Describe in Part XIV the intended uses of the										
Par	t VI Investments - Land, Building	gs, and Equipm	ent. See	Form 990	, Part X, line	10.					
	Description of investment	(a) Cost or o basis (investi	1		or other (other)	(c) [epreciatio	n	(d) Boo	k valu	e
1a	Land								·		
b	Buildings										
	Leasehold improvements			31	4,621.		92,6	36.	22	1,9	85.
d	Equipment										
	Other	·									
	, Add lines 1a-1e. (Column (d) should equal Fo	orm 990, Part X, coli	umn (B), li	ne 10(c))				>	22	1,9	85.

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008

832053 12-23-08

Part XIV Supplemental Information (continued)	U4-2052394 Page 5
Part XIV Supplemental Information (continued)	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
GAIN ON SALE OF PROPERTY: 979246.	
•	
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Schedule F (Form 990)

Statement of Activities Outside the United States

2008

Department of the Treasury Internal Revenue Service ► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Open to Public Inspection

Name of the organization

HARVARD-YENCHING INSTITUTE

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes"

to Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

X Yes N

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	ditional space is needed) (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EAST ASIA AND THE	0	0_	GRANTS TO RECIPIENTS IN REGION		585,67
WEAD TO SEE THE SEE TH		0	GRANTS TO RECIPIENTS IN		173_31
EUROPE	0		REGION		1,3,31
,					
Fotals .					758_990

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

Schedule F (Form 990) 2008

(i) Method of valuation (book, FMV, appraisal, other) Page 2 Schedule F (Form 990) 2008 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance 04-2062394 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a cash disbursement (f) Manner of BANK WIRE 48 371 BANK WIRE 55,600 of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 LUMNI CONFERENCE ALUMNI CONFERENCE (d) Purpose of EAST ASIA AND THE GRANT TO SUPPORT SAST ASIA AND THE GRANT TO SUPPORT grant HARVARD-YENCHING INSTITUTE Use Schedule F-1 (Form 990) if additional space is needed (c) Region PACIFIC Enter total number of other organizations or entities ACIFIC (b) IRS code section and EIN (if applicable) section 501(c)(3) equivalency letter Schedule F (Form 990) 2008 (a) Name of organization Part II Q က

04-2062394

Page 3

HARVARD-YENCHING INSTITUTE

Schedule F (Form 990) 2008 HARVARD-YENCHING INSTITUTE 04-2062394

Use Schedule F-1 (Form 990) if additional space is needed.

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	г	5 365	BANK WIRE	0		
PELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	m	18 244		0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	2	21,568,		0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	1	9,750,	BANK WIRE	0		
FELLOWSHIP GRANT	EAST ASIA AND THE		7 311.	BANK WIRE	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	1.	10,394	BANK WIRE	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	1	6.092		0	·	
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	1	7,395,		0		
FELLOWSHIP GRANT	EUROPE	1	10,392,	BANK WIRE	•0		
						Schedu	Schedule F (Form 990) 2008

832073 12-18-08

Schedule F (Fo					NG INS	TITUTE]		04-20	<u>)62394 </u>	Page 4
Part IV S	Supple	mental In	formation	- 							
0	omplete	this part to	provide the i	nformation re	quired by P	art I, line 2,	and any oth	er additional int	ormation.		
SCHEDUL:	EF,	PART	I, LINE	E 2: TH	ERE IS	AN IN	<u>ITERNAI</u>	REVIEW	COMMITTE	EE TO	
<u>DETERMI</u>	NE W	<u>HETHER</u>	GRANTS	ARE M	ADE OU	TSIDE	THE U.	S. ONCE	A GRANT	IS MADI	Ξ,
THE GRAI	NTEE	IS EX	PECTED	TO PRO	DUCE W	ORKSHO	P/CONE	PERENCE	PROCEEDIN	IGS AND	_
IDEALLY	(AT	LEAST	GOING	FORWAR	D) PRO	DUCE A	PUBLI	CATION	BASED ON	THE	
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Schedule F-1 (Form 990) 2008 Part III Continuation of Grants an	nd Other Assistance to In	ndividuals Outs	ide the United S	1 (Form 990) 2008 Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III.)	()		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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PELLOWSHIP GRANT	# GC # #	_	6.00	מסדני אואגס	c		
PELLOWSHIP GRANT	EAST ASIA AND THE	-	840	POWN TAKE.	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	4	200	CHECK			
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	1	979	BANK WIRE	o		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	1	7,980,1	BANK WIRE	o		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	1		BANK WIRE	o		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	Ţ	10,758,	10.758 BANK WIRE	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	1.	10,758,1	BANK WIRE	o		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC		5,568,1	5,568,BANK WIRE	0		
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Schedule F-1 (Form 990) 2008 Part III Continuation of Grants ar	nd Other Assistance to I	ndividuals Outs	ide the United S	1 (Form 990) 2008 Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III.)	(III		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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FELLIOWSELF GRANT	3.4.03.03.03.03.03.03.03.03.03.03.03.03.03.	_	11,748,E	BANK WIRE	0		
FELLOWSHIP GRANT	EUROPE	1	11,748.	BANK WIRE	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	H	12,025.	BANK WIRE	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	1	8,751,8	BANK WIRE	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	T	H 0/6 8	BANK WIRE	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	ţ-l	T. 500	7 500 BANK WIRE	0		
FELLOWSHIP GRANT	adokna	, ,	15 263.	BANK WIRE	C		
	, EUROPE	1		BANK WIRE	0		
FELLOWSHIP GRANT	EUROPE	н	11,688,	BANK WIRE	,0		
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Schedule F-1 (Form 990) 2008 Part III Continuation of Grants an	nd Other Assistance to Ir	ndividuals Outs	ide the United S	-1 (Form 990) 2008 Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)	t III)		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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	1	10,000,1	BANK WIRE	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	1	7.349,1	BANK WIRE	o		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC		10,316,1	BANK WIRE	0		
FELLOWSHIP GRANT	EUROPE	,	11.040,1	040, BANK WIRE	0		
FELLOWSHIP GRANT	EUROPE	1	9,48,	BANK WIRE	o		
FELLOWSHIP GRANT	EUROPE	1		BANK WIRE	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	F4		СНЕСК	0		
PELLOWSHIP GRANT	EUROPE	-	562	BANK WIRE	0		-
FELLOWSHIP GRANT	EUROPE	н	11,562	11,562,BANK WIRE	0		
						Scheduk	Schedule F-1 (Form 990) 2008

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Schedule F-1 (Form 990) 2008 Part III Continuation of Grants and Other Assistance to Individuals Out	nd Other Assistance to Ir	ndividuals Outs	ide the United S	Iside the United States. (Schedule F (Form 990), Part III)	()		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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC		5 572	BANK WIRE	c		
FELLOWSHIP GRANT	EUROPE			828 BANK WIRE	C		
FELLOWSHIP GRANT	EUROPE	-		BANK WIRE	C		
FELLOWSHIP GRANT	EUROPE		13,702.	13,702,BANK WIRE	0		
FELLOWSHIP GRANT	EUROPE	1	6,756,	BANK WIRE	0	,	
FELLOWSHIP GRANT	EUROPE	1	9,108	108.BANK WIRE	0		
FEULOWSHIP GRANT	EAST ASIA AND THE PACIFIC	1	30,000	СНБСК	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC		5, 207.	BANK WIRE	0		
FELLOWSHIP GRANT	EAST ASIA AND THE	1	5,219	219. BANK WIRE	0		
						Schedule	Schedule F-1 (Form 990) 2008

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Schedule F-1 (Form 990) 2008 Part III Continuation of Grants an	nd Other Assistance to Ir	ndividuals Outs	ide the United S	1 (Form 990) 2008 Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III.)	t III.)		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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	1	5.361.	BANK WIRE	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	T	568.	BANK WIRE	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	1	5 580	СНЕСК	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	-	6,475,	СНЕСК	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	н	9	СНЕСК	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	н	.009	CHECK	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	F-1	8 300	BANK WIRE	0		
PELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC	1	8,550,	BANK WIRE	0		
FELLOWSHIP GRANT	EAST ASIA AND THE PACIFIC.	н	10,912.	BANK WIRE	0		
						Schedule	Schedule F-1 (Form 990) 2008

Page 3		(h) Method of valuation (book, FMV, appraisal, other)						Schedule F-1 (Form 990) 2008
		(g) Description of non-cash assistance						Schedule
04-2062394	ц III.)	(f) Amount of non-cash assistance	0	0				
0	Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)	(e) Manner of cash disbursement	BANK WIRE	BANK WIRE				
ITUTE	de the United	(d) Amount of cash grant	10,912.	10,912,				
ING INST	dividuals Outsi	(c) Number of recipients	1	1				
HARVARD-YENCHING INSTITUTE	d Other Assistance to Ir	(b) Region	EAST ASIA AND THE PACIFIC	EAST ASIA AND THE PACIFIC				
Schedule F-1 (Form 990) 2008 H	Part III Continuation of Grants and	(a) Type of grant or assistance	FELLOWSHIP GRANT	FELLOWSHIP GRANT				

SCHEDULE I		Grants and	Grants and Other Assistance to Organizations.	to Organizations			OMB No 1545-0047	.
		Governm	Governments, and Individuals in the U.S.	uals in the U.S.			2008	
Department of the Treasury Internal Revenue Service	▲ Comp	► Complete if the organization	n answered "Yes," on F ➤ Attach to Form 990.	" on Form 990, Pa n 990.	ganization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.		Open to Public Inspection	- •
Name of the organization HARVAI	HARVARD-YENCHING I	INSTITUTE	ı				Employer identification number	7 oe
Part I. General Information on Grants and Assistance	1 1							,
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ecords to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the select	uoi	
criteria used to award the grants or assistance? 2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	or assistance?	t toring the use of grant t	funds in the United	States		•	Yes X No	ş
1 2	ince to Governments an	d Organizations in the	United States. C	omplete if the orga	nization answered "Y	es" on Form 990. Part	IV. line 21. for any	
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	re than \$5,000 Check the	is box if no one recipien	it received more th	an \$5,000 Use Par	t IV and Schedule I-1	(Form 990) if additions	al space is needed	Г
1 (a) Name and address of organization or government	zation (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BOARD OF CO	HER SIDE						TO SUPPORT THE	
DRIVE, ROOM 1221 - NEW YORK, NY 10115	NY 13_5562367	501(0)(3)	781 520			-	ORGANIZATION'S GRANT	
C4+0+	1057055-51	767757	107C TC/	0			PROGRAMS IN ASIA	1
								<u> </u>
								[
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	1(c)(3) and government o	nganizations						
1 -	k Reduction Act Notice.	see the Instructions	for Form 990.				Schedule I (Form 990) 2008	8
							· /	3

Page 2 Schedule I (Form 990) 2008 (f) Description of non-cash assistance 04-2062394 (book, FMV, appraisal, other) (Form 990) 2008 HARVARD-YENCHING INSTITUTE
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance 5 074 36,678, 27 980 8 654 27, 795 (c) Amount of cash grant 31 (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2008 FELLOWSHIP GRANT FELLOWSHIP GRANT FELLOWSHIP GRANT FELLOWSHIP GRANT FELLOWSHIP GRANT 832102 12-18-08 Part III. Part IV

Schedule I-1 (Form 990) 2008 HARVARD-YENCHING INSTITUTE	IG INSTIT	UTE	(III + rod () 0		04-2062394 Page 2
(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
mweap athorny too	•				
FELLOWEHTD CBANT		28, 200			
FELLOWSHIP GRANT	rei	52 554			
FELLOWSHIP GRANT	-1		0		
FELLOWSHIP GRANT	7	39,624.	o		
FELLOWSHIP GRANT	1	16.562.	0		
FELLOWSHIP GRANT	-1	9,535,	0		
FELLOWSHIP GRANT	-	40 804	0		
FELLOWSHIP GRANT		51 088.	0		Schedule L. 1 (Form GO), 2008
					Scriedule I- I (roilli 990) 2000

Schedule 1:1 (Form 990) 2008 HARVARD-YENCHING INSTITUTE	IG INSTIT	UTE			04-2062394 Page 2
Part-II Continuation of Grants and Other Assistance to Indivic	duals in the U.S.	(Schedule I (Form 9	90), Part III)		
(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
FELLOWSHIP GRANT	1,	57 216.	0		
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A THE COURT OF THE	-				
FELLOWSTIF GRANT	,				
FELLOWSHIF GRANT		- C - T - Z - Z - Z - Z - Z - Z - Z - Z - Z			
PRILIDMENT OF ANT	-	21 047	c		
FELLOWSHIP GRANT		8 768	0		
FELLOWSHIP GRANT	1.	34,100.	0		
FELLOWSHIP GRANT	1	42.668	0		
					Schedule I-1 (Form 990) 2008

Schedule i-1 (Form 990) 2008 HARVARD - YENCHING INSTITUTE [Yari II Continuation of Grants and Other Assistance to Individuals in the II.S. (Schedule I (Form 990), Part III.)	G INSTIT	UTE (Schedule 1 (Form 9	90) Part III.)		04-2062394 Page 2
(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
FELLOWSHIP GRANT	1	41,635,	0		
FELLOWSHIP GRANT	1,	49,077	0		
FELLOWSHIP GRANT	,	50 815	0		
maken dinontition	-	7	c		
FELLOWSHIP GRANT			c		
PELLOWSHIP GRANT			o		
FELLOWSHIR GRANT		7.460	o		
FELLOWSHIP GRANT	1,	50 111	0		
FELLOWSHIP GRANT	1-1	57,216	0		Schedule I-1 (Form 990) 2008

Schedule I-1 (Form 990) 2008 HARVARD—YENCHING INSTITUTE Part II	IG INSTIT	UTE (Schedule I (Form 9	90) Part III.)		04-2062394 Page 2
(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
FELLOWSHIP GRANT	-	41,278.	0		
FELLOWSHIP GRANT	1	23,481.	0		
FELLOWSHIP GRANT	1.	49,350.	0		
FELLOWSHIP GRANT		18 729	0		
PELLOWSHIP GRANT	-	17 402	o		
FELLOWSHIP GRANT	-		c		
FELLOWSHIP GRANT	1	7 080	0		
FELLOWSHIP GRANT		48,070	0		
FELLOWSHIP GRANT		66.749.	0		
					Schedule I-1 (Form 990) 2008

Schedule I-1 (Form 990) 2008 HARVARD-YENCHING INSTITUTE	G INSTIT	UTE	1100		04-2062394 Page 2
(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
FELLOWSHIP GRANT	,	23,303,	0		
FELLOWSHIP GRANT		35 584.			
PELLOWSHIP GRANT			G		
PELLOWSHIP GRANT	_	35 584	G		
FELLOWSHIP GRANT		40 816	o		
FELLOWSHIP GRANT		36 513	0		
FELLOWSHIP GRANT	Ţ	17,360	0		
rellowship grant		16,562	0		Schedule I-1 (Form 990) 2008

Schedule I-1 (Form 990) 2008 HARVARD-YENCHING INSTITUTE	IG INSTIT	UTE			04-2062394 Page 2
Part II Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III)	tuals in the U.S.	(Schedule I (Form 9	90), Part III)		•
(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
FELLOWSHIP GRANT	1.	55,880.	0		
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		4 T C / \$ C C			
FELLOWSHIP GRANT	1	5 390	0		
FELLOWSHIP GRANT		11,745.	0		
PELLOWSHIP GRANT		4 41 35	0	-	
CHHOMSHAF GROWT	4				
FELLOWSHIP GRANT	. [1	52,700.	0		
FELLOWSHIP GRANT	-		c		
FELLOWSHIP GRANT	1,	57,216,	0		
FELLOWSHIR GRANT	1	58,681,	0		
					Schedule I-1 (Form 990) 2008

Schedule 1-1 (Form 990) 2008 HARVARD-YENCHING INSTITUTE	G INSTIT	UTE			04-2062394 Page 2
Part II Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III)	uals in the U.S.	(Schedule I (Form 9	90), Part III)		•
(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
FELLOWSHIP GRANT	1,	21,832.	0		
	*	, c	c		
FELLOWSHIP GRANT		60/ 76			
FELLOWSHIP GRANT	1	55,880.	0		
FELLOWSHIP GRANT	ę.	28 079	0		
mwad dimonoting	-	2 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	c		
FEBRUARITE GROWT.	1	, , , , , , , , , , , , , , , , , , ,			
FELLOWSHIP GRANT		40,632,	0		
FELLOWSHIP GRANT		35, 732,			
FELLOWSHIP GRANT	i	9,472,	0		
EELLOWSHIP GRANT		15,116.	0		Schedule I-1 (Form 990) 2008

Schedule I-1 (Form 990) 2008 HARVARD-YENCHING INSTITUTE [Part II Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III)	G INSTIT	UTE (Schedule I (Form 9	90), Part III)		04-2062394 Page 2
(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
PELLOWSHID GRANT	-		c		
PELLOWSHID CDANT	,	7756/			
FELLOWSHIP GRANT		38 184	0		
FELLOWSHIP GRANT	-	51 237	O		
FELLOWSHIP GRANT	1	48,323.	0		
FELLOWSHIP GRANT	1	14 946	Ó		
FELLOWSHIP GRANT		53,669.	0		
FELLOWSHIP GRANT		24,505,	0		
FELLOWSHIP GRANT		5,371.	0		
					Schedule I-1 (Form 990) 2008

Schedule 1-1 (Form 990) 2008 HARVARD-YENCHING INSTITUTE Part III Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990) Part III)	IG INSTIT	UTE (Schedille I (Form 9	() ted (06		04-2062394 Page 2
(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
FELLOWSHIP GRANT	1	57,216.	0		
FELLOWSHIP GRANT	1.	33,366.	0		
FELLOWSHIP GRANT	•		•		
mixed attitude to		0000			
TANASO J TUGUNAT		33,124,	0		
FELLOWSHIP GRANT	1,	6 070	0		
					Schedule I-1 (Form 990) 2008

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization

HARVARD-YENCHING INSTITUTE

Employer identification number 04-2062394

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision 1b of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, 2 trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a a Receive a severance payment or change of control payment? 4a 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a X b Any related organization? 5b If "Yes," to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of X a The organization? 6a Х 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Schedule J (Form 990) 2008

04-2062394

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ	120,344.	0	0	0	37.892.	158.236.	60.172.
PETER L. KELLEY	(ii)			0	0	٦.	0	0
'	(i)							
	(ii)							
	Ξ							
	(ii)							
	ε							
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	(ii)							
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	(ii)							
	Ξ							
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	<u>(i</u>							
	Ξ							
	(ii)							

Schedule J (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Employer identification number 04-2062394

HARVARD-YENCHING INSTITUTE

FORM 990, PART I. LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MASSACHUSETTS GENERAL LAWS.HYI PROVIDES FINANCIAL SUPPORT TO THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE ("HARVARD"). THE UNITED BOARD FOR CHRISTIAN HIGHER EDUCATION IN ASIA ("UBCHEA"), AND OTHER SELECTED EDUCATIONAL INSTITUTIONS IN ASIA. HYI IS CONTROLLED BY NINE CORPORATE MEMBERS, ALL OF WHOM ARE ALSO MEMBERS OF HYI'S BOARD OF TRUSTEES. HARVARD AND UBCHEA ARE EACH ENTITLED TO APPOINT THREE OF HYI'S MEMBERS (AND TRUSTEES), AND THEIR SUCCESSORS. A MEMBER (AND TRUSTEE) APPOINTED BY HARVARD OR UBCHEA IS ALSO SUBJECT TO REMOVAL BY THAT ENTITY. THE OTHER THREE CORPORATE MEMBERS (AND TRUSTEES), AND THEIR SUCCESSORS, NOMINATED AND ELECTED BY THE REMAINING MEMBERS OF THE CORPORATION. FORM 990, PART VI, SECTION A, LINE 10: THE CHAIRMAN OF THE BOARD OF TRUSTEES, PETER F. GEITHNER, AND CHAIR OF THE INVESTMENT COMMITTEE, SARAH REED, REVIEW AND APPROVE THE COMPLETED 990. FORM 990, PART VI, SECTION B, LINE 12C: THE DIRECTOR OF THE INSTITUTE REVIEWS THE MEMBERS OF THE BOARD AND SELECTION COMMITTEES TO DETERMINE IF THERE IS ANY CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE DIRECTOR OF THE INSTITUTE IS A

HARVARD FACULTY MEMBER. DURING THE TENURE OF THE HYI DIRECTOR, THE FACULTY

OF ARTS AND SCIENCES RELEASES HIM/HER FROM ONE SEMESTER OF TEACHING, AND

THEREFORE THE INSTITUTE COVERS ONE-HALF OF THEIR UNIVERSITY SALARY ALONG
WITH A SUMMER STIPEND.

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

HARVARD-YENCHING INSTITUTE

Employer identification number 04-2062394

182171210 122170112110 2110121 1 1 1 1 1 1 1 1 1 1 1 1
FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE POSTED ON THE
INSTITUTE'S WEBSITE.
DADT VI LINE 2C
PART XI, LINE 2C
NO CHANGES MADE FROM THE PRIOR YEAR.
FORM 990, SCHEDULE A, PART I
ALTHOUGH THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE ("HARVARD") AND
THE UNITED BOARD FOR CHRISTIAN HIGHER EDUCATION IN ASIA ("UBCHEA") ARE
NOT IDENTIFIED AS SUPPORTED ORGANIZATIONS IN THE GOVERNING DOCUMENTS OF
HARVARD YENCHING INSTITUTE ("HYI"), HARVARD AND UBCHEA COLLECTIVELY
CONTROL HYI'S GOVERNANCE THROUGH THEIR ABILITY TO APPOINT A MAJORITY OF
HYI'S CORPORATE MEMBERS AND TRUSTEES AND ARE BOTH WITHIN THE DEFINED
CLASS OF HYI'S SUPPORTED ORGANIZATIONS. HARVARD AND UBCHEA HAVE BOTH
ALSO HAD HISTORIC AND CONTINUING RELATIONSHIPS WITH HYI THAT HAVE
EVOLVED INTO A SUBSTANTIAL IDENTITY OF INTEREST WITH HYI.
THE THE PODE LINE AND THE POD LINE AND THE PODE
HYI RECEIVED A PRIVATE LETTER RULING FROM THE INTERNAL REVENUE SERVICE
IN 2001 (PLR 200137061) CLASSIFYING HYI AS A "QUALIFIED ORGANIZATION"
UNDER I.R.C. SECTION 514(C)(9)(C), THEREBY PERMITTING HYI TO COMMINGLE
ITS ENDOWMENT FUNDS WITH HARVARD'S ENDOWMENT. AS REQUIRED BY THE PLR IN
ORDER TO ALLOW HYI TO QUALIFY AS A "QUALIFIED ORGANIZATION", HYI HAS
SINCE 2001 PROVIDED ITS SUPPORT TO HARVARD DIRECTLY AND TO UBCHEA
INDIRECTLY, USING HARVARD AS CONDUIT FOR ITS GRANTS TO UBCHEA.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047"

Schedule R (Form 990) 2008 2008 Open to Public Inspection Employer identification number Direct controlling Direct controlling 04-2062394 entity entity End-of-year assets status (if section 501(c)(3)) Public charity Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Œ) Œ) Exempt Code section Total income 9 <u>@</u> 501(C)(3)501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) MASSACHUSETTS <u>O</u> ► See separate instructions. NEW YORK LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. COLLEGES AND UNIVERSITIES EDUCATION AND RESEARCH MAKE GRANTS TO ASSIST Primary activity Primary activity HARVARD-YENCHING INSTITUTE **®** IN ASIA Identification of Related Tax-Exempt Organizations UNITED BOARD FOR CHRISTIAN HIGHER EDUCATION IN ASIA - 13-5562367, 475 RIVERSIDE DRIVE Identification of Disregarded Entities 1033 MASSACHUSETTS AVENUE THRID FL Name, address, and EIN Name, address, and EIN of related organization HARVARD UNIVERSTIX - 04-2103580 of disregarded entity ROOM 1221 NEW YORK NY 10115 Name of the organization CAMBRIDGE, MA 02138 Partil Part

Page 2

Schedule R (Form 990) 2008 HARVARD-YENCHING INSTITUTE

Part III Identification of Related Organizations Taxable as a Partnership

(A)	(B)	<u>(</u>)	<u>@</u>	(E)		(F)	(<u>5</u>	£	ε	<u>ર</u>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, investment,		Share of total Structure of total	Share of end-of-year	Disproportion- ate allocations?	Code V-UB) amount in box	General or managing partner?
		country)		3	(50)	3		Yes No	K-1 (Form 1065) Yes No
						_				_
	4									
					. . –					
										_
					•					_
Part IV Identification of Related Organizations Taxable as a Corporation	ganizations Taxable as a Corl		or Trust							
(A)			(B)	(<u>C</u>)	(a)	(E)	(F)		(5)	(H)
Name, address, and EIN of related organization	Z _i c	<u> </u>	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income		Share of Pend-of-year o	Percentage ownership
		_				2022		_	900000	

(A)	(8)	<u>(</u>)	<u>Q</u>	Û	(F)	9	£
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	olling	τ <u>ς</u> ς) 900°	Sha	Share of end-of-year assets	Percentage ownership
		-					
832162 12-23-08	97	9				Schedule R (Form 990) 2008	m 990) 2008

Schedule R (Form 990) 2008 HARVARD-YENCHING INSTITUTE

Organizations
Vith Related
Transactions V
Part V

				ŀ	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV				Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1 a		×
b Gift, grant, or capital contribution to other organization(s)			4P	×	
c Gift, grant, or capital contribution from other organization(s)			15		×
d Loans or loan quarantees to or for other organization(s)			79		×
			e e		×
f Sale of assets to other organization(s)			=		×
g Purchase of assets from other organization(s)			5		×
			ŧ		×
			; =		×
j Lease of facilities, equipment, or other assets from other organization(s)			1		×
k Performance of services or membership or fundraising solicitations for other organization(s)			1		×
I Performance of services or membership or fundraising solicitations by other organization(s)			=		×
m Shanng of facilities, equipment, mailing lists, or other assets			£		×
n Sharing of paid employees			ŧ	İ	×
				1	
 Reimbursement paid to other organization for expenses 			9	1	×
p Reimbursement paid by other organization for expenses			đ	Ì	×
q Other transfer of cash or property to other organization(s)			19		×
r Other transfer of cash or property from other organization(s)			+		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	g covered relationships and train	nsaction thresholds			
(A)		(B)	O		
Name of other organization(s)		Transaction type (a-r)	Amount involved	volved	то
(1)					
(2)					
(3)					
			n : 2		
(4)					
(5)					
(9)					
832163 12-23-08		Schec	Schedule R (Form 990) 2008	066 (2008

A

Part VI Unrelated Organizations Taxable as a Partnership

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) (B)	(B)	(C)	(Q)	(E)	(F)	(5)	£
Name, address, and EIN of entity	Primary activity	nicile	Are all partners section 501(c)(3)	Share of end-of- vear assets	, o	Code V UBI amount in box 20	Ğ Ë
		- 1	Yes No			of Schedule K-1 (Form 1065)	1 1
-							
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Schedule R (Form 990) 2008

Form 8868 (Rev. April 2009)
Department of the Treasury Internal Revertue Service

Application for Extension of Time To a le an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this					
Do n	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously file	led Form 8868.				
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).					
A cor	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete				
Part I	·	` □				
All ot	ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	extension of time				
to file	income tax returns.					
noted (not a you n	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consist submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file irs gov/efile and click on e-file for Chanties & Nonprofits.	cally if (1) you want the additional nsolidated Form 990-T Instead,				
Туре	or Name of Exempt Organization	Employer identification number				
print	MADMADD VENGUTNO INCOTONO	04 2062204				
File by		04-2062394				
due dat	VANSERG HALL, SUITE 20, 25 FRANCIS AVENUE					
return (500					
Chec	k type of return to be filed (file a separate application for each return).					
X Form 990 Form 990-T (corporation) Form 4720						
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52	27				
	Form 990-EZ Form 990-T (trust other than above) Form 60	69				
	Form 990-PF	70				
Tei ● Ifti ● Ifti	HARVARD-YENCHING INSTITUTE be books are in the care of ▶ 25 FRANCIS AVENUE, STE 20 - CAMBRIDGE, be books are in the care of ▶ 25 FRANCIS AVENUE, STE 20 - CAMBRIDGE, be phone No. ▶ 617-496-3591 FAX No. ▶ he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all it	s is for the whole group, check this				
	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until					
2	If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period				
За	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	nonrefundable credits. See instructions.	3a \$				
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated					
	tax payments made. Include any prior year overpayment allowed as a credit.	3b \$				
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,					
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	_3c				
	See instructions.	3c \$ N/A				
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-EO for payment instructions.				

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form	8868 (Rev. 4-2009)			Page 2		
• If	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this	box		▶ X		
	. Only complete Part II if you have already been granted an automatic 3-month extension on a previously file					
	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Pa		copies	needed).			
Туре	or Name of Exempt Organization	GY	ployer identifica	ation number		
print	HARVARD-YENCHING INSTITUTE	<u> </u>	04-20623	94		
File by extend due da filing th	ed Number, street, and room or suite no. If a P.O box, see instructions.	For	IRS use only			
return instruc	See City, town or post office, state, and ZIP code. For a foreign address, see instructions	· <u> </u>	24 18 18 18 18 18 18 18 18 18 18 18 18 18	And the wester		
	k type of return to be filed (File a separate application for each return). Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	=	Form 5227 C	Form 8870		
STOF	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previo	usly fil	ed Form 8868.	-		
	SUSAN ALPERT e books are in the care of > 25 FRANCIS AVENUE, STE 20 - CAMBRIDGE,	MA	02138			
	lephone No ▶ 617-496-3591 FAX No ▶			. \square		
	he organization does not have an office or place of business in the United States, check this box			>		
box	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If t ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of a		•	•		
4	request an additional 3-month extension of time until MAY 15, 2010	ii (iieiiii	Ders the exterision	011 15 101		
5						
6	If this tax year is for less than 12 months, check reason					
7	tate in detail why you need the extension					
	ADDITIONAL TIME IS REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE					
	RETURN.					
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	nonrefundable credits. See instructions.	8a	\$			
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	ŀ	_			
	tax payments made Include any prior year overpayment allowed as a credit and any amount paid	<u> </u>				
	previously with Form 8868	8b	\$	- 		
	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit					
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	. 8c	 \$	N/A		
	Signature and Verification					
Under (penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the, correct, and complete, and that I am authorized to prepare this form.	e best o				
t is u u Sinnati	Challer Man 1	Date	2/12	1/10		