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Form **990** 

Department of the Treasury Internal Revenue Service

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

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

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

2008

Open to Public
Inspection

\ Fo	r the 2	2008 ca	lendar vea	r, or tax year beginning 07-01-2008	and ending 06-30-200	9		<u> </u>
		plicable		C Name of organization			D Employer ide	ntification number
_	dress cha		Please use IRS	Trustees for Harvard University			53-019918	0
Name change   label or   Doing Business As				E Telephone nu				
type. See			type. See			(617)495-3976		
Initial return  Specific Instruc-  Number and street (or P O box if mail is not delivered to street addres 1033 Massachusetts Avenue Third Fl				ess) Room/suite		<b>s</b> \$ 1,390,587,297		
Ter	mınatıoı	n	tions.	1033 Massachusetts Avenue Tulia FI				, ,
- Am	ended r	eturn		City or town, state or country, and ZIP +	4			
– App	olication	pending		Cambridge, MA 02138				
			F Nan	ne and address of Principal Officer		H(a) To th		
				ılpın Faust President		affili	nis a group return ates?	TYes ▼ No
				chusetts Hall				
Ta	v ovom	pt status		dge, MA 02138 ) (3) ◀ (insert no )		1 ' '	all affiliates include	·
ıa	x-exem	pt status	J♥ 501(c)	(1) (1) or )	527	7		See instructions )
W	eb site	e: ► N/A	•			H(c) Gro	up Exemption Nu	mber 🟲
						1		
( Тур	e of org	anızatıon	<b> </b> ✓ Corporat	ion		<b>L</b> Year of F	ormation 1941   M	State of legal domicile DC
Pa	rt I	Sumi	mary					
	1	Briefly o	lescribe th	e organization's mission or most sig	nıfıcant actıvıtıes			
U		To facil	tate the so	entific, literary, and educational pu	rposes of Harvard Univ	ersity in Was	hıngton, DC	
2								
<u>v</u>								
aoyellidilide aoyellidilide	2	Check t	hıs box 🗀	if the organization discontinued its o	operations or disposed (	of more than	25% of its assets	5
5			,	nembers of the governing body (Part				7
				ident voting members of the governi				6
<u> </u>							_	194
2				nployees (Part V, line 2a)			5 _	
AVIITINGS Q				lunteers (estimate if necessary) .			<b>6</b> _	0
•				ted business revenue from Part VIII		• •	_	0
	ь	Net unr	elated busi	ness taxable income from Form 990	1-1, line 34		7b	
		_				Pr	ior Year	Current Year
o.	8			d grants (Part VIII, line 1h)			27,050,344	6,547,544
	9			revenue (Part VIII, line 2g)			689,246	565,933
Revenu	10			ne (Part VIII, column (A), lines 3, 4			1,120,724	-108,852,823
_	11		-	art VIII, column (A), lines 5, 6d, 8c			100,986	35,343
	12	Total r 12)	evenue—a	dd lines 8 through 11 (must equal Pa	art VIII, column (A), lır	е	28,961,300	-101,704,003
	13		and simila	ar amounts paid (Part IX, column (A)	\ lines 1 – 3\		951,425	1,119,642
	14						951,425	1,119,042
			-	or for members (Part IX, column (A),	•	_		0
82	15	Salarie 10)	s, other co	ompensation, employee benefits (Pai	8,115,995	9,086,319		
Expenses	16a	•	sional fund	raising fees (Part IX, column (A), lin	alsing fees (Part IX, column (A), line 11e)			
<u>⊕</u>	ь							
Ω			_	Part IX, column (A), lines 25 <u>-                                    </u>	enses, Part IX, column (D), line 25 0			
	17				9,707,843	16,789,159		
	18			add lines 13-17 (must equal Part I)	18,775,263	26,995,120		
m gr	19	Keven	ue iess exp	penses Subtract line 18 from line 12	<u> </u>		10,186,037	-128,699,123
5 9 3 55						Begini	ning of Year	End of Year
<del>}</del> %	20	Totala	issets (Pai	t X, line 16)			108,003,433	767,831,365
net Assets ta Fund Balances	21	Total I	ıabılıtıes (F	Part X, line 26)			852,034	654,503
	22	Netas	sets or fun	d balances Subtract line 21 from lir	ne 20		107,151,399	767,176,862
	t II	Sign	ature Blo	ock				
أكس				gury, I declare that I have examined this re	turn, including accompanying	schedules and	statements, and to t	he best of my knowledge
		and belo	ef, it is true,	correct, and complete Declaration of prepare	er (other than officer) is base	ed on all informa	ation of which prepar	er has any knowledge
Plea		ID					0-05-13	
Sign Iero		Signa	ature of office	er		Date	2	
101	<b>-</b>			ter Controller				
		Type	or print nam	e and title				
		Preparer			Date	Check If	Preparer's PTIN (	See Gen Inst )
aid		signature				self- empolyed 🕨 🏲	-	
	arer's	Firm's na	me (or your			· · · · · ·		
	Only	ıf self-en	nployed), and ZIP + 4	<b>/</b>			- EIN ▶	
	-	auuress,	anu ZIP + 4				Phone no 🕨	
					_		i iiisiie iis	
lav i	the IDS	E dicens	e thic ratii	rn with the preparer shown above? (	Eag instructions)			L vas L No

Cat No 11282Y

# Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission  To facilitate the scientific, literary, and education	nal purposes of Harvard Uni	versity in Washington, DC		
2	Did the organization undertake any sit the prior Form 990 or 990-EZ? If "Yes," describe these new services		ces during the year wh	nich were not listed on	「Yes ▼ No
3	Did the organization cease conducting services?		nanges in how it condu	cts any program	┌ Yes ┌ No
4	If "Yes," describe these changes on S Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ments for each of the one	ts are required to repo		•
4a	(Code ) (Expenses \$ Dumbarton Oaks is a museum, research libra Architecture The facility serves approximate	ary, and educational facility f	cluding grants of \$ for the study of Byzantine a	593,809 ) (Revenue \$ and Medieval Humanities, Pre-	528,583 ) Colombian Art, and Landscape
4b	(Code ) (Expenses \$	4,921,805 in	cluding grants of \$	525,833 ) (Revenue \$	37,350 )
	Center for Hellenic Studies is as an education center encompasses the evolution of the Greworld. It also includes interactions with foreign building and maintaining a world-class collect community of scholars, offering residential a scholars can collaborate and share their insign publications, (3) disseminating scholarship of methods and pioneer new avenues of resear range of participants, including non-traditions study and appreciation of Hellenic culture. The	tek language and its culture in cultures and the diffusion tion of resources for the studind non-residential fellowship this with diverse audiences benether the Hellenic world in printerch and teaching, and (4) deal students, undergraduates,	as a central point of contact of Roman influences. This y of the ancient Greco-Ror s to support research in the oth at the center and beyod and electronic formats arisigning and orchestrating a graduate students, scholar	It for all of the different civilizathumanistic vision animates the man world, (2) making these is field, and providing a venue and through seminars, other found developing information technictivities for a global audience	tions of the ancient Mediterranean e centers main activities (1) resources available to the where the fellows and other mms of live presentations, and innologies to enhance existing with the goal of enabling a wide
4c	(Code ) (Expenses \$	inc	luding grants of \$	) (Revenue \$	)
4d	Other program services (Describe i	n Schedule O )			
	(Expenses \$	including grants of \$		) (Revenue \$	)
4e	Total program service expenses \$	22,880,526	Must equal Part IX, Lii	ne 25, column (B).	

art IV	Checklist of	Required	<b>Schedules</b>
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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	Yes	
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		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
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? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
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		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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		Νo
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
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. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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 disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### 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			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
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		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
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	Yes	
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		No
36	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		Νο
37	Did the organization conduct more than 5 percent 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		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	76			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	_		
_	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this	2a	194			
h	return					
J	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	g the	year covered by this	3a		N o
ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i>	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acaccount)?	count	, or other financial	4a	Yes	
b	If "Yes," enter the name of the foreign country GR					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>	t Entil	ty Regarding Prohibited			
Ī	Tax Shelter Transaction?	•	· · ·	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	•	nums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a					
	supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the	spons	oring organization, have	8		Νο
0	year?					
9 -	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			0-		NI -
a	,			9a 9b		No No
10	Did the organization make a distribution to a donor, donor advisor, or related person Section 501(c)(7) organizations. Enter			90		NO
10	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
J	facilities	100				
11	Section 501(c)(12) organizations Enter	_				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Yes

Yes

5

6

7a

7Ь

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

				I
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstance processes, or changes in Schedule O. See instructions.	es,		
	Enter the number of voting members of the governing body 1a	7		
Ь	Enter the number of voting members that are independent 1b	6		l
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with ar other officer, director, trustee, or key employee?	ny	2	
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3	
	Did the organization make any significant changes to its organizational documents since the prior Form 990 w	was	4	I

6	Does the organization have members or stockholders?
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $\cdot$ $\cdot$
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
а	the governing body?

Did the organization become aware during the year of a material diversion of the organization's assets?

b	each committee with authority to act on behalf of the governing body?												
9a	Does the organization have local chapters, branches, or affiliates? .												
b	If "Yes," does the organization have written policies and procedures go	verr	nıng	the	act	ivit	ıes	of s	uch	cha	pte	rs,	

	amiliates, and branches to ensure their operations are consistent with those of the organization?	•	•	•	•
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All	orga	anıza	atio	ns
	must describe in Schedule O the process, if any, the organization uses to review the Form 990.				

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Yes

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
  - 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization OFFICE OF THE CONTROLLER 1033 MASSACHUSETTS AVE 3RD FL CAMBRIDGE, MA 02138 (617) 495-3976

#### 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) and key employees 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, or 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

Check this box if the organization did not compensate any officer, director, trustee or key employee										
		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Officer Institutional Trustee Inclinatual Trustee or Director			Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
James Rothenberg , Treasurer/Trustee	5 0	Х		Х				0	0	0
James Houghton , Trustee	1 0	Χ						0	0	0
Nannerl Keohane , Trustee	1 0	Χ						0	0	0
Patricia King , Trustee	1 0	Х						0	0	0
Robert Reischauer , Trustee	1 0	Х						0	0	0
Robert Rubin , Trustee	1 0	Х						0	0	0
Drew Gilpin Faust , President	1 0	Х		Х				0	0 688,191	
Marc Goodheart , Secretary	1 0			Х				0	276,585	51,015
Gregory Nagy , Dir , Ctr for Hellenic Studies	40 0				Х			15,000	186,291	109,960
Jan M Ziolkowski , Dir , Dumbarton Oaks	60 0				Х			156,353	0	149,722
Gudrun Buehl , Curator and Museum Director	60 0					Х		106,536	0	18,885
Marlene L Chazan , Director Financial Operations	60 0					Х		134,803	0	30,258
Suzanne Day , Director Federal Relations	60 0					Х		143,666	0	16,909
Michael Steen, Director of Facilities	60 0					Х		102,707	0	62,100
Alice-Mary Talbot , Director Byzantine Studies	60 0					Х		107,831	0	15,143
							1			

#### Part VII Continued

<b>(A)</b> Name and Title	<b>(B)</b> A verage hours per week	Highest compensated employee  (C) (check)  Key employee  Officer  Institutional Trustee  Inclinidual Trustee  or Director						(D)  Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total				-			<b>&gt;</b>	766,896	1,151,067	587,812

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►13

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
THE WHITING-TURNER CONTRACTING COMP PO BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	1,070,274
CASEWERKS 326 NORTH CHARLES STREET BALTIMORE, MD 21201	CASE INSTALLATION	290,186
INFINITY WEATHERPROOFING 187596 GINSENG LANE KEEDYSVILLE, MD 21756	CONSTRUCTION	226,208
JACOBS ENGINEERING GROUP 1100 NORTH GLEBE ROAD ARLINGTON, VA 22201	PROJECT MANAGEMENT	145,084
TRULAND SERVICE CORPORATION 5701-J GEN WASHINGTON DRIVE ALEXANDRIA, VA 22312	CONSTRUCTION	127,775
2 Total number of independent contractors (including those in 1) who received from the organization	. ,	5

Form 9	t	oos) Statement of Revenue				Page <b>S</b>
VII			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
ts, grants amounts	1a b	Federated campaigns 1a  Membership dues	5			
Contributions, gifts, grants and other similar amounts	d e f	Related organizations1d 6,290,46  Government grants (contributions) 1e  All other contributions, gifts, grants, and similar amounts not included above 1f  Noncash contributions included in	_			
Conf	g h	lines 1a-1f \$  Total (Add lines 1a-1f)	6,547,544			
venue	2a b	ADMISSIONS AND RELATED MISCELLANEOUS INCOME  SALES OF PUBLICATIONS AND OTHER  Business Cod 900,0	278,683	278,683 287,250		
Program Serwce Revenue	c d e	MATERIALS 900,0	267,230	287,230		
Progran	f g	All other program service revenue  Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest other similar amounts)				1,282,749
	5	Royalties	35,343			35,34
	6a b c	Gross Rents  Less rental expenses  Rental income or (loss)  Net rental income or (loss)				
	7a	(I) Securities (II) Other  Gross amount from sales of assets other				
	ь	than inventory Less cost or other basis and sales expenses Gain or (loss)  1,492,291,300  -110,135,572				
	d	Net gain or (loss)	-110,135,572			-110,135,57
Other Revenue	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds  \$15,000				
ther	b c	Less direct expensesb  Net income or (loss) from fundraising events .	. 0			
0	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	<u> </u>			
	b c	Less direct expensesb  Net income or (loss) from gaming activities	0			
	b	Gross sales of inventory, less returns and allowances .  a Less cost of goods sold b  Net income or (loss) from sales of inventory .				
	11a	Miscellaneous Revenue Business Cod				
	b c d	All other revenue				
	e	Total. Add lines 11a-11d	\$ 0			
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	-101,704,003	565,933		-108,817,480

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
Do 1	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0									
2	Grants and other assistance to individuals in the U S See Part IV, line 22	646,072	646,072								
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	473,570	473,570								
4	Benefits paid to or for members	0	·								
5	Compensation of current officers, directors, trustees, and key employees	212,094	178,159	33,935	0						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0									
7	Other salaries and wages	6,268,807	5,265,797								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	439,459	369,146	70,313							
9	Other employee benefits	1,682,146	1,413,003	269,143							
10	Payroll taxes	483,813	406,403	77,410							
11	Fees for services (non-employees)										
а	Management	0									
b	Legal	78,958	66,325	12,633							
С	Accounting	16,652	13,988	2,664							
d	Lobbying	0									
е	Professional fundraising See Part IV, line 17	0									
f	Investment management fees	0									
g	Other	7,629,840	6,409,066	1,220,774							
12	Advertising and promotion	11,964	10,050	1,914							
13	Office expenses	1,424,067	1,196,216	227,851							
14	Information technology	357,192	300,041	57,151							
15	Royalties	2,015	2,015								
16	Occupancy	2,033,389	1,708,047	325,342							
17 18	Travel	699,200	587,328	111,872							
19	Conferences, conventions and meetings	369,527	310,403	59,124							
20	Interest	115	97	18							
21	Payments to affiliates	0	3,	13							
22	Depreciation, depletion, and amortization	3,004,963	2,524,169	480,794							
23	Insurance	276,648	232,384	44,264	-						
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)										
а	BOOKS AND SUBSCRIPTIONS	239,658	201,313	38,345							
b	PUBLISHING	157,243	157,243		_						
c	OTHER SERVICES PURCHASED	335,616	281,917	53,699							
d	TAXES AND FEES	24,180	20,311	3,869							
e	ALL OTHER EXPENSEES	127,932	107,463	20,469							
f	All other expenses										
25	Total functional expenses. Add lines 1 through 24f	26,995,120	22,880,526	4,114,594	0						
26	Joint Costs. Check I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2008)						

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing	_		71,347	1	424,810	
	2	Savings and temporary cash investments			,	2		
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			96,318	4	2,346	
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of Sc	tion	4958(f)(1)) and		6		
	7	Notes and loans receivable, net	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7		
	8	Inventories for sale or use				8		
90	9	Prepaid expenses and deferred charges			753,055	9	673,728	
ssets	10a							
AS	_	F	<b>10a</b> 93,427,783					
	b	Less accumulated depreciation Complete Part VI of Schedule D	10ь	16,615,416	76,555,429	10c	76,812,367	
	11	Investments—publicly traded securities	<u> </u>					
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	of		11	189,355,478		
	13	Investments—program-related See Part IV, line 11 Complete Pare of Schedule D .	I		13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule  D		30,527,284	15	142,392,836		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			108,003,433	16	767,831,365	
	17	Accounts payable and accrued expenses .		852,034	17	654,503		
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
eS.	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ę		persons Complete Part II of Schedule L		•		22		
_	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			25			
	26	Total liabilities. Add lines 17 through 25	852,034	26	654,503			
Sto		Organizations that follow SFAS 117, check here F and comple	te li	nes 27				
Ď	27	through 29, and lines 33 and 34. Unrestricted net assets			105,319,773	27	749,607,761	
Balance	28	Temporarily restricted net assets			1,831,626	28	5,417,009	
<u> </u>	29	Permanently restricted net assets		1,001,020	29	12,152,092		
Fund	23	Organizations that do not follow SFAS 117, check here ▶ □ and	nlet e		23	12,102,002		
or F		lines 30 through 34.	piete					
	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fund	ds			32		
Net	33	Total net assets or fund balances		107,151,399	33	767,176,862		
	34	Total liabilities and net assets/fund balances			108,003,433	34	767,831,365	
Pa	rt XI	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No	
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo	
b	Were the organization's financial statements audited by an independent accountant?				
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo	
b	If "Yes," did the organization undergo the required audit or audits?	3b			

OMB No 1545-0047

#### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Open to Public Inspection

		<b>e organizat i</b> arvard Univers						Em	ployer ide	nt if icat io	n nun	nber	
			,					53	-0199180	<b>o</b>			
	rt I			harity Status (to be co					Instruct	ions)			
The	organız —			ation because it is (Please		_							
1	<u> </u>	•		urches, or association of ch			Section :	170(b)(1)(	(A)(i).				
2	<u> </u>			ion 170(b)(1)(A)(ii). (Attac		=							
3	<u> </u>			e hospital service organizati									
4	ı		-	zation operated in conjuncti	on with a l	hospital d	escribed i	n <b>Section</b>	170(b)(1)	(A)(iii). E	nter	the	
_	_	•	name, city, and										
5	ı			or the benefit of a college or	universit	y owned o	roperated	by a gove	ernmental	unit desc	rıbed	ın	
_	_			(Complete Part II )			470	/I \ / <b>/</b> \ / <b>/</b> \ \					
6	<u> </u>	•		overnment or governmental					• •				
7	1	_		ally receives a substantial p		support fro	om a gove	rnmentai t	init or fron	n the gene	eraipi	ublic	
8	_			o)(1)(A)(vi) (Complete Par red in <b>Section 170(b)(1)(A)</b> (		anlata Dan	+ TT \						
9	<u>'</u>		•	ally receives (1) more than	• • •	•	•	ontribution	s mamba	rchin faas	e and	aros	
,	'			ated to its exempt functions									3
		•		estment income and unrelate	-		•	, ,	•				
			<del>-</del>	on after June 30, 1975 See			-			k) IIOIII ba	511105	303	
10	Г		=	and operated exclusively to			-		-	e instruc	tions	١	
11	<u></u>	-	•	and operated exclusively fo	•		•					•	es of
	,	one or more	e publicly support describes the	orted organizations describe type of supporting organiza	d in section	on 509(a) omplete l	(1) or sec	tıon 509(a hrough 11	a)(2) See		09(a)	(3).	Check
e	<b>▽</b>	other than section 50	foundation man: 9(a)(2)	rtify that the organization is agers and other than one or	more publ	licly supp	orted orga	nızatıons	described	ın sectioi	n 509	(a)(1	) or
f g		check this	box	d a written determination fro as the organization accepted						supportii	ng org	anıza	
_		following pe			, 5			•			_		
			· ·	r indirectly controls, either a		-	th persons	describe	d ın (ıı)		-	/es	No
		• •	, <del>-</del>	ng body of the the supported	•	tion?				11g	_		N o
				erson described in (i) above						11g			N o
				ty of a person described in (						11g(	(iii)		No
h		Provide the	following inforr	nation about the organizatio	ns the org	janization	supports						
(i) Name of Supported Organization		orted	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	s the ation in listed in verning ment?	the orga	ou notify anization i) of your port?	organız col (i) o	s the ation in organized US?		A me	ount of ort?
					Yes	No	Yes	No	Yes	No			
PRESIDENT AN FELLOWS OF HARVARD COLLEGE			042103580 02 Yes Yes			Yes				0			
						1				1			
						1				1			
					<del>                                     </del>	1	t	t	<del>                                     </del>	1	+		

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</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 organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15								
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.	check 1	this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)								
	Facts and Circumstances Test								

Schedule A (Form 990 or 990-EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

▶ 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.

**Employer identification number** Name of the organization Trustees for Harvard University 53-0199180

Pai	t I Organizations Maintaining Donor Adordary organization answered "Yes" to Form 990		Funds or Accounts. Complete if the
	organization answered Tes to Form 550	(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 advis funds are the organization's property, subject to the o		nor advised Yes No
6	Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene impermissible private benefit?		
Par	Conservation Easements. Complete	f the organization answered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or- Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	on or pleasure)	n historically importantly land area ertified historic structure
_	· ·		
2	Complete lines 2a-2d if the organization held a qualif on the last day of the tax year	fied conservation contribution in the form	n of a conservation easement
	,		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	5	2b
c	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfer	rred, released, extinguished, or terminat	ed by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserva	tion easement is located 🕒	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, vio	lations, and
6	Staff or volunteer hours devoted to monitoring, inspec		e year ►
7	A mount of expenses incurred in monitoring, inspectin	ig, and enforcing easements during the y	⁄ear <b>►</b> \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of se	rction Yes No
	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easem	he footnote to the organization's financia ents	al statements that describes
Part	Organizations Maintaining Collection Complete if the organization answered "	Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its final	for public exhibition, education or resea	rch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	ublic exhibition, education, or research	·
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		'
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		▶ \$

Cat No 52283D

Part	***	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Trea</u>	sures, or C	<u> the</u>	<u>r Similaı</u>	r Asse	ts (co	ntınued)
3		ng the organization's accession and othe ns (check all that apply)	r records, check any	of th	e foll	owing that	are a signific	ant u	se of its co	ollection	ı	
а	굣	Public exhibition		d	굣	Loan or e	xchange prog	rams				
b	<u>~</u>	Scholarly research		e	Γ	Other						
С	✓ Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV											
5		ring the year, did the organization solicit o ets to be sold to raise funds rather than t							nılar	Г	Yes	√ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					ganization a	answ	ered "Yes	s" to Fo	orm 99	90,
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?											
b	If"	Yes," explain why in Part XIV and comple	te the following table				-					
										A mou	nt	
С	Beg	ginning balance						<b>1</b> c				
d	A d	ditions during the year						1d				
е	Dıs	tributions during the year						1e				
f	End	ding balance						1f				
2a	Dıd	the organization include an amount on Fo	orm 990, Part X, line	21?						Γ	Yes	┌ No
b	If"	Yes," explain the arrangement in Part XIV										
Pai	rt V	Endowment Funds. Complete										
1a	Boo	Jinning of year balance	(a)Current Year 924,447,000	(b	<b>)</b> Prior	Year   (c	:)Two Years Back	(   ( a )	Three Years	Васк   (е	)Four Ye	ars Back
ь		ntributions	321,117,000									
c		estment earnings or losses	-240,022,000									
d		nts or scholarships	594,000									
e		ner expenditures for facilities	36,489,000									
_		programs										
f	A dr	ministrative expenses	3,819,000									
g	End	lofyear balance	643,523,000									
2	Pro	vide the estimated percentage of the yea	r end balance held as									
а	Boa	ırd designated or quasi-endowment 🕨	6 %									
b	Per	manent endowment 🕨 💮 11 %										
С	Ter	m endowment 🕨 83 %										
3a		there endowment funds not in the posse:	ssion of the organizat	ıon t	hat a	re held an	d administere	d for	the			
	_	anization by unrelated organizations		_						3a(i)	Yes	No No
		related organizations		•	•					3a(ii)		No
b		Yes" to 3a(II), are the related organizatio		on S	ched	ule R?				3b	Yes	
4	Des	scribe in Part XIV the intended uses of th	e organization's endo	wme	nt fu	nds						
Par	t VI	Investments—Land, Buildings	s, and Equipmen	<b>t.</b> S	ee F	orm 990,	Part X, line	10.				
		Description of investment				Cost or othe (investmen			(c) Deprec	ation	( <b>d)</b> Boo	ok value
<b>1</b> a	and								_ <del>_</del> _			
b i	Build	ıngs					89,89	7,182	15,1	56,852	74	1,740,330
<b>c</b> l	eas	ehold improvements										
d I	qui	pment					3,53	0,602	1,4	58,565	2	2,072,037
е (	Othe	r	<u>.</u>									

(a) Description of security or cateory	(b)Book value	(c) Method of valuation
(including name of security)	(2,200.1.1.1.2	Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests	F7 227 741	_
Other COMMODITIES	57,327,741	F
Other PRIVATE EQUITIES Other REAL ESTATE	93,269,493	F
Other REAL ESTATE	38,758,244	r
Total. (Column (b) should equal Form 990, Part X, col (B) line 12	189,355,478	
Part VIII Investments—Program Related	See Form 990 Part X line 13	
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13	) <b>F</b>	
Part IX Other Assets. See Form 990, Part 1		
(a) De	scription	(b) Book value
OTHER INVESTMENTS		95,997,996
DUE FROM HARVARD UNIVERSITY		210,008
GENERAL OPERATING ACCOUNT		46,184,832
Total. (Column (b) should equal Form 990, Part X, col.(B)	line 15.)	• 142,392,836
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
	+	
	+	
	<del>                                      </del>	
	<del></del>	
	<del>                                     </del>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25	) 🕨	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	]	
b	Prior year adjustments	]	
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		
C 0.00	oplete this part to provide the descriptions required for Part II lines 2. F. and 0. Part III lines 15 and 4. Pa	r+ VIV	lines 1 h and 2 h

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Return Reference	Explanat ion
Part V and Part IX	Historically, certain endowment investments belonging to Trustees for Harvard University (Trustees) had been excluded from Trustees balance sheet and included in the balance sheet of President and Fellows of Harvard College Beginning in the fiscal year ended June 30, 2009, Trustees and the President and Fellows of Harvard College changed accounting methods for the Forms 990 to report Trustees' endowment investments on Trustees' balance sheet Trustees believes this method better reflects its financial position Trustees' endowment investments totalling \$643,523,277 as of June 30, 2009 were reported on Part X, lines 11, 12, and 15 The related net assets are included in Part x, lines 27-29
ns Part III, Line 1a	SFAS 116 provides that contributions of works of art, historical treasures, and similar assets need not be recognized as revenues and capitalized if the donated items are added to collections that are held for public exhibition, education, or research in furtherance of public service rather than financial gain Contributions to Trustees' collections have met this criteria, therefore, Trustees has not reported revenue or assets related to these collections
Part III, Line 4	The Center for Hellenic Studies collection is mainly a library collection comprising approximately 60,000 volumes in the field of Hellenic Studies covering a wide range of disciplines. The library collection is a valuable resource to researchers.
Part III, Line 4	The Dumbarton Oaks Museum comprises three collections (The Byzantine Collection, The Robert Woods Bliss Collection of Pre-Columbian Art, The House Collection) The Dumbarton Oaks Museum has 35,000 objects recorded and managed through an electronic database in a wide range of media minor art, sculpture, antique furniture, textiles and wall tapestries, floor mosaics, prints, painting and monumental fresco replica painting coming Europe, Middle and South America, North America, and Asia The Dumbarton Oaks Museums collections are an important resource for the scholarly community of the Dumbarton Oaks Research institute as well as to students and a broader general public The mission of the Dumbarton Oaks Museum is to connect scholars with art and art scholarship with the public Through an active program of research and exhibitions, the museum strives to advance knowledge and stimulate appreciation of art by engaging visitors aesthetically, visually, and intellectually
	Part III, Line 1a

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2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE F** 

(Form 990)

► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**Statement of Activities Outside the United States** 

Open to Public Inspection

	ne of the organization					Employer ide	entification number
rus	tees for Harvard Universit	:y				53-019918	0
Pā	General Infor "Yes" to Form 9			de the United States	s. Complete	e if the orgai	nization answered
1	For grantmakers. Doe	the amount	of the grant	s or			
-				assistance, and the se			
	· -		<del>-</del>				
2	<b>For grant makers.</b> Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of grar	nt funds outsic	de the
3	Activites per Region (U:	se Schedule F-1	(Form 990) ıf add	ditional space is needed )			
		(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,		ty listed in (d)	
	(a) Region	offices in the	employees or	fundraising, program services,		am service,	(f) Total expenditures in
		region	agents in region	grants to recipients located in the region)		ecific type of ;) in region	region
	ppe (Including Iceland and enland)	1	4	Program Services	Classical St	udies	495,000
	ope (Including Iceland and enland)			Grantmakıng			349,852
ast	t Asia and the Pacific			Grantmakıng			34,000
	sia and the Newly ependent States			Grantmakıng			23,916
Sout	th America			Grantmakıng			22,482
1ıd	lle East and North Africa			Grantmakıng			34,261
	tral A merica and the bbean			Grantmakıng			2,214
Nort	th A merica			Grantmakıng			6,845

Totals.

968,570

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	( <b>g</b> ) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Asia/Pacific	4	26,000				
pe/Iceland/Greenland	11	74,662				
pe/Iceland/Greenland	22	255,590				
ıa	2	23,916				
h A merica	4	22,482				
le East/North a	1	34,261				
rıca/Carıbbean	1	2,214				
n A merica	1	1,845				
pe/Iceland/Greenland	2	19,600				
A sıa/P acıfic	1	8,000				
h A merica	1	5,000				
p p l h l a rh p '	Asia/Pacific  De/Iceland/Greenland  De/Iceland/Greenland  De/Iceland/Greenland  De/Iceland/Greenland  De/Iceland/Greenland  De/Iceland/Greenland  Asia/Pacific	Asia/Pacific	Asia/Pacific   4   26,000     Dee/Iceland/Greenland   11   74,662     Dee/Iceland/Greenland   22   255,590     Dee/Iceland/Greenland   2   23,916     Dee/Iceland/Greenland   4   22,482     Dee/Iceland/Greenland   1   34,261     Dee/Iceland/Greenland   1   2,214     Dee/Iceland/Greenland   2   19,600     Asia/Pacific   1   8,000	Cash grant   Cas	(b) Region         (c) Number of recipients         (d) Amount of cash grant         (e) Manner of cash disbursement           Asia/Pacific         4         26,000         20           De/Iceland/Greenland         11         74,662         30           De/Iceland/Greenland         22         255,590         30           De America         4         22,482         30           De East/North         1         34,261         34           De East/North         1         2,214         30           De America         1         1,845         30           De Action of Caribbean         2         19,600         30           Asia/Pacific         1         8,000         30	(b) Region         (c) Number of recipients         (d) A mount of cash grant         (e) Manner of cash disbursement         Cash assistance           Asia/Pacific         4         26,000         4           De/Iceland/Greenland         11         74,662           De/Iceland/Greenland         22         255,590           Dia         2         23,916           Dia         2         23,916           Dia         34,261         4           Dia         2,214         4           Dia         1         2,214           Dia         1,845         4           De/Iceland/Greenland         2         19,600           Asia/Pacific         1         8,000

Part IV Supplemental I	nformation	ured in Part I, line 2, and any other additional information
Identifier	ReturnReference	ured in Part I, line 2, and any other additional information.  Explanation
Process for Monitoring Grants	Part I, Line 2	All disbursements made by this institution in furtherance of its exempt programs are reviewed and approved by duly constituted committees or individuals. All scholarships are reviewed and approved by Harvard's financial aid offices.

Software ID:

**Software Version:** 

**EIN:** 53-0199180

Name: Trustees for Harvard University

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--

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

DLN: 93493137016370

OMB No 1545-0047

2008

Schedule I (Form 990) 2008

## **Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion Employer identification number

Trustees for Harvard Universit						53-0199180	
Does the organization mathe selection criteria use Describe in Part IV the organization	aintain records to s d to award the grar rganization's proce	nts or assistance? edures for monitoring th	of the grants or assista  e use of grant funds in t	he United States			⊽ Yes
Form 990, Part Part IV and Sch	IV, line 21 for an edule I-1 if addit	ny recipient that rece Tional space is		00. Check this box	tes. Complete if the of the of the office of	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
<ul><li>2 Enter total number of seconganizations</li><li>3 Enter total number of oth</li></ul>							•

Cat No 50055P

Part III 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.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Stipends for post-doctoral students and fellows	31	418,768			
Travel Relocation for Fellowships	11	19,022			
Research-related reimbursements for Fellowships	16	16,282			
Undergraduate travel grants	28	62,350			
Graduate student stipend grants	10	25,016			
Student prizes and awards	11	104,634			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Process for monitoring grants		All disbursements made by this institution in furtherance of its exempt programs are reviewed and approved by duly constituted committees or individuals All scholarships are reviewed and approved by Harvard's financial aid offices

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As Filed Data -

DLN: 93493137016370

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

Name of the organization

## **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.

Open to Public **Inspection** 

iiu.	53-0199180			
Pa	rt I Questions Regarding Compensation			
			Yes	Νo
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			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	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  Compensation committee  Independent compensation consultant  Form 990 of other organizations  Compensation survey or study  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		No
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νο
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	<b>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</b> 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			
а	The organization?	5a		No
ь	Any related organization?	5b		No
6	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			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
		ı	ı	1

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe 7

Yes

Cat No 50053T

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	15,000 182,341	0	0 3,950	0 23,827	75,000 11,133		
	1) 155,325 1) 0	0	1,028	19,640 0	130,082 0	306,075 0	
	0 0 261,429	0 15,000	0 156	0 29,400	0 21,615	0 327,600	
Drew Gilpin Faust (	0 0 671,388	0	0 16,803	0 29,400	0 104,420	0 822,011	
	1) 131,521 0) 0	3,187 0	95 0	15,447 0	14,811 0	165,061 0	
	136,220 0	7,424 0	22 0	15,412 0	1,497 0	160,575 0	
Michael Steen (	1) 102,567 I) 0	0	140 0	11,775 0	50,325 0	164,807 0	
	i)						
(1	) i)						
	i)						
	) i)						
	) i)						

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
Housing allowance or residence for personal use	Part I, Line 1a	Trustees for Harvard University provides housing to Professor Ziolkowski and Professor Nagy, key employees and to Mr Steen, a reportable employee. They are required to reside in the respective houses as a condition of employment for the convenience of Dumbarton Oaks and the Center for Hellenic Studies. The estimated value of the nontaxable housing benefits reported on Form 990, Part VIII, Section A, Column F, are \$101,800 for Professor Ziolkowski, \$75,000 for Professor Nagy, and \$39,000 for Mr. Steen
Bonus and incentive payments	Part I, Line 7	Trustees offers incentive compensation for outstanding performance Bonus and incentive payments for officers, key employees, and highest compensated employees are listed in Part II

#### DLN: 93493137016370

### SCHEDULE O (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 Trustees for Harvard University Employer identification number

53-0199180

ldentifier	Return Reference	Explanation
Part I, Volunteers	Form 990, Part 1, Line 6	There are volunteers within Trustees for Harvard University, however, the organization does not track or elsewhere report the number of volunteers

ldentifier	Return Reference	Explanation
Part VI, Governance, Management and Disclosure	Section A Governing Body and Management	Form 990, Part VI, Section A, Line 2 All trustees of the Trustees for Harvard University are also fellows of the President and Fellows of Harvard College Form 990, Part VI, Section A, Line 7b Certain actions of the Trustees governing body, such as the election of new directors and amendments to the corporate statutes, are subject to the consent of Harvard University's Board of Overseers Form 990, Part VI, Section A, Line 10 Trustees for Harvard University's Form 990 has been reviewed by Harvard University's Joint Committee on Inspection and by Harvard's internal counsel. The final Form 990 was provided to the entire governing body before it was filed.

ldentifier	Return Reference	Explanation
Part VI, Governance, Management and Disclosure	Section B Policies	Form 990, Part VI, Section B, Line 12c Annually, Harvard University's Office of the General Counsel distributes a Policy on Conflicts of Interest and Commitment for Senior Officers and Senior Administrators, and an annual disclosure form, to the individuals subject to the Policy. The completed forms are reviewed by the Office of the General Counsel. A parallel process is carried out annually by the Office of the General Counsel and the Secretary of the University forms of directors are reviewed by both the Office of the General Counsel and the Secretary of the University Form 990, Part VI, Section B, Line 13 Currently, and during the tax year ended June 30, 2009, the University had a formal policy that expressly forbids any form of retaliatory action against any member of the Harvard community who in good faith voices concerns, seeks advice, files a complaint or grievance, seeks the aid of Human Resources, testifies or participates in investigations, compliance reviews, proceedings or hearings, or opposes actual or perceived violations of Harvard Universitys policy or unlawful acts. The University is in the process of developing a formal whistleblower policy. Form 990, Part VI, Section B, Line 15a-b As a part of Harvard University, Trustees is subject to the same policies and procedures as the President and Fellows of Harvard College for determining and reviewing compensation. The President and Fellows of Harvard College has disclosed in its Form 990 the process taken to determine compensation for officers. Officers are not compensated in their capacity as officers of Trustees for Harvard University. Trustees's officers also serve as officers of the President and Fellows of Harvard College. The President and Secretary are compensated for their positions in the President and Fellows of Harvard College. The President and Secretary are compensated for their positions in the President and Fellows of Harvard College. The President and Secretary are compensated for their positions in the President and Fellows of Harv

	ldentifier	Return Reference	Explanation
ı	Part VI, Governance, Management and Disclosure	Section C Disclosure	Form 990, Part VI, Section C, Line 19 Trustees for Harvard University's finanacial statements are incorporated in Harvard University's consolidated financial statements, which are available on Harvard University's website Harvard University's Conflict of Interest policy is available on Harvard's intranet, accessible to members of the Harvard community. Harvard University's charter is available upon request.

Identifier	Return Reference	Explanation
Part VII, Compensation	Part VII, line 1a, column (B)	Average Hours Per Week The University does not track hours worked by trustees, officers, key employees, and highest compensated employees. The average hours worked reported on Part VII, line 1a, column (B) are estimates, with 60 hours per week representing full-time employment. Actual hours worked per week may vary. Hours per week provided to a related organization. The list below details average hours per week that individuals listed on Part VII, line 1a devoted to President and Fellows of Harvard College, a related organization. James R. Houghton 5 hours Nannerl O. Keohane 5 hours Patricia A. King 5 hours Robert D. Reischauer 5 hours Robert E. Rubin 5 hours James F. Rothenberg 5 hours Marc L. Goodheart 60 hours Drew Gilpin Faust 60 hours Gregory Nagy 20 hours.

ldentifier	Return Reference	Explanation
Part XI, Financial Statements and Reporting	Part XI, Line 2b	Harvard University's financial statements include the activity of certain subsidiaries that file separate tax returns, including Trustees for Harvard University. The financial statements for the fiscal year ended June 30, 2009 were audited by an independent accountant.

## SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

OMB No 1545-0047 **200** 

2008

Department of the Treasury Internal Revenue Service Open to Public Inspection

Name of the organization Frustees for Harvard University	Employer identification number								
Tradeces for Harvara Oniversity				53-0199180					
Part I Identification of Disregarded Entities									
<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Total income E	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity				
Part II Identification of Related Tax-Exempt Organizat	ions			<u> </u>					
<b>(A)</b> Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Exempt Code section	(E) Public charity status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity				
President and Fellows of Harvard College  1933 Massachusetts Avenue 3rd Fl Cambridge, MA02138 04-2103580		МА	501(c)(3)	School					

<b>(A)</b> Name, address, and EIN of related organization	Prim	<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom inve	(E) ominant e(related, estment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

(6)

Part V	Transactions	with	Related	Organizations	
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Pa	art V Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> D	During the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	eity		1a		No
b	Gift, grant, or capital contribution to other organization(s)			1b		No
c	Gift, grant, or capital contribution from other organization(s)			<b>1</b> c	Yes	
d	Loans or loan guarantees to or for other organization(s)			1d		No
е	Loans or loan guarantees by other organization(s)			1e		No
f	Sale of assets to other organization(s)			<b>1</b> f		No
g	Purchase of assets from other organization(s)			<b>1</b> g		No
h	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			<b>1</b> i		No
j	Lease of facilities, equipment, or other assets from other organization(s)		l de la companya de	1j		No
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)		1k	Yes	
ı	Performance of services or membership or fundraising solicitations by other orga	anızatıon(s)		11	Yes	
n	n Sharing of facilities, equipment, mailing lists, or other assets			1m		No
n	Sharing of paid employees			1n		No
0	Reimbursement paid to other organization for expenses		<b>.</b>	10	Yes	
P	Reimbursement paid by other organization for expenses			1р	Yes	
q	O ther transfer of cash or property to other organization(s)		l de la companya de	1q		No
r	O ther transfer of cash or property from other organization(s)			1r		No
	If the answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsh	nips and transaction thresholds			
	(A)	(B) Transaction	(C)			
	Name of other organization(s)	type(a-r)	Amount Involved			
(1)						
(2)						
(3)						
(3)						
(4)	,					
(5)						

#### 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

									_					
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No				
			•	•		•		Sabadula	D / Form					