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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

OMB No 1545-0047

2010Open to Public
Inspection**A For the 2010 calendar year, or tax year beginning** 07/01, 2010, and ending 06/30, 2011

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization GIOVANNI ARMENISE-HARVARD		D Employer identification number 04-3293162
	FOUNDATION FOR SCIENTIFIC RESEARCH, INC.		
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (617) 432-3289
	HMS C/O DEAN OF FACULTY OF MEDICINE		
	City or town, state or country, and ZIP + 4 BOSTON, MA 02115		G Gross receipts \$ 3,165,865.
	F Name and address of principal officer LISA MAYER 401 PARK DRIVE, BOSTON, MA 02215		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)
I Tax-exempt status	☒ 501(c)(3)	☐ 501(c)() (insert no)	☐ 4947(a)(1) or ☐ 527
J Website: ▶ WWW.HMS.HARVARD.EDU/ARMENISE			
K Form of organization	☒ Corporation	☐ Trust	☐ Association ☐ Other ▶
		L Year of formation 1995	M State of legal domicile MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2.
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0.
	6 Total number of volunteers (estimate if necessary)	6	0.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,899,431.	3,165,865.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,899,431.	3,165,865.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,233,677.	2,607,409.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	737,465.	519,706.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,971,142.	3,127,115.
19 Revenue less expenses Subtract line 18 from line 12	-71,711.	38,750.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	66,694,653.	75,220,445.
	22 Net assets or fund balances Subtract line 21 from line 20	1,417,430.	291,753.
		65,277,223.	74,928,692.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Lisa Mayer</i>	Date 5/14/12
	Type or print name and title Lisa Mayer, Executive Director	
Paid Preparer Use Only	Print/Type preparer's name KAYE B. FERRITER	Preparer's signature <i>Kaye Ferriter</i>
	Date 5.14.12	Check if self-employed ☐
	PTIN P00641464	
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP	Firm's EIN ▶ 13-4008324
	Firm's address ▶ 125 HIGH STREET BOSTON, MA 02110	Phone no 617-530-5000
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

9S04EB 7377

V 10-8.3

SCANNED JUN 25 2012

B

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 2,698,898. including grants of \$ 2,607,409.) (Revenue \$ 0.)

GRANTS FOR RESEARCH CONDUCTED BY PHYSICIANS, SCIENTISTS, AND OTHER PROFESSIONALS TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 2,698,898.

Part IV Checklist of Required Schedules

	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	☒	☐
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	☐	☒
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	☐	☒
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	☐	☒
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	☐	☐
6 Did the organization maintain any donor advised funds or any similar funds or 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	☐	☒
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	☐	☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	☐	☒
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	☐	☒
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	☒	☐
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	☐	☒
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	☐	☒
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	☐	☒
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	☐	☒
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	☒	☐
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	☐	☒
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	☐	☒
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	☒	☐
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	☐	☒
14 a Did the organization maintain an office, employees, or agents outside of the United States?	☒	☐
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	☒	☐
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, Parts II and IV	☐	☒
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, Parts III and IV	☒	☐
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	☐	☒
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	☐	☒
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	☐	☒
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	☐	☒
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	☐	☐

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24 a	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25.		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	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.		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
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.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		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.		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.		X
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.	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	X	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. ☐ Yes ☒ No		
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.		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.		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		
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 to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
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 (see instructions)	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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)?	4a		X
b If "Yes," enter the name of the foreign country ▶ See instructions for 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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a 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		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 7		
b Enter the number of voting members included in line 1a, above, who are independent 1b 2		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	X	
3 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		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Does the organization have members or stockholders? 6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," does 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? 10b		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a		X
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a		
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c		
13 Does the organization have a written whistleblower policy? 13		X
14 Does the organization have a written document retention and destruction policy? 14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a		X
b Other officers or key employees of the organization 15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a 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		X
b 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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ☒ MA

18 Section 6104 requires an organization to make its Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ☒ MICHAEL F. HARTY LANDMARK CTR, STE 23 W, 401 PARK DR BOSTON, MA 02215
 (617) 432-3289

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER M. HOWLEY, M.D. TRUSTEE	1.00	X						0.	372,026.	53,302.
(2) GIOVANNI AULETTA ARMENISE CHAIRMAN	1.00	X						0.	0.	0.
(3) GIAMPIERO AULETTA ARMENISE TRUSTEE	1.00	X						0.	0.	0.
(4) JEFFREY S. FLIER, M.D. PRESIDENT/CEO/TRUSTEE	1.00	X		X				0.	559,999.	49,870.
(5) LISA MAYER TRUSTEE/EXEC DIRECTOR GAHF	18.00	X		X				0.	169,293.	29,861.
(6) WESLEY A. BENBOW TRSR/TRUSTEE AS OF 10/12/2010	1.00	X		X				0.	263,319.	50,233.
(7) RICHARD G. MILLS CLERK/TRUSTEE AS OF 10/12/2010	1.00	X		X				0.	334,284.	55,627.
(8) ALEXA MARGARET MASON AST DIR EXT REL/DIR ITAL AFRS	14.00					X		0.	139,839.	30,978.
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
(26) _____										
(27) _____										
(28) _____										
1b Sub-total								0.	1,838,760.	269,871.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0.	1,838,760.	269,871.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

	Yes	No
3		X
4	X	
5		X

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) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII 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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		0.			
Program Service Revenue	2a _____			Business Code			
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,165,865.		
4		Income from investment of tax-exempt bond proceeds		0.			
5		Royalties		0.			
			(i) Real	(ii) Personal			
6a		Gross Rents.					
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)		0.			
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		0.			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events		0.			
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities		0.			
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue			Business Code				
11a	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d		0.				
12	Total revenue. See instructions		3,165,865			3,165,865	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 . . .	1,989,841.	1,989,841.		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	12,448.	12,448.		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	605,120.	605,120.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	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	0.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees)				
a	Management	0.			
b	Legal	0.			
c	Accounting	10,150.		10,150.	
d	Lobbying	0.			
e	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other	42,480.	42,480.		
12	Advertising and promotion	0.			
13	Office expenses	32,231.	18,372.	13,859.	
14	Information technology	747.	497.	250.	
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	33,770.	24,980.	8,790.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	3,301.	3,301.		
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	0.			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	TAX TO MA	400.		400.	
b	DUES AND MEMBERSHIPS	1,002.	1,002.		
c	PERSONNEL CHARGEBACK	394,768.		394,768.	
d	PROCESSING FEES	857.	857.		
e	_____				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,127,115.	2,698,898.	428,217.	0.
26	Joint Costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	322,019.	2	322,041.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	64,971,779.	11	74,447,439.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,400,855.	15	450,965.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	66,694,653.	16	75,220,445.	
Liabilities	17 Accounts payable and accrued expenses	59,237.	17	4,353.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	1,358,193.	25	287,400.
	26 Total liabilities. Add lines 17 through 25	1,417,430.	26	291,753.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	65,277,223.	27	74,928,692.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	65,277,223.	33	74,928,692.
	34 Total liabilities and net assets/fund balances	66,694,653.	34	75,220,445.

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,165,865.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,127,115.
3	Revenue less expenses. Subtract line 2 from line 1	3	38,750.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65,277,223.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	9,612,719.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	74,928,692.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b Were the organization's financial statements audited by an independent accountant?	X	
2c If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis		
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?		X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization **GIOVANNI ARMENISE-HARVARD
FOUNDATION FOR SCIENTIFIC RESEARCH, INC.**

Employer identification number
04-3293162

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									1,989,841.

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

Schedule A (Form 990 or 990-EZ) 2010

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
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 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 instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts 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 June 30, 1975						
c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐ ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a **33 1/3 % support tests - 2010.** 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 ☐ ►
- b **33 1/3 % support tests - 2009.** 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 ☐ ►
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐ ►

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

ATTACHMENT 1

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF
		ORGANIZATION	YES NO	YES NO	YES NO	
HMS, A DEPT OF PRESIDENT AND FELLOWS OF HARVARD COLLEGE	04-2103580	02	X			1,989,841
TOTAL AMOUNT OF SUPPORT						<u>1,989,841</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization GIOVANNI ARMENISE-HARVARD
FOUNDATION FOR SCIENTIFIC RESEARCH, INC.

Employer identification number
04-3293162

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

Schedule D (Form 990) 2010

JSA
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V 10-8.3

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	66,635,416	64,676,846	95,751,371		
b Contributions					
c Net investment earnings, gains, and losses	13,129,666	6,918,573	-24,980,662		
d Grants or scholarships	12,048	66,236	61,226		
e Other expenditures for facilities and programs	3,757,644	4,070,258	4,825,409		
f Administrative expenses	779,297	823,509	1,207,229		
g End of year balance	75,216,093	66,635,416	64,676,845		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 100.0000 %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) PLEDGES PAYABLE	287,400.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	287,400.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE D, PART V, LINE 4

THE INTENDED USES OF THE ENDOWMENT FUND ARE TO SUPPORT THE MISSION OF

GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH, WHICH

ENCOURAGES BASIC SCIENCE RESEARCH, BOTH IN THE UNITED STATES AND IN

ITALY.

Part XIV Supplemental Information *(continued)*

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **GIOVANNI ARMENISE-HARVARD
FOUNDATION FOR SCIENTIFIC RESEARCH, INC.**

Employer identification number
04-3293162

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? ☒ Yes ☐ No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	1	0.	PROGRAM SERVICES	ADMINISTRATIVE	85,597.
(2) EUROPE	0	0.	GRANTMAKING	RESEARCH AWARDS	605,120.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total,	1.	0.			690,717.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	0			690,717

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

Schedule F (Form 990) 2010

Part II **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 recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities

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.
Part III can be duplicated 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)
(1) CAREER DEVELOPMENT AWARD	EUROPE/ICELAND/GREENLAND	3	600,000	WIRE	0.	N/A	N/A
(2) SUMMER FELLOWSHIP	EUROPE/ICELAND/GREENLAND	1	5,120	WIRE	0	N/A	N/A
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2010

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U S Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2010

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

THE FOUNDATION REQUIRES GRANT RECIPIENTS TO PROVIDE ANNUAL REPORTS ON THE USE OF THE FUNDS SPENT, WHICH ARE REVIEWED BY THE ADMINISTRATIVE STAFF IN THE US AND IN ITALY. IN ADDITION, FOR THE CAREER DEVELOPMENT AWARDS, RECIPIENTS SUBMIT A COMPREHENSIVE REPORT FOLLOWING YEAR 3 OF THEIR GRANT, WHICH DETERMINES THE RENEWAL FOR YEARS 4 AND 5. THE BOARD OF TRUSTEES REVIEWS AND APPROVES THE CONTINUATION OF THOSE GRANTS.

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

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

OMB No 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization GIOVANNI ARMENISE-HARVARD
FOUNDATION FOR SCIENTIFIC RESEARCH, INC.

Employer identification number

04-3293162

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ☐ Yes ☐ No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PRESIDENT & FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVE., BOSTON, MA 02138	04-2103580	501 (C) (3)	1,989,841.	0	N/A	N/A	RESEARCH
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations 1.

3 Enter total number of other organizations 1.

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

Schedule I (Form 990) (2010)

JSA

0E1288 2 000 9504EB 7377

V 10-8.3

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. Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	PH D AWARD	1	12,448	0	N/A	N/A
2						
3						
4						
5						
6						
7						

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

SCHEDULE I, PART I, LINE 2

THE GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH REQUIRES

GRANT RECIPIENTS TO PROVIDE ANNUAL REPORTS ON THE USE OF THE FUNDS SPENT.

THE REPORTS ARE REVIEWED BY THE ADMINISTRATIVE STAFF IN THE UNITED

STATES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **GIOVANNI ARMENISE-HARVARD
FOUNDATION FOR SCIENTIFIC RESEARCH, INC.**

Employer identification number
04-3293162

Part I Questions Regarding Compensation

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 indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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 | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 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

a The organization?

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

8 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported 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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 PETER M. HOWLEY, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	365,076.	0.	6,950.	31,410.	21,892.	425,328.	0.
2 JEFFREY S. FLIER, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	550,858.	0.	9,141.	31,410.	18,460.	609,869.	0.
3 LISA MAYER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	155,518.	13,200.	575.	20,640.	9,221.	199,154.	0.
4 ALEXA MARGARET MASON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	112,225.	0.	27,614.	12,518.	18,460.	170,817.	0.
5 WESLEY A. BENBOW	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	239,442.	23,400.	477.	31,410.	18,823.	313,552.	0.
6 RICHARD G. MILLS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	306,771.	25,000.	2,513.	31,410.	24,217.	389,911.	0.
7	(i)							
(ii)								
8	(i)							
(ii)								
9	(i)							
(ii)								
10	(i)							
(ii)								
11	(i)							
(ii)								
12	(i)							
(ii)								
13	(i)							
(ii)								
14	(i)							
(ii)								
15	(i)							
(ii)								
16	(i)							
(ii)								

Schedule J (Form 990) 2010

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.

SCHEDULE J, PART II

OFFICERS AND TRUSTEES ARE NOT COMPENSATED IN THEIR CAPACITY AS OFFICERS/ TRUSTEES OF GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH ("FOUNDATION"). HOWEVER, THE INDIVIDUALS LISTED WERE ALSO EMPLOYEES OF THE PRESIDENT & FELLOWS OF HARVARD COLLEGE ("COLLEGE"), POSITIONS FOR WHICH THEY RECEIVED COMPENSATION. THEY SERVED AS OFFICERS AND/OR TRUSTEES OF THE FOUNDATION AS PART OF THEIR DUTIES TO THE COLLEGE. DURING 2010, THE COLLEGE COMPENSATED THESE INDIVIDUALS AS DESCRIBED IN PART II.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
GIOVANNI ARMENISE-HARVARD
FOUNDATION FOR SCIENTIFIC RESEARCH, INC.

Employer identification number
04-3293162

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

TO SUPPORT RESEARCH IN MOLECULAR AND CELL BIOLOGY, BASIC TO MEDICINE AND
AGRICULTURE, CONSIDERING DERIVATIVE ETHICAL ISSUES, ALL IN CONNECTION
WITH THE PRESIDENT & FELLOWS OF HARVARD COLLEGE, ALSO REFERRED TO AS
HARVARD UNIVERSITY.

FORM 990, PART V, LINE 2A

GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH
("FOUNDATION") HAS NO EMPLOYEES. THE FOUNDATION REIMBURSES PRESIDENT AND
FELLOWS OF HARVARD COLLEGE FOR PERSONNEL EXPENSES RELATED TO SERVICES
PERFORMED ON BEHALF OF THE FOUNDATION.

FORM 990, PART VI, LINE 2

GIOVANNI AULETTA ARMENISE, CHAIRMAN
GIAMPIERO AULETTA ARMENISE, TRUSTEE
FAMILY RELATIONSHIP

JEFFREY S. FLIER, MD, PRESIDENT/CEO/TRUSTEE

PETER M. HOWLEY, MD, TRUSTEE

LISA MAYER, EXECUTIVE DIRECTOR GAHF/TRUSTEE

WESLEY A. BENBOW, TREASURER/TRUSTEE

RICHARD G. MILLS, CLERK/TRUSTEE

JEFFREY FLIER, DEAN OF HARVARD MEDICAL SCHOOL IS THE KEY EMPLOYEE OF THE
HARVARD UNIVERSITY AND ALL OF THESE PERSONS WERE EMPLOYED BY THE HARVARD

Name of the organization GIOVANNI ARMENISE-HARVARD
FOUNDATION FOR SCIENTIFIC RESEARCH, INC.

Employer identification number
04-3293162

UNIVERSITY.

FORM 990, PART VI, LINE 11A

THE ORGANIZATION'S TAX RETURN IS PREPARED BY EXTERNAL TAX PREPARERS AND
WAS REVIEWED BY MANAGEMENT. A FINAL COPY OF FORM 990 WAS PROVIDED TO
EACH VOTING MEMBER OF THE BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C

GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH
("FOUNDATION") HAS NO SEPARATE WRITTEN POLICY. AS AN AFFILIATED ENTITY OF
THE PRESIDENT & FELLOWS OF HARVARD COLLEGE ("COLLEGE"), THE FOUNDATION
ADHERES TO THE COLLEGE'S, AND MORE SPECIFICALLY, HARVARD MEDICAL SCHOOL'S
("HMS"), CONFLICT OF INTEREST POLICY. OFFICERS AND TRUSTEES ARE REQUIRED
TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS. MONITORING
TAKES PLACE WITHIN THE FRAMEWORK OF HMS.

FORM 990, PART VI, LINES 13 AND 14

GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH HAS NO
SEPARATE POLICIES. IN PRACTICE, IT COMPLIES WITH THE CORRESPONDING
POLICIES OF THE PRESIDENT & FELLOWS OF HARVARD COLLEGE, ITS CONTROLLING
ORGANIZATION.

FORM 990, PART VI, LINE 15B

OFFICERS AND TRUSTEES ARE NOT COMPENSATED IN THEIR CAPACITY AS OFFICERS/
TRUSTEES OF GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH

Name of the organization GIOVANNI ARMENISE-HARVARD
FOUNDATION FOR SCIENTIFIC RESEARCH, INC.

Employer identification number
04-3293162

("FOUNDATION"). HOWEVER, THE INDIVIDUALS LISTED WERE ALSO EMPLOYEES OF THE PRESIDENT & FELLOWS OF HARVARD COLLEGE ("COLLEGE"), POSITIONS FOR WHICH THEY RECEIVED COMPENSATION. THEREFORE, THEIR COMPENSATION AND BENEFITS ARE DETERMINED BY THE COLLEGE.

FORM 990, PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART VII, COLUMN (B)

THE FOLLOWING INDIVIDUALS DEVOTED THE FOLLOWING ESTIMATED HOURS PER WEEK TO PRESIDENT AND FELLOWS OF HARVARD COLLEGE (THE "COLLEGE"):

PETER M. HOWLEY - 35

JEFFREY S. FLIER, MD - 35

LISA MAYER - 18

WESLEY A. BENBOW - 35

RICHARD G. MILLS - 35

ALEXA M. MASON - 21

FORM 990, PART XI, LINE 5

NET CHANGE IN REALIZED AND UNREALIZED

APPRECIATION ON INVESTMENTS

\$9,612,719

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public
Inspection

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

Name of the organization GIOVANNI ARMENISE-HARVARD
FOUNDATION FOR SCIENTIFIC RESEARCH, INC.

Employer identification number
04-3293162

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AMERICAN REPERTORY THEATRE COMPANY, INC 62 BRATTLE STREET CAMBRIDGE, MA 02138 04-2665867	PERFORMING ARTS	MA	501(C)(3)	9	HARVARD U		X
(2) ASSOC D ROCKEFELLER CTR DE UNIV DE HVD AVENIDA PAULISTA, 1337, 17 AND N/A SAO PAULO, BR	EDUCATION	BR	FOREIGN	NONE	HARVARD U		X
(3) BLUE MARBLE HOLDINGS CORPORATION 600 ATLANTIC AVENUE BOSTON, MA 02210 23-7014581	INVESTMENT	MA	501(C)(3)	11, I	HARVARD U		X
(4) CENTRE RECHERCHE EUROPEEN DE LA HBS 62 RUE FRANCOIS LER 75008 PARIS, FR N/A	RESEARCH SUPP	FR	FOREIGN	NONE	HARVARD U		X
(5) DEMETER HOLDINGS CORPORATION 600 ATLANTIC AVENUE BOSTON, MA 02210 04-3044742	INVESTMENT	MA	501(C)(3)	11, I	HARVARD U		X
(6) DUBAI HARVARD FND FOR MED RSCH, INC 401 PARK DRIVE BOSTON, MA 02215 52-2446955	EDUCATION AND	MA	501(C)(3)	11, I	HARVARD U		X
(7) ENDORMENT FOR RESEARCH IN HUMAN BIOLOGY, 25 SHATTUCK STREET BOSTON, MA 02115 04-2702030	RESEARCH	MA	501(C)(3)	11, III-OTHR	HARVARD U		X

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

Schedule R (Form 990) 2010

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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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OMB No. 1545-0047

2010

Open to Public
Inspection

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FOUNDATION FOR SCIENTIFIC RESEARCH, INC.

Employer identification number
04-3293162

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FUNDACION CENTRO DE INVESTIGACION DE LA CERRITO 1320, PISO 11 BUENOS AIRES, AR N/A	RESEARCH SUPP	AR	FOREIGN	NONE	HARVARD U		X
(2) HARVARD BUSINESS SCHOOL INTERACTIVE, INC C/O HBS SOLDIERS FIELD ROAD BOSTON, MA 02163 04-3395140	EXECUTIVE EDU	MA	501(C) (3)	11, I	HARVARD U		X
(3) HARVARD BUSINESS SCHOOL PUBLISHING CORPO 300 NORTH BEACON STREET WATERTOWN, MA 02474 04-3177990	PUBLISHING	MA	501(C) (3)	11, I	HARVARD U		X
(4) HARVARD DEDICATED ENERGY LIMITED 1033 MASS. AVE CAMBRIDGE, MA 02138 03-0425512	ELECTRICITY P	MA	501(C) (3)	11, I	HARVARD U		X
(5) HARVARD MAGAZINE, INC. 7 WARE STREET CAMBRIDGE, MA 02138 04-6112308	PUBLISHING	MA	501(C) (3)	11. III-FI	HARVARD U		X
(6) HARVARD MANAGEMENT COMPANY 600 ATLANTIC AVENUE BOSTON, MA 02210 23-7361259	MANAGEMENT CO	MA	501(C) (3)	11, I	HARVARD U		X
(7) HARVARD MANAGEMENT PRIVATE EQUITY CORP 600 ATLANTIC AVENUE BOSTON, MA 02210 04-3070522	INVESTMENT MA	MA	501(C) (3)	11, I	HARVARD U		X

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Schedule R (Form 990) 2010

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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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2010

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FOUNDATION FOR SCIENTIFIC RESEARCH, INC.

Employer identification number
04-3293162

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

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	HARVARD NEURODISCOVERY CENTER, INC 25 SHATTUCK STREET BOSTON, MA 02115 31-1745145	RESEARCH SUPP	MA	501(C)(3)	11, I	HARVARD U	X
(2)	HARVARD PRIVATE CAPITAL HOLDINGS, INC 600 ATLANTIC AVENUE BOSTON, MA 02210 04-3070519	INVESTMENT MA	MA	501(C)(3)	11, I	HARVARD U	X
(3)	HARVARD PRIVATE CAPITAL REALTY, INC 600 ATLANTIC AVENUE BOSTON, MA 02210 22-3138409	INVESTMENT MA	MA	501(C)(3)	11, I	HARVARD U	X
(4)	HARVARD REAL ESTATE - ALLSTON, INC. 1033 MASS AVE. CAMBRIDGE, MA 02138 04-3373410	TITLE HOLDING	MA	501(C)(25)	N/A	HARVARD U	X
(5)	HARVARD REAL ESTATE, INC 1033 MASS. AVE CAMBRIDGE, MA 02138 04-2649303	REAL ESTATE B	MA	501(C)(3)	11, I	HARVARD U	X
(6)	ION, INC. C/O HARVARD UNIVERSITY 1350 MA CAMBRIDGE, MA 02138 22-3032677	RESEARCH	MA	501(C)(3)	11, I	HARVARD U	X
(7)	MASSACHUSETTS GREEN HIGH PERFORMANCE COM 77 MASS. AVE NE49-3142 CAMBRIDGE, MA 02139 27-3014805	RESEARCH	MA	501(C)(3)	11, I	HARVARD U	X
			MA	501(C)(3)	11, I	N/A	X

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Schedule R (Form 990) 2010

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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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OMB No. 1545-0047

2010

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Inspection

Name of the organization
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FOUNDATION FOR SCIENTIFIC RESEARCH, INC.

Employer identification number
04-3293162

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

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	MGRPC HOLYOKE INC 77 MASS AVE NE49-3142 CAMBRIDGE, MA 02139 45-2257442	RESEARCH	MA	501(C)(3)	11, I	N/A	X
(2)	PHEMUS CORP 600 ATLANTIC AVENUE BOSTON, MA 02210 04-2997367	INVESTMENT	MA	501(C)(3)	11, I	HARVARD U	X
(3)	PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASS AVE. CAMBRIDGE, MA 02138 04-2103580	EDUCATION AND	MA	501(C)(3)	2	N/A	X
(4)	PUBLIC HEALTH FOUNDATION FOR CANCER AND C/O HMC 600 ATLANTIC AVE. BOSTON, MA 02210 59-0909688	INVESTMENT	DE	501(C)(2)	N/A	HARVARD U	X
(5)	PUNAM SQUARE APARTMENTS, INC. C/O HRES 1350 MASS AVE CAMBRIDGE, MA 02138 04-6251287	REAL ESTATE	MA	501(C)(3)	9	HARVARD U	X
(6)	RED TOP, INC. 1033 MASS. AVE CAMBRIDGE, MA 02138 51-0189788	ATHLETICS	MA	501(C)(3)	11, I	HARVARD U	X
(7)	SHIPPING VENTURE CORP 600 ATLANTIC AVENUE BOSTON, MA 02210 04-3263656	INVESTMENT	MA	501(C)(3)	11, I	HARVARD U	X

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Schedule R (Form 990) 2010

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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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OMB No 1545-0047

2010

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Name of the organization **GIOVANNI ARMENISE-HARVARD
FOUNDATION FOR SCIENTIFIC RESEARCH, INC.**

Employer identification number
04-3293162

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(1) -----					
(2) -----					
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(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) STUDENT CLUBS OF HBS, INC. SOLDIERS FIELD ROAD BOSTON, MA 02163 57-1152691	STUDENT SUPPO	MA	501(C)(3)	11, I	HARVARD U		X
(2) THE CARL J SHAPIRO INSTITUTE 330 BROOKLINE AVE. BOSTON, MA 02215 04-3326928	MEDICAL EDUCA	MA	501(C)(3)	11, I	HARVARD U		X
(3) TRUSTEES FOR HARVARD UNIVERSITY 1033 MASS AVE. CAMBRIDGE, MA 02138 53-0199180	EDUCATION	DC	501(C)(3)	11, I	HARVARD U		X
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ACP_FL_INV_FD_ILIC_13-4250222 3225 AVIATION AVENUE, SUITE ANDREW HOFFMAN, 1010-22 ST CHA ALCION RE PART II 26-3400946 1 POST OFFICE SQ SUITE 4100 ALCION RE PART LP 20-1973523 1 POST OFFICE SQUARE SUITE ALCION RE PART MAST 26-3401116 ONE POST OFFICE SQ STE 3520 AMERRA AGRI OP FUND 27-3310646 1185 AVENUE OF THE AMERICAS ATLANTIC TORONTO LP 35-2384789 C/O HARVARD MANAGEMENT CO,	INVESTMENTS INVESTMENTS INVESTMENTS INVESTMENTS INVESTMENTS INVESTMENTS INVESTMENTS INVESTMENTS INVESTMENTS INVESTMENTS INVESTMENTS	FL CA DE DE DE DE DE DE DE DE DE	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0			0			0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) AGRICOLA BRINZAL LIMITADA AVENIDA SANTA MARIA 6350, OFIC 307 NONE VITACURA, N/A CI N/A	INVESTMENTS	CI	N/A	C	0	0	0.0000
(2) AGRICOLA CRECER LIMITADA AVENIDA SANTA MARIA 6350, OFICINA 3 NONE VITACURA, N/A CI N/A	INVESTMENTS	CI	N/A	C	0	0	0.0000
(3) AGRICOLA DURAMEN LIMITADA AVENIDA SANTA MARIA 6350, OFICINA 3 NONE VITACURA, N/A CI N/A	INVESTMENTS	CI	N/A	C	0	0	0.0000
(4) AGRICOLA E INVERSIONES PAMPA ALEGRE S A AVENIDA SANTA MARIA 6350, OFICINA 3 NONE VITACURA, N/A CI N/A	INVESTMENTS	CI	N/A	C	0	0	0.0000
(5) AGRICOLA FUNDO BUCALEMU LIMITADA C/O CIAG (CHILE) SPA, DEL INCA NO NONE LAS CONDES, N/A C 98-0639220	INVESTMENTS	CI	N/A	C	0	0	0.0000
(6) AGRICOLA RAPEL LIMITADA C/O CIAG (CHILE) SPA, DEL INCA NO NONE LAS CONDES, N/A C 98-0639218	INVESTMENTS	CI	N/A	C	0	0	0.0000
(7) AGRICOLA RETIRO LIMITADA C/O CIAG (CHILE) SPA, DEL INCA NO NONE LAS CONDES, N/A C N/A	INVESTMENTS	CI	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BAYNORTH_HCH_LLC_20-5305576 BAYNORTH CAPITAL LLC ONE	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(2) BPR_CO-INVESTOR_LLC_20-8376342 C/O WESTBROOK PARTNERS	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(3) CAPITAL PARTNERS_98-0542678 88 PHILLIP STREET SYDNEY,	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(4) CHARLESBANK_EQTY_IV_04-3423448 CHARLESBANK 200 CLARENDON ST.,	INVESTMENTS	MA	N/A	N/A	0	0			0			0.0000
(5) CHARLESBANK_REAL_IV_04-3423446 200 CLARENDON STREET,	INVESTMENTS	MA	N/A	N/A	0	0			0			0.0000
(6) CHARLESBANK_REAL_V_04-3537051 200 CLARENDON STREET,	INVESTMENTS	MA	N/A	N/A	0	0			0			0.0000
(7) CHEROKEE_INVEST_PAR_71-0890767 702 OBERLIN ROAD, SUITE 150	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) AGRICOLA RIBERA LIMITADA C/O CLAG (CHILE) SPA, DEL INCA NO NONE LAS CONDES, N/A C	INVESTMENTS	CI	N/A	C	0	0	0.0000
(2) ANAY Y ASOCIADOS SA VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C	0	0	0.0000
(3) AQUILA INC C/O WALKERS SPV, WALKER HOUSE, MARY NONE GEORGETOWN, N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(4) ARA INC C/O WALKERS SPV, WALKER HOUSE, MARY NONE GEORGETOWN, N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(5) ATLANTIC AVENUE REALTY, LTD. C/O WALKERS SPV, WALKER HOUSE, MARY NONE GEORGETOWN, N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(6) ATLANTIC EUROPE INVESTMENTS GP LIMITED C/O BURNES LLP 50 LOTHIAN ROAD NONE FESTIVAL SQUARE, N/A	INVESTMENTS	UK	N/A	C	0	0	0.0000
(7) ATLANTIC EUROPE INVESTMENTS LP C/O BURNES LLP 50 LOTHIAN ROAD NONE FESTIVAL SQUARE, N/A	INVESTMENTS	UK	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) COMP CAP ASIA FUND 98-0563996 ZUIDPLEIN 126, TOWER H - 15TH	INVESTMENTS	NL	N/A	N/A	0	0			0			0.0000
(2) COMTELECOM ASSET 20-3237782 C/O DENHAM CAPITAL MANAGEMENT	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(3) CORAL SEN HOUSING 27-3934030 975 F STREET, NW, 9TH FLOOR	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(4) CROSSPT TECH HOLD 04-3520886 C/O CROSSPOINT ASSOCIATES,	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(5) CTL HOLDING COMP 83-0372944 1953 SPRINGHILL ROAD	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(6) CYPRESS REALTY IV 74-3000106 301 CONGRESS AVE SUITE 500	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(7) CYPRESS REALTY LMTD 76-0476922 301 CONGRESS AVE SUITE 500	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ATLANTIC PACIFIC REALTY, INC. 1301 SHOREWAY ROAD, SUITE 250 BELMONT, CA 94002 13-4283871	INVESTMENTS	MD	N/A	C	0	0	0.0000
(2) ATLANTIC TORONTO ADELAIDE-PETER LP INC. 355 BURRAD STREET, STE 1900 NONE VANCOUVER, N/A CA 98-0668178	INVESTMENTS	CA	N/A	C	0	0	0.0000
(3) ATLANTIC TORONTO A-P GENERAL PARTNER INC. 355 BURRAD STREET, STE 1900 NONE VANCOUVER, N/A CA 98-0668180	INVESTMENTS	CA	N/A	C	0	0	0.0000
(4) ATLANTIC TORONTO GRENVILLE GENERAL PARTN 355 BURRAD STREET, STE 1900 NONE VANCOUVER, N/A CA N/A	INVESTMENTS	CA	N/A	C	0	0	0.0000
(5) BLACK KITE PTY LTD C/O DIA PHILLIPS FOX, LEVEL 38, 201 NONE SYDNEY, N/A AS N/A	INVESTMENTS	AS	N/A	C	0	0	0.0000
(6) BLACK KITE TRUST C/O DIA PHILLIPS FOX, LEVEL 38, 201 NONE SYDNEY, N/A AS 98-6063158	INVESTMENTS	AS	N/A	C	0	0	0.0000
(7) BRASIL TIMBER LIMITADA AVENIDA CANDIDO DE ABREU, 776, SALA NONE CANTRO CIVICO, N 98-0645399	INVESTMENTS	BR	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) DENHAM COMMODITY II, 77-0644776 200 CLARENDON STREET, 25TH	INVESTMENTS	DE	N/A	N/A	0.	0.			0			0.0000
(2) DENHAM COMMOD III, 56-2502675 200 CLARENDON STREET, 25TH	INVESTMENTS	DE	N/A	N/A	0	0.			0.			0.0000
(3) DENHAM COMMODITY 20-1256865 200 CLARENDON STREET, 25TH	INVESTMENTS	DE	N/A	N/A	0	0.			0.			0.0000
(4) DEVON/CB, LLC 73-1665198 2000 POWELL STREET, SUITE 1240	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(5) DEVONIAN, LLC 90-0721046 C/O HARVARD MANAGEMENT CO, 600	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(6) EMBARCADERO CAPITAL 05-0556547 1301 SHOREWAY ROAD, SUITE 250	INVESTMENTS	DE	N/A	N/A	0	0.			0			0.0000
(7) EMERGING COUNTRIES 98-0548448 68 FORT STREET, PO BOX 705GT	INVESTMENTS	CJ	N/A	N/A	0	0			0			0.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CAMPO GRANDE, S.A. AVDA SANTA MARIA NO 6350, PISO 3 NONE VITACURA, N/A CI	INVESTMENTS	CI	N/A	C	0.	0	0.0000
(2) CARACOL AGROPECUARIA LTDA RUA SETE DE SETEMBRO, 730, 11TH FLO NONE CENTRO, N/A BR	INVESTMENTS	BR	N/A	C	0	0	0.0000
(3) CCA JAPAN INVESTMENT B.V. ZUIDPLEIN 126 NONE AMSTERDAM, N/A NL	INVESTMENTS	NL	N/A	C	0	0	0.0000
(4) CHENNAI 2007 IFS COURT, 28 CYBERCITY NONE CYBERCITY, N/A MP	INVESTMENTS	MP	N/A	C	0.	0	0.0000
(5) CHEVAL SP PARTICIPACOES LTDA RUA DO FORUM, S/N, SALA B CENTRO, N/A O	INVESTMENTS	GP	N/A	C	0	0	0.0000
(6) CLAG (CHILE) SPA DEL INCA NO. 4446, OFICINA 1007 NONE LAS CONDES, N/A CI	INVESTMENTS	CI	N/A	C	0.	0.	0.0000
(7) COMPOSITION CAPITAL ASIA FUND C.V. ZUIDPLEIN 126, TOWER H - 15TH FLOOR NONE AMSTERDAM, N/A N	INVESTMENTS	NL	N/A	C	0	0.	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FIDELIS CHARLES BANK 27-0073665 19 BRIAR HOLLOW, SUITE 100	INVESTMENTS	TX	N/A	N/A	0	0			0			0.0000
(2) GBE INVESTMENTS N/A PO BOX 3096T, UGLAND HOUSE	INVESTMENTS	CJ	N/A	N/A	0	0			0			0.0000
(3) GREENFIELD BLR FIN 27-4267038 50 NORTH WATER STREET	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(4) GREENFIELD BLR PART 06-1632323 50 NORTH WATER STREET	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(5) HARVARD COMMINGLED 04-3344621 C/O HARVARD MANAGEMENT CO, 600	INVESTMENTS	MA	N/A	N/A	0	0			0			0.0000
(6) HARVARD CV LLC 80-0641747 1033 MASS AVE. THIRD FL	REAL ESTATE	MA	N/A	N/A	0	0			0			0.0000
(7) HARVARD INVESTMENT 04-3507407 C/O HARVARD MANAGEMENT CO,	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) COMPOSITION CAPITAL ASIA II FEEDER C.V. 98-0563995 ZUIDPLEIN 126, TOWER H - 15TH FLOOR NONE AMSTERDAM, N/A N	INVESTMENTS	NL	N/A	C	0	0	0.0000
(2) COMPOSITION CAPITAL EUROPE FUND C.V. 98-0459793 ZUIDPLEIN 126, TOWER H - 15TH FLOOR NONE AMSTERDAM, N/A N	INVESTMENTS	NL	N/A	C	0	0	0.0000
(3) COMPOSITION CAPITAL EUROPE II FEEDER C.V. 98-0569903 ZUIDPLEIN 126, TOWER H - 15TH FLOOR NONE AMSTERDAM, N/A N	INVESTMENTS	NL	N/A	C	0	0	0.0000
(4) COMPOSITION FEEDER GMBH BORSENSTRASSE 2-4 NONE AMSTERDAM, N/A GM	INVESTMENTS	GM	N/A	C	0	0	0.0000
(5) COMTEL ASSETS CORP 433 E LAS CALINAS IRVING, TX 75039	INVESTMENTS	DE	N/A	C	0	0	0.0000
(6) COMTEL ASSETS INC 433 E LAS CALINAS IRVING, TX 75039	INVESTMENTS	TX	N/A	C	0	0	0.0000
(7) COOPERATIE CC ASIA KOREA FEEDER U.A. ZUIDPLEIN 126 NONE AMSTERDAM, N/A NL	INVESTMENTS	NL	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HB INSTITUTIONAL 04-3425685 10 ST. JAMES AVE., STE 1700	INVESTMENTS	NA	N/A	N/A	0	0			0			0.0000
(2) HELIOS ROYALTY 20-0260138 5910 N CENTRAL EXPRESSWAY STE	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(3) IEC ATLANTIC I, LLC 27-3609237 970 EL CAMINO REAL, SUITE 220	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(4) IRON POINT RE PART 26-0526961 201 MAIN STREET, STE 2300	INVESTMENTS	TX	N/A	N/A	0	0			0			0.0000
(5) ISLA VISTA ACQ GRP 27-2436234 111 SOUTH WACKER DRIVE, SUITE	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(6) JOSHUA TIMBERLANDS 64-0914686 654 NORTH STATE STREET	INVESTMENTS	MS	N/A	N/A	0	0			0			0.0000
(7) KLEINER PERKINS 94-3157816 2750 SAND HILL ROAD	INVESTMENTS	CA	N/A	N/A	0	0			0			0.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) DAIRY FARMS PARTNERSHIP 98-0594944 113 RUTHERFORD RD, RUKEKOHE E, POB NONE PUKEKOHE, N/A NZ	INVESTMENTS	NZ	N/A	C	0	0	0.0000
(2) ECO CEBACO, SOCIEDAD ANONIMA C/O DURLING & DURLING, CALLE 52 Y E NONE NONE, N/A PM	INVESTMENTS	PM	N/A	C	0	0	0.0000
(3) ECONOMIZA AGROPECUARIA LTDA ESTADA GERAL CONDOMINIO BOA ESPERAN NONE GRANDE DO RIBEIR	INVESTMENTS	BR	N/A	C	0	0	0.0000
(4) ECUADOR TIMBER, LP 98-0492706 C/O MAPLES & CALDER, PO BOX 309 NONE UGLAND HOUSE, N/A CJ	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(5) EGRET INVESTMENTS LTD. 98-0650989 C/O MAPLES & CALDER, PO BOX 309 NONE UGLAND HOUSE, N/A CJ	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(6) EL MARIA, S.A. VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C	0	0	0.0000
(7) EMBARCADERO CAPITAL INVESTORS II REIT, I 37-1508503 1301 SHOREWAY ROAD, SUITE 250 AMSTERDAM, CA 94002	INVESTMENTS	MD	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) LIFETIME CENTRE COURT N/A 1010-22 ST CHAIR AVE TORONTO,	INVESTMENTS	CA	N/A	N/A	0	0			0			0.0000
(2) LIQUID RE PART IV 26-0346359 44 MONTGOMERY ST	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(3) LIQUID RE PART IV AIV N/A 44 MONTGOMERY ST	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(4) LIQUID RE PART IV II AIV N/A 44 MONTGOMERY ST	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(5) LIQUID RE PART TAX 26-0489545 44 MONTGOMERY ST	INVESTMENTS	CA	N/A	N/A	0	0			0			0.0000
(6) LUBERT ADLER CAP 22-3526698 2929 ARCH STREET, CIRA CENTRE	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(7) LUBERT ADLER CAP II 52-2279515 2929 ARCH STREET, CIRA CENTRE	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) EMERALD CATASTROPHE FUND LTD SUITE 193, 48 PAR-LA-VILLE ROAD NONE HAMILTON, N/A BD	INVESTMENTS	BD	N/A	C	0	0	0.0000
(2) EMERGING COUNTRIES OPPORTUNITY FUND LTD C/O BUTTERFIELD FUND SERVICES, 68 F NONE GRAND CAYMAN, N/	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(3) EMPRESAS VERDES ARGENTINA S.A. CARLOS PELLEGRINI 1138 PISO 1 NONE CORRIENTES, N/A AR	INVESTMENTS	AR	N/A	C	0	0	0.0000
(4) ENKI HOLDINGS CORP C/O WALKERS SPV, WALKER HOUSE, MARY NONE GEORGETOWN, N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(5) ESTANCIA CELINA S.A. C/O P A G B A M, SUIPACHA 1111 -PIS NONE BUENOS AIRES, N/	INVESTMENTS	AR	N/A	C	0	0	0.0000
(6) FLORESTAS DO SUL AGROFLORESTAL LTDA RUA TAQUARY, 335 DRISTAL NONE PORTO ALEGRE, N/A BR	INVESTMENTS	BR	N/A	C	0	0	0.0000
(7) FORESTAL BOSQUEPALM CIA LTDA AVENIDA PATRIA E4-41 Y AVENIDA AMAZ NONE QUITO, N/A EC	INVESTMENTS	EC	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MCRS LLC 27-3637201 152 WEST 57TH STREET, 46TH FL NCH CONDOM FUND LP 98-0198106	INVESTMENTS	MA	N/A	N/A	0	0			0.			0.0000
UGLAND HOUSE, SOUTH CHURCH STR (3) OLD LANE HMA 98-0487260	INVESTMENTS	CJ	N/A	N/A	0	0			0.			0.0000
C/O MAPLES & CALDER, PO BOX 30 (4) OXFORD HPC INV 36-4191828	INVESTMENTS	CJ	N/A	N/A	0	0			0.			0.0000
C/O OXFORD CAPITAL PARTNERS (5) PACIFIC COMMUNITY 54-2064438	INVESTMENTS	DE	N/A	N/A	0	0			0.			0.0000
11661 SAN VINCENTE BOULEVARD (6) PINO, LLC 32-0302061	INVESTMENTS	CA	N/A	N/A	0	0			0.			0.0000
AVDA STA MARIA NO 6350, PISO (7) PUTNAM SQ APTS CO 04-3183446	INVESTMENTS	CI	N/A	N/A	0	0			0.			0.0000
C/O HRES, 1350 MASS AVE	REAL ESTATE	MA	N/A	N/A	0	0.			0.			0.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) FORESTAL DEL RIO S A SUIPACHA 1111 - PISO 18 NONE BUENOS AIRES, N/A AR	INVESTMENTS	AR	N/A	C	0	0.	0.0000
(2) FORESTAL FOREVERGAL CIA LTDA AVENIDA PATRIA E4-41 Y AVENIDA AMAZ NONE QUITO, N/A EC	INVESTMENTS	EC	N/A	C	0	0	0.0000
(3) GALILEIA AGROINDUSTRIAL LTDA AV PEDROSO DE MORAES, 1201, 20. AN NONE SAO PAULO, N/A B	INVESTMENTS	BR	N/A	C	0	0.	0.0000
(4) GATEWAY REAL ESTATE FUND III-TE, LP CRICKET SQUARE, HUTCHINS DRIVE, PO NONE AMSTERDAM, N/A CJ	INVESTMENTS	CJ	N/A	C	0	0.	0.0000
(5) GAVEN INVESTMENT FUND II B L.P. PO BOX 986, GARDENIA COURT, SUITE 3 NONE CAMANA BAY, N/A	INVESTMENTS	CJ	N/A	C	0	0.	0.0000
(6) GBE DEVELOPMENT I LTD PO BOX 309GT, UGLAND HOUSE, S CHURC NONE GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(7) GBE DEVELOPMENT II LTD PO BOX 309GT, UGLAND HOUSE, S CHURC NONE GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C	0	0.	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) <u>ROUND TABLE ASSET 98-0550169</u> <u>WINDWARD I, 2ND FL, REGATTA OF</u>	INVESTMENTS	CJ	N/A	N/A	0	0			0			0.0000
(2) <u>ROUND TABLE GLOBAL 98-0645295</u> <u>WINDWARD I, 2ND FL, REGATTA OF</u>	INVESTMENTS	CJ	N/A	N/A	0	0			0			0.0000
(3) <u>SOIL INNOVATIONS 90-0539481</u> <u>AV. DR CARDOSO DE MELO, 1340-</u>	INVESTMENTS	BR	N/A	N/A	0	0			0			0.0000
(4) <u>STOLBERG/MEEHAN/SCA 02-0537969</u> <u>370 17TH STREET SUITE 3650</u>	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(5) <u>TFO CO-INVESTOR 06-1762649</u> <u>C/O WESTBROOK PARTNERS 645</u>	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(6) <u>THE BREITHORN FUND 98-0549446</u> <u>PO BOX 1234 GT, QUEENSGATE HOU</u>	INVESTMENTS	CJ	N/A	N/A	0	0			0			0.0000
(7) <u>THE ECO PRODUCTS 26-1329990</u> <u>400 MADISON AVE, SUITE 14A</u>	INVESTMENTS	NY	N/A	N/A	0	0			0			0.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) <u>GBE DEVELOPMENT III LTD</u> <u>PO BOX 309GT, UGLAND HOUSE, S CHURC NONE GEORGE TOWN, N/A</u>	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(2) <u>GBE DEVELOPMENT IV LTD</u> <u>PO BOX 309GT, UGLAND HOUSE, S CHURC NONE GEORGE TOWN, N/A</u>	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(3) <u>GBE DEVELOPMENT V LTD</u> <u>PO BOX 309GT, UGLAND HOUSE, S CHURC NONE GEORGE TOWN, N/A</u>	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(4) <u>GBE DEVELOPMENT VI LTD</u> <u>PO BOX 309GT, UGLAND HOUSE, S CHURC NONE GEORGE TOWN, N/A</u>	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(5) <u>GBE FAZENDAS LTDA</u> <u>AV. DAS AMERICAS, 700, BLOCO 5 NONE CIDADE DO RIO DE JANE</u>	INVESTMENTS	BR	N/A	C	0	0	0.0000
(6) <u>GBE HOLDINGS LTD</u> <u>PO BOX 309GT, UGLAND HOUSE, S CHURC NONE GEORGE TOWN, N/A</u>	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(7) <u>GBE INVESTMENTS LIMITED</u> <u>PO BOX 309GT, UGLAND HOUSE, S CHURC NONE GEORGE TOWN, N/A</u>	INVESTMENTS	CJ	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THE TRITON FUND N/A 22 GRENVILLE STREET ST. HELIER	INVESTMENTS	JE	N/A	N/A	0	0			0			0.0000
(2) THE WILDHORN FUND 98-0527266 PO BOX 1234 GT, QUEENSGATE HOU	INVESTMENTS	CJ	N/A	N/A	0	0			0			0.0000
(3) TRAVIS COAL RESTRUCT 20-2595311 C/O DENHAM CAPITAL MANAGEMENT	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(4) VERBENA, LLC DBA 90-0708621 C/O RENEWABLE RESOURCES GROUP	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(5) WBH KIRBY HILL 14-1933484 C/O WESTBROOK PARTNERS 645	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(6) WILLIAMSON ROYALTY 56-2563228 C/O DENHAM CAPITAL MANAGEMENT	INVESTMENTS	DE	N/A	N/A	0	0			0			0.0000
(7) -----	-----	-----	-----	-----	-----	-----			-----			-----

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) GBE PROJETOS AGRICOLAS I LTDA AV DAS AMERICAS, 700, BLOCO 5 NONE CIDADE DO RIO DE JANE N/A	INVESTMENTS	BR	N/A	C	0	0	0.0000
(2) GBE PROJETOS AGRICOLAS II LTDA AV DAS AMERICAS, 700, BLOCO 5 NONE CIDADE DO RIO DE JANE N/A	INVESTMENTS	BR	N/A	C	0	0	0.0000
(3) GBE PROJETOS AGRICOLAS III LTDA AV DAS AMERICAS, 700, BLOCO 5 NONE CIDADE DO RIO DE JANE N/A	INVESTMENTS	BR	N/A	C	0	0	0.0000
(4) GBE PROJETOS AGRICOLAS IV LTDA FAZEN DA ESPLANADA, RODOVIA ESTADUA NONE NO MUNICIPIO DO N/A	INVESTMENTS	BR	N/A	C	0	0	0.0000
(5) GBE PROJETOS AGRICOLAS V LTDA AV DAS AMERICAS, 700, BLOCO 5 NONE CIDADE DO RIO DE JANE N/A	INVESTMENTS	BR	N/A	C	0	0	0.0000
(6) GBE PROJETOS AGRICOLAS VI LTDA AV DAS AMERICAS, 700, BLOCO 5 NONE CIDADE DO RIO DE JANE N/A	INVESTMENTS	BR	N/A	C	0	0	0.0000
(7) GBE PROPERTIES I LTD PO BOX 309CT, UGLAND HOUSE, S CHURCH NONE GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Depreciation allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) GBE PROPERTIES II LTD PO BOX 3096T, UGLAND HOUSE, S CHURCH NONE GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(2) GBE PROPERTIES III LTD PO BOX 3096T, UGLAND HOUSE, S CHURCH NONE GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(3) GBE PROPERTIES IV LTD PO BOX 3096T, UGLAND HOUSE, S CHURCH NONE GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(4) GBE PROPERTIES V LTD PO BOX 3096T, UGLAND HOUSE, S CHURCH NONE GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(5) GBE PROPERTIES VI LTD PO BOX 3096T, UGLAND HOUSE, S CHURCH NONE GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(6) GBE PROPERTIES E EMPREENDIMENTOS IMOBILI AV DAS AMERICAS, 700, BLOCO 5 NONE CIDADE DO RIO DE JANEIRO	INVESTMENTS	BR	N/A	C	0	0	0.0000
(7) GBE PROPERTIES F EMPREENDIMENTOS IMOBILI AV DAS AMERICAS, 700, BLOCO 5 NONE CIDADE DO RIO DE JANEIRO	INVESTMENTS	BR	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) GBE PROPIEDADES E EMPREENDIMENTOS IMOBILIARIAS S.A. N/A AV DAS AMERICAS, 700, BLOCO 5 NONE CIDADE DO RIO DE JANEIRO	INVESTMENTS	BR	N/A	C	0	0	0.0000
(2) GBE PROPIEDADES E EMPREENDIMENTOS IMOBILIARIAS S.A. N/A AV DAS AMERICAS, 700, BLOCO 5 NONE CIDADE DO RIO DE JANEIRO	INVESTMENTS	BR	N/A	C	0	0	0.0000
(3) GBE PROPIEDADES E EMPREENDIMENTOS IMOBILIARIAS S.A. N/A AV DAS AMERICAS, 700, BLOCO 5 NONE CIDADE DO RIO DE JANEIRO	INVESTMENTS	BR	N/A	C	0	0	0.0000
(4) GLOBAL MARITIME INVESTMENTS LIMITED C/O WALKERS SPV, WALKER HOUSE, 87 M NONE GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(5) GRANARY INVESTMENTS IFS COURT, 28 CYBERCITY NONE CYBERCITY, N/A MP	INVESTMENTS	MP	N/A	C	0	0	0.0000
(6) GUANARE A.R.L. JUNCAL 1327, FLOOR 21 NONE MONTEVIDEO, N/A UY	INVESTMENTS	UY	N/A	C	0	0	0.0000
(7) GUANARE S.A. JUNCAL 1327, FLOOR 21 NONE MONTEVIDEO, N/A UY	INVESTMENTS	UY	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
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(4) _____												
(5) _____												
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) <u>GULF ATLANTIC OPERATIONS, LLC</u> C/O DENHAM CAPITAL MANAGEMENT 200 C BOSTON, MA 02116 20-2396722	INVESTMENTS	MA	N/A	C	0	0	0.0000
(2) <u>HARVARD BUSINESS SCHOOL PUBLISHING EUROP</u> 23 SICILIAN AVE NONE LONDON, N/A UK N/A	SALES SUPPORT	UK	N/A	C	0.	0	0.0000
(3) <u>HARVARD BUSINESS SCHOOL PUBLISHING INDIA</u> UNIT #423 GRAND HYATT MUMBAI NONE MUMBAI, N/A IN N/A	SALES SUPPORT	IN	N/A	C	0	0	0.0000
(4) <u>HARVARD CENTER SHANGHAI CO LTD</u> 5TH FL HSBC BLDG INTL FIN CTR, NO 8 NONE SHANGHAI, N/A CH N/A	RESEARCH SUPPORT	CH	N/A	C	0	0.	0.0000
(5) <u>HARVARD MASTER TRUST</u> 1033 MASS AVE, CAMBRIDGE, MA 02138 04-2636388	INVESTMENTS	MA	N/A	C	0.	0.	0.0000
(6) <u>HARVARD PRIVATE CAPITAL PROPERTIES II, I</u> C/O HARVARD MANAGEMENT CO, 600 ATLAN BOSTON, MA 02210 04-3140558	INVESTMENTS	DE	N/A	C	0	0.	0.0000
(7) <u>HARVARD PRIVATE CAPITAL PROPERTIES III</u> 600 ATLANTIC AVE BOSTON, MA 02210 76-0254935	INVESTMENTS	DE	N/A	C	0	0.	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) HARVARD REAL ESTATE CO., INC. 1033 MASS AVE., THIRD FLOOR CAMBRIDGE, MA 02138 61-1627962	REAL ESTATE	MA	N/A		0	0.	0.0000
(2) HARVARD UNIVERSITY PRESS, LTD. VERNON HOUSE, 23 SICILIAN AVENUE NONE LONDON, N/A UK N/A	BOOK DISTRIBUTION	UK	N/A	C	0.	0	0.0000
(3) HARVARD UNIVERSITY PRESS OF NEW YORK C/O HU PRESS, 79 GARDEN ST CAMBRIDGE, MA 02138 13-3784301	PUBLISHING	NY	N/A	C	0.	0.	0.0000
(4) HB CAYMAN LIMITED PO BOX 309GT, UGLAND HOUSE, S CHURCH NONE GEORGE TOWN, N/A N/A	INVESTMENTS	CJ	N/A	C	0.	0	0.0000
(5) HMC ADAGE MANAGER, INC. 600 ATLANTIC AVE BOSTON, MA 02210 04-3567988	INVESTMENTS	DE	N/A	S	0	0	0.0000
(6) HPC PATRON SCOTLAND LP C/O PATRON CAPITAL SCOTLAND GP LIMI NONE FESTIVAL SQUARE, 98-0438748	INVESTMENTS	UK	N/A	C	0.	0.	0.0000
(7) INDIA CAPITAL OPPORTUNITIES 1 LIMITED IFS COURT, 28 CYBERCITY NONE CYBERCITY, N/A MP N/A	INVESTMENTS	IN	N/A	C	0.	0	0.0000

Schedule R (Form 990) 2010

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							Yes	No		Yes	No	
(1) _____												
(2) _____												
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(5) _____												
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) INSOLO AGROINDUSTRIAL SA AV PEDROSO DE MORAES, 1201, 20 AN NONE SAO PAULO, N/A B	INVESTMENTS	BR	N/A	C	0	0	0.0000
(2) INVERSIONES BRASIL SA VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C	0	0	0.0000
(3) INVERSIONES CATTIVAY SA VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C	0	0	0.0000
(4) INVERSIONES CORAL SA VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C	0	0	0.0000
(5) INVERSIONES SANTA RITA SA VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C	0	0	0.0000
(6) INVERSIONES TRES CUMBRES LTDA (D/B/A TR 98-0446986 ROGER DE FLOR 2736 DP 8 NONE COMUNA LAS CONDES, N/A CI	INVESTMENTS	CI	N/A	C	0	0	0.0000
(7) INVERSIONES TUNUYAN SA VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) IPE AGROINDUSTRIAL LTDA AV. PEDROSO DE MORAES, 1201, 20. AN NONE SAO PAULO, N/A B N/A	INVESTMENTS	BR	N/A	C	0	0.	0.0000
(2) KAINGAROA TIMBERLANDS RENEWABLE RESOURCES, GROUND FLOOR, NONE ROTORUA, N/A NZ 98-0412394	INVESTMENTS	NZ	N/A	C	0.	0	0.0000
(3) KTR LIMITED C/O MAPLES & CALDER, PO BOX 309 NONE UGLAND HOUSE, N/A CJ N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(4) KUPE SHIPPING LIMITED C/O DIA PHILLIPS FOX, PO BOX 160, 20 NONE AUCKLAND, N/A NZ N/A	INVESTMENTS	NZ	N/A	C	0	0	0.0000
(5) LA ARENOSA, SA VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU N/A	INVESTMENTS	NU	N/A	C	0	0.	0.0000
(6) LA JACARANDA, SA VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU N/A	INVESTMENTS	NU	N/A	C	0	0	0.0000
(7) LA MORA, SA VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU N/A	INVESTMENTS	NU	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) LA ZARZA, SA VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C	0	0	0.0000
(2) LABELLE SP PARTICIPACOES LTDA RUA DO FORUM, S/N, SALA B NONE CENTRO, N/A GP	INVESTMENTS	GP	N/A	C	0	0	0.0000
(3) LAS ACACIAS, SA VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C	0	0	0.0000
(4) LAS MISIONES, SA C/O P A G B A M, SUIPACHA 1111 -PIS NONE BUENOS AIRES, N/	INVESTMENTS	AR	N/A	C	0	0	0.0000
(5) LASALLE ASIA OPPORTUNITY CAYMAN I, LTD. C/O WALKERS SPV LIMITED, WALKER HOU NONE GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(6) LONGSTOCKING INVESTMENT CORPORATION 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENTS	DE	N/A	S	0	0	0.0000
(7) LONGTERM FOREST PARTNERS CIA LTDA AVENIDA PATRIA E4-41 Y AVENIDA AMAZ NONE QUITO, N/A EC	INVESTMENTS	EC	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
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(6) _____												
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) LOS ALMENDROS SA VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C	0.	0.	0.0000
(2) LOS AROMOS SA VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C	0	0	0.0000
(3) LOS ARAYANES SA VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C	0.	0	0.0000
(4) LOS BOLDOS SA AVDA SANTA MARIA NO 6350, PISO 3 NONE VITACUPA, N/A CI	INVESTMENTS	CI	N/A	C	0	0.	0.0000
(5) LOS LAURELES SA VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C	0	0	0.0000
(6) LOS LAURELES SA VILLA FINTANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C	0	0	0.0000
(7) LRP IV TAX EXEMPT (PFI) II LP 44 MONTGOMERY ST SAN FRANCISCO, CA 94104	INVESTMENTS	JE	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
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(4) -----												
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(7) -----												

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) LRP IV TAX EXEMPT (PFI) LIMITED 98-0555927 44 MONTGOMERY ST SAN FRANCISCO, CA 94104	INVESTMENTS	JE	N/A	C	0.	0.	0.0000
(2) NAZARE AGROINDUSTRIAL LTDA. N/A AV PEDROSO DE MORAES, 1201, 20. AN NONE SAO PAULO, N/A B	INVESTMENTS	BR	N/A	C	0.	0.	0.0000
(3) NCH AGRIBUSINESS INVESTORS CORP. 98-0559097 UGLAND HOUSE, SOUTH CHURCH STREET, NONE GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C	0.	0.	0.0000
(4) NEANDERTHAL INVESTMENTS 98-0607894 IFS COURT, 28 CYBERCITY NONE CYBERCITY, N/A MP	INVESTMENTS	MP	N/A	C	0	0	0.0000
(5) NEW VERNON INDIA (CAYMAN) FUND LP 20-1577934 C/O NEW VERNON CAPITAL, 2330 PLAZA 7311 JERSEY CITY, NJ N	INVESTMENTS	CJ	N/A	C	0.	0.	0.0000
(6) NGL HOLDINGS INC 33-1101243 C/O DENHAM CAPITAL MANAGEMENT 600 T HOUSTON, TX 77002	INVESTMENTS	DE	N/A	C	0.	0	0.0000
(7) NGL SUPPLY INC 73-1255805 6210 S YALE, SUITE 805 TULSA, OK 74136	INVESTMENTS	OK	N/A	C	0.	0.	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) NICA TECA SA VILLA FINTEANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C	0	0	0.0000
(2) NICARAO I, LTD. C/O MAPLES & CALDER, PO BOX 309 NONE UGLAND HOUSE, N/A CJ	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(3) NICARAO II, LTD. C/O MAPLES & CALDER, PO BOX 309 NONE UGLAND HOUSE, N/A CJ	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(4) NICARAO, LTD. C/O MAPLES & CALDER, PO BOX 309 NONE UGLAND HOUSE, N/A CJ	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(5) NICATECA, INC. C/O WALKERS SPV LIMITED, WALKER HOU NONE GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(6) OLD LANE HMAFF LP C/O MAPLES & CALDER, PO BOX 309 NONE UGLAND HOUSE, N/A CJ	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(7) OPERA SA VILLA FINTEANA, DEL CLUB TERRAZA 2 C NONE MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) PAREN SA JUNCAL 1327, FLOOR 21 NONE MONTEVIDEO, N/A UY N/A	INVESTMENTS	UY	N/A	C	0	0	0.0000
(2) PATRIOT INTEREST HOLDINGS, INC. C/O DENHAM CAPITAL MANAGEMENT 200 C BOSTON, MA 02116 01-0938844	INVESTMENTS	MA	N/A	C	0	0	0.0000
(3) PERMIAN MIDSTREAM CORPORATION C/O DENHAM CAPITAL MANAGEMENT 200 C BOSTON, MA 02116 01-0938834	INVESTMENTS	MA	N/A	C	0	0	0.0000
(4) PINARES A.A.R.L. JUNCAL 1327, FLOOR 22 NONE MONTEVIDEO, N/A UY 98-0641950	INVESTMENTS	UY	N/A	C	0	0	0.0000
(5) PRADARIA AGROFORESTAL LTDA. RUA LUIZ DODERO, 28, SALA 3 NONE CAMPO GRANDE, N/A BR 98-0642732	INVESTMENTS	BR	N/A	C	0	0	0.0000
(6) QUEBRADA HONDA S.A. AVDA. SANTA MARIA NO 6350, PISO 3 NONE VITACURA, N/A CI N/A	INVESTMENTS	CI	N/A	C	0	0	0.0000
(7) REPRESA PROPERTIES LTD. PO BOX 309CT, UGLAND HOUSE, S CHURCH NONE GEORGE TOWN, N/A N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) REPRESA PROPIEDADES LTDA AV. PREDIENTE WILSON, 4210, 4TH AND NONE CENTRO NA CIDADE N/A	INVESTMENTS	BR	N/A	C	0	0	0.0000
(2) RIO MIRA PARTICIPACOES LTDA AV. DAS AMERICAS, 700, BLOCO 5 NONE CIDADE DO RIO DE JANE N/A	INVESTMENTS	BR	N/A	C	0	0	0.0000
(3) ROMPLY MEROPS S.R.L. 133 SERBAN VODA STREET, CENTRAL BUS NONE BUCHAREST, N/A R 98-0646095	INVESTMENTS	RO	N/A	C	0	0	0.0000
(4) ROUND TABLE ASSET RECOVERY FUND, LTD. WINDWARD I, REGATTA OFFICE PARK, WE NONE NONE, N/A CJ N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(5) ROUND TABLE GLOBAL MACRO FUND, LTD. WINDWARD I, REGATTA OFFICE PARK, WE NONE NONE, N/A CJ N/A	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(6) SANTA FILOMENA AGROINDUSTRIAL LTDA AV. PEDROSO DE MORAES, 1201, 20 AN NONE SAO PAULO, N/A B N/A	INVESTMENTS	BR	N/A	C	0	0	0.0000
(7) SCOLOPAX S.R.L. BRASOV, 8 VICTORIEI ST, B1 42 BIS A NONE BRASOV COUNTY, N N/A	INVESTMENTS	RO	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) SERRA GRANDE AGROINDUSTRIAL LTDA AV PEDROSO DE MORAES, 1201, 20. AN NONE SAO PAULO, N/A B SIA EMPETRUM KULDIGAS RAJONS, KURMALES PAGASTS NONE PRIEDAIENE, N/A LG SLEUTELDRAL LANDOED (EDMS) BPK 71 STEENBOK AVENUE NONE MONUMENT PARK, N/A SF C/O CLAG (CHILE) SPA, DEL INCA NO. NONE LAS CONDES, N/A C SOROTIVO AGROPECUARIA LTDA FAZENDA IPE, S/N, XONA RURAL-BAIXA NONE GRANDE DO RIBEIRO SUSTAINABLE TEAK PARTICIPACOES LTDA AVENIDA GOVERNADOR PONCE DE ARRUDA, NONE VAREZEA GRANDE, SUSTAINABLE TIMBERS, S.A AVE JUS.O ROSEMANA E 32 ST E NONE CORREGIMIENTO DE CALI	INVESTMENTS INVESTMENTS INVESTMENTS INVESTMENTS INVESTMENTS INVESTMENTS INVESTMENTS	BR LG SF CI BR BR PM	N/A N/A N/A N/A N/A N/A N/A	C C C C C C C	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) TDR SCOTLAND L.P. C/O TDR CAPITAL, ONE STANHOPE GATE NONE LONDON, N/A UK 98-0471765	INVESTMENTS	UK	N/A	C	0	0	0.0000
(2) TERENA S.A. JUNCAL 1327, FLOOR 22 NONE MONTEVIDEO, N/A UY N/A	INVESTMENTS	UY	N/A	C	0	0	0.0000
(3) TERRACAL PARTICIPACOES LTDA AV DAS AMERICAS, 700, BLOCO 5 NONE CIDADE DO RIO DE JANE N/A	INVESTMENTS	BR	N/A	C	0	0	0.0000
(4) UNITECA AGROFORESTAL SA AVENIDA GOVERNADOR PONCE DE ARRUDA, NONE VAREZEJA GRANDE, N/A	INVESTMENTS	BR	N/A	C	0	0	0.0000
(5) VALHOLL LTD C/O MAPLES & CALDER, PO BOX 309 NONE UGLAND HOUSE, N/A CJ 98-0668673	INVESTMENTS	CJ	N/A	C	0	0	0.0000
(6) VERIWASTE L.P. C/O JORDANS, 20-22 BEDFORD ROW NONE LONDON, N/A UK 98-0656246	INVESTMENTS	UK	N/A	C	0	0	0.0000
(7) VISTA VERDE AGROINDUSTRIAL LTDA AV PEDROSO DE MORAES, 1201, 20 AN NONE SAO PAULO, N/A B N/A	INVESTMENTS	BR	N/A	C	0	0	0.0000

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Depreciable allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHARITABLE REMAINDER TRUSTS - 753	INVESTMENTS	US	N/A	TRUST	0	0	0.0000
(2) CHARITABLE LEAD TRUSTS - 62	INVESTMENTS	US	N/A	TRUST	0.	0	0.0000
(3) POOLED INCOME FUNDS - 4	INVESTMENTS	US	N/A	TRUST	0	0.	0.0000
(4) _____							
(5) _____							
(6) _____							
(7) _____							

Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		
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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Are all partners section 501(c)(3) organizations?		(5) Share of end-of-year assets	(6) Disproportionate allocations?		(7) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(8) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____										
(2) _____										
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										
(15) _____										
(16) _____										

Schedule R (Form 990) 2010

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ ▶
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐ ▶

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC REASERCH, INC.	04-3293162
	Number, street, and room or suite no. If a P O box, see instructions	
	HMS C/O DEAN OF FACULTY OF MEDICINE HARVARD UNIVERSITY, 25 SHATTUCK STREET - City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BOSTON, MA 02115	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ MICHAEL F. HARTY

Telephone No. ▶ 617-432-3289

FAX No. ▶

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year 20 ____ or
- ▶ ☒ tax year beginning JULY 1, 20 10, and ending JUNE 30, 20 11.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

Caution. 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.

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	GIOVANNI ARMENISE-HARVARD	Employer identification number	04-3293162
	FOUNDATION FOR SCIENTIFIC RESEARCH, INC.			
	Number, street, and room or suite no. If a P.O. box, see instructions.			
	HMS C/O DEAN OF FACULTY OF MEDICINE			
City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
BOSTON, MA 02115				

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of MICHAEL F. HARTY
Telephone No. 617 432-3289 FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until 05/15, 20 12.
- 5 For calendar year _____, or other tax year beginning 07/01, 20 10, and ending 06/30, 20 11.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN, AS THE FOUNDATION IS AWAITING INFORMATION FROM A RELATED ENTITY.

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 tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

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

Signature ▶

Ray B. Hunt

Title ▶ CPA

Date ▶

1/27/12

Form 8868 (Rev. 1-2011)