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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

2011**Open to Public Inspection****A For the 2011 calendar year, or tax year beginning****07/01, 2011, and ending****06/30, 2012****B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization GIOVANNI ARMENISE-HARVARD
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

HMS C/O DEAN OF FACULTY OF MEDICINE

City or town, state or country, and ZIP + 4

BOSTON, MA 02115

F Name and address of principal officer LISA MAYER,
401 PARK DRIVE, BOSTON, MA 02215**D Employer identification number**

04-3293162

E Telephone number

(617) 432-3289

G Gross receipts \$ 2,992,564.**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)

H(c) Group exemption number ▶ N/A**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****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 2011 (Part V, line 2a) **5** 0**6** Total number of volunteers (estimate if necessary) **6** 2.**7a** Total 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

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,165,865.	2,992,564.
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)	3,165,865.	2,992,564.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,607,409.	5,052,998.
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	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 14-24e)	519,706.	709,259.
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	3,127,115.	5,762,257.
19 Revenue less expenses - Subtract line 18 from line 12	38,750.	-2,769,693.
20 Total assets (Part X, line 16)	75,220,445.	70,363,620.
21 Total liabilities (Part X, line 26)	291,753.	1,660,506.
22 Net assets or fund balances - Subtract line 21 from line 20	74,928,692.	68,703,114.

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 *Lisa Mayer*
Type or print name and title Lisa Mayer, Executive Director, Armenise-Harvard Fdn.

Date 5-14-13

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

GIVEN SPENCER

GIVEN SPENCER

5-13-13

☐

P00641463

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** (2011)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 5,224,218 including grants of \$ 5,052,998) (Revenue \$ _____)
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 **▶** 5,224,218.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
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		X
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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
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		X
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		X
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
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	X	
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)		X
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		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		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 (2011)

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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b Enter the number of voting members included in line 1a, above, who are independent.		
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?	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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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.		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.		X
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?		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		X
b Other officers or key employees of the organization		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?		X
16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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 617-998-6881

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 (do not check more than one box unless person is both an officer and a director/trustee)						(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	388,172.	54,750.
(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	570,662.	50,711.
(5) LISA MAYER TRUSTEE/EXEC DIRECTOR GAHF	18.00	X		X				0	168,477.	29,940.
(6) WESLEY A. BENBOW TRSR/TRUSTEE	1.00	X		X				0	322,769.	52,794.
(7) RICHARD G. MILLS CLERK/TRUSTEE	1.00	X		X				0	396,861.	58,279.
(8) ALEXA MARGARET MASON AST DIR EXT REL/DIR ITAL AFRS	18.00					X		0	139,725.	33,175.
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

[illegible]

	Yes	No
3		X
4	X	
5		X

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

Form **990** (2011)

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				Business Code			
	2a						
	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)		2,992,564			2,992,564
	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			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	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		2,992,564			2,992,564	

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).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	2,464,752.	2,464,752.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	60.	60.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	2,588,186.	2,588,186.		
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 accruals and contributions (include section 401(k) and 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.	10,425.		10,425.	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other.	95,462.	64,018.	31,444.	
12 Advertising and promotion.	0			
13 Office expenses.	18,118.	2,501.	15,617.	
14 Information technology.	499.	450.	49.	
15 Royalties.	0			
16 Occupancy.	0			
17 Travel.	173,055.	98,864.	74,191.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	4,313.	2,322.	1,991.	
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	0			
23 Insurance.	113.	113.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>DUES AND MEMBERSHIPS</u> .	1,049.	1,049.		
b <u>PERSONNEL CHARGEBACK</u> .	403,757.		403,757.	
c <u>PROCESSING FEES</u> .	359.	359.		
d <u>OTHER TAXES</u> .	509.	509.		
e All other expenses.	1,600.	1,035.	565.	
25 Total functional expenses. Add lines 1 through 24e.	5,762,257.	5,224,218.	538,039.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	322,041.	2	322,066.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		
		0	10c	0
	11 Investments - publicly traded securities	74,447,439.	11	70,041,554.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	450,965.	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	75,220,445.	16	70,363,620.	
Liabilities	17 Accounts payable and accrued expenses	4,353.	17	30,088.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	287,400.	25	1,630,418.
	26 Total liabilities. Add lines 17 through 25	291,753.	26	1,660,506.
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	74,928,692.	27	68,703,114.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	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	74,928,692.	33	68,703,114.
	34 Total liabilities and net assets/fund balances.	75,220,445.	34	70,363,620.

Part XI Reconciliation of Net AssetsCheck 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	2,992,564.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,762,257.
3	Revenue less expenses Subtract line 2 from line 1	3	-2,769,693.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74,928,692.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,455,885.
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	68,703,114.

Part XII Financial Statements and ReportingCheck 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?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c 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	2c	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?	3a	X
b 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	3b	

Form **990** (2011)

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

2011

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? _____

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

h Provide the following information about the supported organization(s)

(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									2,464,752.

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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		☐

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2011. 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 - 2010. 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, and Part III, line 12. Also complete this part for any additional information. (See instructions)ATTACHMENT 1SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
HMS, A DEPT OF PRESIDENT AND FELLOWS OF HARVARD COLLEGE	04-2103580	02		X					2,464,752.
TOTAL AMOUNT OF SUPPORT									<u>2,464,752.</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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 section 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) 2011

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 d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 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 XIV 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 XIV

Part V Endowment Funds. Complete if the 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	75,216,093.	66,635,416.	64,676,846.	95,751,371.	
b Contributions					
c Net investment earnings, gains, and losses	-88,927.	13,129,666.	6,918,573.	-24,980,662.	
d Grants or scholarships	12,460.	12,048.	66,236.	61,226.	
e Other expenditures for facilities and programs	3,964,273.	3,757,644.	4,070,258.	4,825,409.	
f Administrative expenses	912,433.	779,297.	823,509.	1,207,229.	
g End of year balance	70,238,000.	75,216,093.	66,635,416.	64,676,845.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

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

The percentages in lines 2a, 2b, and 2c should equal 100%

- 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 property	(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) Book value
(1) Federal income taxes	
(2) PLEDGES PAYABLE	1,534,886.
(3) DUE TO HARVARD UNIVERSITY	95,532.
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	
	1,630,418.

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

2011

**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 its grants and other 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 its grants and other assistance outside the United States

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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		PROGRAM SERVICES	ADMINISTRATIVE	82,886.
(2) EUROPE			GRANTMAKING	RESEARCH AWARDS	2,588,186
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1.				2,671,072.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.				2,671,072.

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

Schedule F (Form 990) 2011

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	7	2,584,886	WIRE		N/A	N/A
(2) SUMMER FELLOWSHIP	EUROPE/ICELAND/GREENLAND	2	3,300	WIRE		N/A	N/A
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2011

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, Information 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) 2011

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, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public
Inspection

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 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	2,464,752	N/A	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 listed in the line 1 table 1

3 Enter total number of other organizations listed in the line 1 table 1

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

Schedule I (Form 990) (2011)

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						
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

2011

**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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|--|--|
| ☐ 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?
- 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) 2011

Schedule J (Form 990) 2011

Page 2

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	PETER M. HOWLEY, M.D.	(i) 371,693. (ii) 0	0	0	31,410.	23,340.	442,922.	
2	JEFFREY S. FLIER, M.D.	(i) 561,730. (ii) 0	0	0	31,410.	19,301.	621,373.	
3	LISA MAYER	(i) 156,296. (ii) 0	10,000.	2,181.	20,516.	9,424.	198,417.	
4	ALEXA MARGARET MASON	(i) 114,258. (ii) 0	0	25,467.	12,874.	20,301.	172,900.	
5	WESLEY A. BENBOW	(i) 292,196. (ii) 0	30,000.	573.	31,410.	21,384.	375,563.	
6	RICHARD G. MILLS	(i) 364,899. (ii) 0	28,125.	3,837.	31,410.	26,869.	455,140.	
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) 2011

JSA

1E1291 1 000

9SO4EB 7377

V 11-6.5

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 3 & PART II:

OFFICERS AND TRUSTEES ARE NOT COMPENSATED IN THEIR CAPACITY AS

OFFICERS/TRUSTEES OF GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC

RESEARCH ("THE FOUNDATION"). HOWEVER, THE INDIVIDUALS LISTED WERE ALSO

EMPLOYEES OF THE PRESIDENT & FELLOWS OF HARVARD COLLEGE ("THE 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 2011, THE COLLEGE COMPENSATED THESE INDIVIDUALS AS DESCRIBED IN

PART II.

THE COLLEGE USES APPROVAL BY THE BOARD OF TRUSTEES TO ESTABLISH THE

COMPENSATION OF THE PRESIDENT/CEO AND THE EXECUTIVE DIRECTOR.

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

2011

**Open to Public
Inspection**

Name of the organization

GIOVANNI ARMENISE-HARVARD

Employer identification number

FOUNDATION FOR SCIENTIFIC RESEARCH, INC.

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 ("THE COLLEGE"), ALSO
REFERRED TO AS HARVARD UNIVERSITY.

FORM 990, PART V, LINE 2A:

GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH ("THE
FOUNDATION") HAS NO EMPLOYEES. THE FOUNDATION REIMBURSES THE 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

FORM 990, PART VI, LINE 11B:

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, LINES 12, 13, & 14:

GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH ("THE

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

Employer identification number
04-3293162

FOUNDATION") HAS NO SEPARATE WRITTEN CONFLICT OF INTEREST, DOCUMENT RETENTION, AND WHISTLEBLOWER POLICIES. AS AN AFFILIATED ENTITY OF THE PRESIDENT & FELLOWS OF HARVARD COLLEGE ("THE COLLEGE"), THE FOUNDATION ADHERES TO THE COLLEGE'S CENTRAL POLICIES ON DOCUMENT RETENTION AND WHISTLEBLOWERS. IN ADDITION, THE FOUNDATION ADHERES TO 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, LINE 15B:

OFFICERS AND TRUSTEES ARE NOT COMPENSATED IN THEIR CAPACITY AS OFFICERS/ TRUSTEES OF THE FOUNDATION. HOWEVER, THE INDIVIDUALS LISTED WERE ALSO EMPLOYEES OF THE 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 & FELLOWS OF HARVARD COLLEGE (THE "COLLEGE"):

PETER M. HOWLEY - 35

JEFFREY S. FLIER, MD - 35

LISA MAYER - 18

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

Employer identification number
04-3293162

WESLEY A. BENBOW - 35

RICHARD G. MILLS - 35

ALEXA M. MASON - 21

FORM 990, PART XI, LINE 5:

NET CHANGE IN UNREALIZED

APPRECIATION ON INVESTMENTS: (3,455,885)

SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

2011Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public
Inspection

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" to 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" to 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 ST CAMBRIDGE, MA 02138 04-2665867	PERFORMING AR	MA	501(C) (3)	9	HPF		X
(2)	ASSOC D ROCKEFELLER CTR DE UNIV DE HVD AVENIDA PAULISTA, 1337, 17 AND SAO PAULO, BR N/A	EDUCATION	BR	FOREIGN	N/A	HPF	X	
(3)	BLUE MARBLE HOLDINGS CORP 600 ATLANTIC AVE BOSTON, MA 02210 23-7014581	INVESTMENT MA	MA	501(C) (3)	11, TYPE I	HPF	X	
(4)	CENTRE RECHERCHE EUROPEEN DE LA HBS 62 RUE FRANCOIS LER 75008 PARIS, FR N/A	RESEARCH SUPP	FR	FOREIGN	N/A	HPF	X	
(5)	DEMETER HOLDINGS CORP. 600 ATLANTIC AVE BOSTON, MA 02210 04-3044742	INVESTMENT MA	MA	501(C) (3)	11, TYPE I	HPF	X	
(6)	DOYUKAI FUND FOR HARVARD, INC C/O ROPES & GRAY LLP, 800 BOYL BOSTON, MA 02199 04-3478889	RESEARCH SUPP	MA	501(C) (3)	11, TYPE I	HPF		X
(7)	DUBAI HARVARD FND FOR MED RSCH, INC. 401 PARK DR BOSTON, MA 02215 52-2446955	EDUCATION AND	MA	501(C) (3)	11, TYPE I	HPF	X	

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Schedule R (Form 990) 2011

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SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ 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.

OMB No. 1545-0047

2011Open to Public
InspectionName 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" to 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" to 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)	ENDOWMENT FOR RESEARCH IN HUMAN BIOLOGY, 04-2702030 CERRITO 1320, PISO 11 BUENOS AIRES, AR	RESEARCH	MA	501(C)(3)	11, TYPE III	HPF		X
(2)	FUNDACION CENTRO DE INVESTIGACION DE LA N/A CERRITO 1320, PISO 11 BUENOS AIRES, AR	RESEARCH SUPP	AR	FOREIGN	N/A	HPF		X
(3)	HARVARD BUSINESS SCHOOL INTERACTIVE, INC 04-3395140 C/O HBS SOLDIERS FIELD RD BOSTON, MA 02163	EXECUTIVE EDU	MA	501(C)(3)	11, TYPE I	HPF		X
(4)	HARVARD BUSINESS SCHOOL PUBLISHING CORP. 04-3177990 300 NORTH BEACON ST. WATERTOWN, MA 02474	PUBLISHING	MA	501(C)(3)	11, TYPE I	HPF		X
(5)	HARVARD DEDICATED ENERGY, LTD 03-0425512 1033 MASS AVE. CAMBRIDGE, MA 02138	ELECTRICITY P	MA	501(C)(3)	11, TYPE I	HPF		X
(6)	HARVARD GLOBAL RSCH AND SUPPORT SVCS, 45-4535664 1033 MASS AVE CAMBRIDGE, MA 02138	GLOBAL SUPPOR	MA	501(C)(3)	11, TYPE I	HPF		X
(7)	HARVARD MAGAZINE, INC 04-6112308 7 WARE ST. CAMBRIDGE, MA 02138	PUBLISHING	MA	501(C)(3)	11, TYPE III	HPF		X

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Schedule R (Form 990) 2011

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SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

► 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.

OMB No. 1545-0047

2011Open to Public
InspectionName 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" to 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" to 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 MANAGEMENT COMPANY, INC. 600 ATLANTIC AVE BOSTON, MA 02210 23-7361259	MANAGEMENT CO	MA	501(C)(3)	11, TYPE I	HPF		X
(2)	HARVARD MANAGEMENT PRIVATE EQUITY CORP 600 ATLANTIC AVE BOSTON, MA 02210 04-3070522	INVESTMENT MA	MA	501(C)(3)	11, TYPE I	HPF		X
(3)	HARVARD MEDICAL CENTER 25 SHATTUCK ST BOSTON, MA 02115 04-2213292	MEDICAL EDUCA	MA	501(C)(3)	11, TYPE I	N/A		X
(4)	HARVARD MEDICAL COLLABORATIVE, INC 25 SHATTUCK ST BOSTON, MA 02115 04-3476764	MEDICAL EDUCA	MA	501(C)(3)	11, TYPE I	N/A		X
(5)	HARVARD NEURODISCOVERY CENTER, INC 25 SHATTUCK ST BOSTON, MA 02115 31-1745145	RESEARCH SUPP	MA	501(C)(3)	11, TYPE I	HPF		X
(6)	HARVARD PRIVATE CAPITAL HOLDINGS, INC. 600 ATLANTIC AVE BOSTON, MA 02210 04-3070519	INVESTMENT MA	MA	501(C)(3)	11, TYPE I	HPF		X
(7)	HARVARD PRIVATE CAPITAL REALTY, INC. 600 ATLANTIC AVE. BOSTON, MA 02210 22-3138409	INVESTMENT MA	MA	501(C)(3)	11, TYPE I	HPF		X

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Schedule R (Form 990) 2011

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SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2011Department of the Treasury
Internal Revenue Service

► 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.

Open to Public
Inspection

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" to 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" to 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 REAL ESTATE - ALLSTON, INC. 1033 MASS AVE CAMBRIDGE, MA 02138 04-3373410	TITLE HOLDING	MA	501(C)(25)	N/A	HPF		X
(2)	HARVARD REAL ESTATE, INC 1033 MASS AVE CAMBRIDGE, MA 02138 04-2649303	REAL ESTATE B	MA	501(C)(3)	11, TYPE I	HPF		X
(3)	HARVARD-YENCHING INSTITUTE VANSERGER HALL, STE 20, 25 FRAN CAMBRIDGE, MA 02138 04-2062394	EDUCATION	MA	501(C)(3)	11, TYPE I	N/A		X
(4)	ION, INC C/O HARVARD UNIVERSITY, 1350 M CAMBRIDGE, MA 02138 22-3032677	RESEARCH	MA	501(C)(3)	11, TYPE I	HPF		X
(5)	MASSACHUSETTS GREEN HIGH PERFORMANCE COM 100 BIGELOW ST HOLYOKE, MA 01040 27-3014805	RESEARCH	MA	501(C)(3)	11, TYPE I	N/A		X
(6)	MGHPCC HOLYOKE, INC 100 BIGELOW ST HOLYOKE, MA 01040 45-2257442	RESEARCH	MA	501(C)(3)	11, TYPE I	N/A		X
(7)	PREMIUM CORP 600 ATLANTIC AVE BOSTON, MA 02210 04-2997367	INVESTMENT	MA	501(C)(3)	11, TYPE I	HPF		X

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Schedule R (Form 990) 2011

SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2011Department of the Treasury
Internal Revenue Service

► 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.

Open to Public Inspection

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" to 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" to 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)	PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASS AVE. CAMBRIDGE, MA 02138 04-2103580	EDUCATION AND	MA	501(C)(3)	2	N/A		X
(2)	PUTNAM SQUARE APARTMENTS, INC C/O HRES, 1350 MASS AVE CAMBRIDGE, MA 02138 04-6251287	REAL ESTATE	MA	501(C)(3)	9	HPF	X	
(3)	RED TOP, INC 1033 MASS AVE CAMBRIDGE, MA 02138 51-0189788	ATHLETICS	CT	501(C)(3)	11, TYPE I	HPF	X	
(4)	SHIPPING VENTURE CORP 600 ATLANTIC AVE BOSTON, MA 02210 04-3263656	INVESTMENT MA	MA	501(C)(3)	11, TYPE I	HPF	X	
(5)	STUDENT CLUBS OF HBS, INC SOLDIERS FIELD RD BOSTON, MA 02163 57-1152691	STUDENT SUPPO	MA	501(C)(3)	11, TYPE I	HPF	X	
(6)	THE CARL J SHAPIRO INSTITUTE 330 BROOKLINE AVE. BOSTON, MA 02215 04-3326928	MEDICAL EDUCA	MA	501(C)(3)	11, TYPE I	N/A		X
(7)	TRUSTEES FOR HARVARD UNIVERSITY 1033 MASS AVE. CAMBRIDGE, MA 02138 53-0199180	EDUCATION	DC	501(C)(3)	11, TYPE II	HPF	X	

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Schedule R (Form 990) 2011

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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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			
(1) ALICION REAL ESTATE PARTNERS II ONE POST OFF SQ, STE 4100	INVESTMENTS	DE	N/A	N/A					0		
(2) ALICION REAL ESTATE PARTNERS I ONE POST OFF SQ, STE 4100	INVESTMENTS	DE	N/A	N/A					0		
(3) AMERRA AGRI OPPORTUNITY FUND 1185 AVENUE OF THE AMERICAS, 1	INVESTMENTS	DE	N/A	N/A					0		
(4) ATLANTIC TORONTO LP 35-238478 C/O HARVARD MGMT CO, 600 ATL	INVESTMENTS	DE	N/A	N/A					0		
(5) BAYNORTH HPCH LLC 20-5305576 ONE FINANCIAL CTR, FL 23	INVESTMENTS	DE	N/A	N/A					0		
(6) BAYNORTH REALTY FUND V LP 04- 200 CLARENDON ST, 54TH FL	INVESTMENTS	MA	N/A	N/A					0		
(7) B-BROOK-B S A R L 98-0558809 20 RUE DE LA POSTE L-2346	INVESTMENTS	LU	N/A	N/A					0		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) 2225081 ONTARIO LTD 333 BAY ST, STE 3400 TORONTO, CA	INVESTMENTS	CA	N/A	C			
(2) 365 CHURCH ST LP 4711 YONGE ST., STE. 1400 TORONTO, CA	INVESTMENTS	CA	N/A	C			
(3) ADELAIDE-PETER DEVELOPMENTS 4711 YONGE ST, STE 1400 TORONTO, CA	INVESTMENTS	CA	N/A	C			
(4) AGRICOLA BRINZAL LTD AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C			
(5) AGRICOLA CRECER LTD AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C			
(6) AGRICOLA DURAMEN LTD AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C			
(7) AGRICOLA E INVERSIONES PAMPA ALEGRE S.A AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) BLUE ATLANTIC ACQUISITION GROU 111 SOUTH WACKER DR., STE. 330 BPR CO-INVESTOR, LLC 20-837634	INVESTMENTS	DE	N/A	N/A					0			
(2) 645 MADISON AVE., 18TH FL CAPITAL PARTNERS, LLC US TAX EX	INVESTMENTS	DE	N/A	N/A					0			
(3) 88 PHILLIP ST CHARLESBANK EQUITY FUND IV, LP	INVESTMENTS	DE	N/A	N/A					0			
(4) 200 CLARENDON ST., 54TH FL CHARLESBANK REALTY FUND IV, LP	INVESTMENTS	MA	N/A	N/A					0			
(5) 200 CLARENDON ST., 54TH FL CHERONE INVEST PARTNERS III PA	INVESTMENTS	MA	N/A	N/A					0			
(6) 111 E HARGETT ST COMPOSITION CAPITAL ASIA FUND	INVESTMENTS	DE	N/A	N/A					0			
(7) WORLD TRADE CTR., TOWER H - 15 INVESTMENTS	INVESTMENTS	NL	N/A	N/A					0			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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 FUNDO BUCALEMU, LTDA DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C			
(2) AGRICOLA RAPEL, LTDA DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C			
(3) AGRICOLA RETIRO, LTDA DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C			
(4) AGRICOLA RIBERA, LTDA DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C			
(5) AGROFLORESTAL VERDE SUL, S.A. RODOVIA RS-473, KM 22, RINCAO SO SA DISTRICT MATARAZZO, AQUILA, INC.	INVESTMENTS	BR	N/A	C			
(6) WALKER HOUSE, MARY ST., PO BOX 9086 GEORGE TOWN, CJ ARA, INC.	INVESTMENTS	CJ	N/A	C			
(7) WALKER HOUSE, MARY ST., PO BOX 9086 GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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			
(1) COMTEL TELECOM ASSETS, LP 20-3 200 CLARENDON ST.	INVESTMENTS	TX	N/A	N/A					0		
(2) CORAL SENIOR HOUSING, LLC 27-3 975 F ST., NW, 9TH FL	INVESTMENTS	DE	N/A	N/A					0		
(3) CROSSPOINT TECHNOLOGY HOLDINGS 300 THIRD AVE., STE. 2	INVESTMENTS	DE	N/A	N/A					0		
(4) CYPRESS REALTY IV, LP 74-30001 301 CONGRESS AVE., STE. 500	INVESTMENTS	DE	N/A	N/A					0		
(5) DENHAM COMMODITY PARTNERS FUND 200 CLARENDON ST., 25TH FL	INVESTMENTS	DE	N/A	N/A					0		
(6) DENHAM COMMODITY PARTNERS FUND 200 CLARENDON ST., 25TH FL	INVESTMENTS	DE	N/A	N/A					0		
(7) DENHAM COMMODITY PARTNERS FUND 200 CLARENDON ST., 25TH FL	INVESTMENTS	DE	N/A	N/A					0		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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 AVENUE REALTY, LTD WALKER HOUSE, MARY ST., PO BOX 9086 GEORGETOWN, CJ	INVESTMENTS	MD	N/A	C			
(2) ATLANTIC EUROPE INVESTMENTS GP, LTD 50 LOTHIAN RD., FESTIVAL SQUARE EDINBURGH, UK	INVESTMENTS	UK	N/A	C			
(3) ATLANTIC EUROPE INVESTMENTS, LP 50 LOTHIAN RD., FESTIVAL SQUARE EDINBURGH, UK	INVESTMENTS	UK	N/A	C			
(4) ATLANTIC PACIFIC REALTY, INC 1301 SHOREWAY RD., STE. 250 BELMONT, MA	INVESTMENTS	MD	N/A	C			
(5) ATLANTIC TORONTO 365 CHURCH ST., GP, INC 355 BARRARD ST., STE 1900 VANCOUVER, CA	INVESTMENTS	CA	N/A	C			
(6) ATLANTIC TORONTO A-P GP, INC 355 BARRARD ST., STE 1900 VANCOUVER, CA	INVESTMENTS	CA	N/A	C			
(7) ATLANTIC TORONTO GRENVILLE GP, INC 355 BARRARD ST., STE 1900 VANCOUVER, CA	INVESTMENTS	CA	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) DEVON/CB, LLC 73-1665198 2000 POWELL ST., STE 1240	INVESTMENTS	DE	N/A	N/A					0			
(2) DEVONIAN, LLC 90-0721046 C/O HMC, INC., 600 ATLANTIC AV	INVESTMENTS	DE	N/A	N/A					0			
(3) EMBARCADERO CAPITAL INVESTORS, 1301 SHOREWAY RD., STE 250	INVESTMENTS	DE	N/A	N/A					0			
(4) EMERGING COUNTRIES OPPORT - MAS 68 FORT ST	INVESTMENTS	CJ	N/A	N/A					0			
(5) GEP INVESTMENTS LP N/A PO BOX 309GT, S CHURCH ST	INVESTMENTS	CJ	N/A	N/A					0			
(6) GERRITY ATLANTIC RETAIL PARTNE 977 LOMAS SANTA FE DR., STE A	INVESTMENTS	DE	N/A	N/A					0			
(7) GREENFIELD BLR FINANCE PARTNER 50 NORTH WATER ST	INVESTMENTS	DE	N/A	N/A					0			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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 TORONTO HOLDINGS, INC. 98-0668178 355 BURRARD ST., STE 1900 VANCOUVER, CA	INVESTMENTS	CA	N/A	C			
(2) BLACK KITE PTY, LTD N/A LEVEL 38, 201 ELIZABETH ST SYDNEY, AS	INVESTMENTS	AS	N/A	C			
(3) BLACK KITE TRUST 98-6063158 LEVEL 38, 201 ELIZABETH ST. SYDNEY, AS	INVESTMENTS	AS	N/A	C			
(4) BLUE ATLANTIC INVESTORS, INC. 45-1022813 111 SOUTH WACKER DR., STE 3300 CHICAGO, IL	INVESTMENTS	DE	N/A	C			
(5) BLUE ATLANTIC SHUTTLE, LLC 45-2542872 111 SOUTH WACKER DR., STE 3300 CHICAGO, IL	INVESTMENTS	DE	N/A	C			
(6) BRASIL TIMBER, LTDA 98-0645399 AVENIDA CANDIDO DE ABREU, 776, SALA CENTRO CIVICO, BR	INVESTMENTS	BR	N/A	C			
(7) BRODIAEA, INC 90-0862085 5757 PACIFIC AVE., STE 222 STOCKTON, CA	INVESTMENTS	DE	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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			
(1) GREENFIELD BLR PARTNERS, LP, 20 50 NORTH WATER ST	INVESTMENTS	DE	N/A	N/A					0		
(2) GREENHAVEN APARTMENTS, LLC, 27- 4970 EL CAMINO REAL, STE. 220	INVESTMENTS	DE	N/A	N/A					0		
(3) HARVARD COMMINGLED ACCOUNT, 04- C/O HMC, INC., 600 ATLANTIC AV	INVESTMENTS	MA	N/A	N/A					0		
(4) HARVARD CV, LLC 80-0641747 1033 MASS AVE	REAL ESTATE	MA	N/A	N/A					0		
(5) HARVARD INVESTMENT ASSOCIATES C/O HMC, INC., 600 ATLANTIC AV	INVESTMENTS	DE	N/A	N/A					0		
(6) HE INSTITUTIONAL, LP 04-342568 10 ST JAMES AVE, STE 1700	INVESTMENTS	MA	N/A	N/A					0		
(7) HELIOS ROYALTY PARTNERS, I.L.P. 5910 N. CENTRAL EXPRESSWAY, ST	INVESTMENTS	DE	N/A	N/A					0		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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. ----- N/A ----- AVDA. SANTA MARIA NO. 6350, PISO 3 VITACURA, CI	INVESTMENTS	CI	N/A	C			
(2) CARACOL AGROPECUARIA, LTDA ----- 98-0642730 ----- RUA SETE DE SETEMBRO 730, 11TH FL, PORTO ALEGRE, BR	INVESTMENTS	BR	N/A	C			
(3) OCA JAPAN INVESTMENT, B.V. ----- N/A ----- WORLD TRADE CTR., TOWER H - 15TH FL AMSTERDAM, NL	INVESTMENTS	NL	N/A	C			
(4) CHENNAI 2007 ----- 98-0644770 ----- IFS COURT, 28 CYBERCITY EBENE, MP	INVESTMENTS	MP	N/A	C			
(5) CHEVAL SP PARTICIPACOES, LTDA ----- N/A ----- RUA DO FORUM, S/N, SALA B CENTRO, BR	INVESTMENTS	DE	N/A	C			
(6) CIAG (CHILE), S.P.A. ----- 98-0650099 ----- DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	TX	N/A	C			
(7) COMPOSITION CAPITAL ASIA FUND, C.V. ----- 98-0469927 ----- WORLD TRADE CTR., TOWER H - 15TH FL AMSTERDAM, NL	INVESTMENTS	NL	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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			
(1) IEC ATLANTIC I, LLC 27-3609237 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A					0		
(2) IEC ATLANTIC II, LLC 37-165736 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A					0		
(3) IEC BREAKWATER, LLC 45-4447102 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A					0		
(4) IEC HIDDEN CREEK, LLC 45-30830 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A					0		
(5) IEC JEFFERSON 2, LLC 45-546616 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A					0		
(6) IEC JEFFERSON, LLC 45-3679129 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A					0		
(7) IEC NINTH AVENUE, LLC 45-54662 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A					0		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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--- WORLD TRADE CTR, TOWER H - 15TH FL AMSTERDAM, NL	INVESTMENTS	NL	N/A	C			
(2) COMPOSITION CAPITAL EUROPE FUND, C.V. ---98-0459793--- WORLD TRADE CTR, TOWER H - 15TH FL AMSTERDAM, NL	INVESTMENTS	NL	N/A	C			
(3) COMPOSITION CAPITAL EUROPE II FEEDER, C.V. ---98-0569903--- WORLD TRADE CTR, TOWER H - 15TH FL AMSTERDAM, NL	INVESTMENTS	NL	N/A	C			
(4) COMPOSITION FEEDER, GMBH BORENSTRASSE 2-4 60313 FRANKFURT AM MAIN, GM	INVESTMENTS	GM	N/A	C			
(5) COMTEL ASSETS CORP 433 E LAS CALINAS BL IRVING, TX	INVESTMENTS	DE	N/A	C			
(6) COMTEL ASSETS, INC 433 E LAS CALINAS BL IRVING, TX	INVESTMENTS	DE	N/A	C			
(7) COOPERATIE CC ASIA KOREA FEEDER, U.A. WORLD TRADE CTR, TOWER H - 15TH FL AMSTERDAM, NL	INVESTMENTS	MD	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) IRON POINT CO-INVESTMENT, L.L.C. 201 MAIN ST.	INVESTMENTS	DE	N/A	N/A					0			
(2) IRON POINT REAL ESTATE PARTNERSHIP 201 MAIN ST.	INVESTMENTS	TX	N/A	N/A					0			
(3) IRON POINT REAL ESTATE PARTNERSHIP 201 MAIN ST.	INVESTMENTS	DE	N/A	N/A					0			
(4) ISLA VISTA ACQUISITION GROUP 111 SOUTH WACKER DR., STE. 330	INVESTMENTS	DE	N/A	N/A					0			
(5) KLEINER PERKINS CAUFIELD & BYE 2750 SAND HILL RD.	INVESTMENTS	CA	N/A	N/A					0			
(6) LIQUID REALTY PARTNERSHIP IV (PELL) 199 E. LINDA MESA AVE.	INVESTMENTS	DE	N/A	N/A					0			
(7) LIQUID REALTY PARTNERSHIP IV INVEST 199 E. LINDA MESA AVE.	INVESTMENTS	DE	N/A	N/A					0			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) CSH PROGRAM REIT, INC. 975 F ST., NW, 9TH FL. WASHINGTON, WA	INVESTMENTS	DE	N/A	C			
(2) CSH TRS HOLDING, LLC 975 F ST., NW, 9TH FL. WASHINGTON, WA	INVESTMENTS	DE	N/A	C			
(3) DAIRY FARMS PARTNERSHIP 113 RUTHERFORD RD., PUKEKOHE E., POB PUKEKOHE, NZ	INVESTMENTS	NZ	N/A	C			
(4) ECO CEBACOL SOCIEDAD ANONIMA CALLE 52 Y ELVIRA MENDEZ, PO BOX 08 PANAMA, PH	INVESTMENTS	PH	N/A	C			
(5) ECONOMIZA AGROPECUARIA, LTDA ESTADA GERAL CONDOMINIO BOA ESPERAN S/N GRANDE DO RIBEIRO	INVESTMENTS	BR	N/A	C			
(6) ECUADOR TIMBER, LP PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C			
(7) EGRET INVESTMENTS, LTD C/O MAPLES & CALDER, PO BOX 309, UG GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) LIQUID REALTY PRS - IV INVEST - 199 E. LINDA MESA AVE	INVESTMENTS	DE	N/A	N/A					0			
(2) LIQUID REALTY PRS - IV TAX EXE 199 E. LINDA MESA AVE	INVESTMENTS	DE	N/A	N/A					0			
(3) LUBERT ADLER CAPITAL REAL ESTA 2929 ARCH ST	INVESTMENTS	DE	N/A	N/A					0			
(4) LUBERT ADLER CAPITAL REAL ESTA 2929 ARCH ST	INVESTMENTS	DE	N/A	N/A					0			
(5) MCRS - LLC 27-3637201 152 WEST 57TH ST, 46TH FL	INVESTMENTS	MA	N/A	N/A					0			
(6) NORTH IDAHO APARTMENTS - LLC 27 4970 EL CAMINO REAL, STE. 220	INVESTMENTS	DE	N/A	N/A					0			
(7) OLD LANE HVA MASTER FUND LP 9 PO BOX 309, S. CHURCH ST	INVESTMENTS	CJ	N/A	N/A					0			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) EL MARIA S.A. VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(2) EMPARCADERO CAPITAL INVESTORS II REIT, I 1301 SHOREWAY RD, STE. 250 BELMONT, CA	INVESTMENTS	MD	N/A	C			
(3) EVERALD CATASTROPHE FUND LTD STE 193, 48 PAR-LA-VILLE RD HAMILTON, BD	INVESTMENTS	BD	N/A	C			
(4) EMERGING COUNTRIES OPPORTUNITY FUND LTD 68 FORT ST, PO BOX 705GT CAYMAN ISLANDS, CJ	INVESTMENTS	CJ	N/A	C			
(5) EMPRESA ECOLOGICA DEL ORINOCO S.A.S CRA 9 NO 77 - 67 OFC 804 BOGOTA D.C., CO	INVESTMENTS	CO	N/A	C			
(6) EMPRESAS VERDES ARGENTINA S.A CARLOS PELLEGRINI 1138 PISO 1 CORRIENTES, AR	INVESTMENTS	AR	N/A	C			
(7) ENKI HOLDINGS CORP WALKER HOUSE, MARY ST, PO BOX 908G GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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			
(1) OXFORD HPC INVESTMENT COMPANY, 350 WEST HUBBARD, STE. 450	INVESTMENTS	DE	N/A	N/A					0		
(2) PATIO GARDENS, LLC, 45-5311665 4970 EL CAMINO REAL, STE. 220	INVESTMENTS	DE	N/A	N/A					0		
(3) PINO, LLC, 32-0302061 AVDA SANTA MARIA NO 6350, PIS	INVESTMENTS	DE	N/A	N/A					0		
(4) PUTNAM SQUARE APTS, CO, LP, 04 C/O HRES, 1350 MASS AVE	REAL ESTATE	MA	N/A	N/A					0		
(5) ROUND TABLE ASSET RECVRY MSTR WINDWARD I, W BAY RD	INVESTMENTS	CJ	N/A	N/A					0		
(6) ROUND TABLE GLOBAL MACRO MSTR WINDWARD I, W BAY RD	INVESTMENTS	CJ	N/A	N/A					0		
(7) SOIL INNOVATIONS, LLC, 90-05384 AV DR CARDOSO DE MELO, 1340-	INVESTMENTS	DE	N/A	N/A					0		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) ESTANCIA CELINA, S.A. SUIPACHA 1111 - PISO 18 BUENOS AIRES, AR	INVESTMENTS	AR	N/A	C			
(2) FLORESTAS DO SUL AGROFLORESTAL, LTDA RUA TAQUARY, 335 DRISTAL PORTO ALEGRE, BR	INVESTMENTS	BR	N/A	C			
(3) FLORESTAL BOSQUEPALM CIA, LTDA AVENIDA PATRIA, FL. 5, OFFICE 5 QUITO, EC	INVESTMENTS	EC	N/A	C			
(4) FLORESTAL DEL RIO, S.A. SUIPACHA 1111 - PISO 18 BUENOS AIRES, AR	INVESTMENTS	AR	N/A	C			
(5) FLORESTAL FORESTVERGAL CIA, LTDA AVENIDA PATRIA, FL. 5, OFFICE 5 QUITO, EC	INVESTMENTS	EC	N/A	C			
(6) FRANCOLIN PO BOX 309, UGLAND HOUSE CAYMAN ISLANDS, CJ	INVESTMENTS	CJ	N/A	C			
(7) GALILEIA AGROINDUSTRIAL, LTDA AV PEDROSO DE MORAES, 1201, 2 ANDA PINHEIROS, BR	INVESTMENTS	BR	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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			
(1) SOUTHWOOD GARDENS, LLC 45-4154 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A					0		
(2) STOLBERG, MEEHAN & SCANO II-A 370 17TH ST, STE 3650	INVESTMENTS	DE	N/A	N/A					0		
(3) TFO CO-INVESTOR, LLC 06-176264 645 MADISON AVE, 18TH FL	INVESTMENTS	DE	N/A	N/A					0		
(4) THE BREITHORN FUND, LP 98-0549 PO BOX 1234 CT, S CHURCH ST	INVESTMENTS	CJ	N/A	N/A					0		
(5) THE ECO PRODUCTS FUND 26-13299 400 MADISON AVE, SUITE 14A	INVESTMENTS	DE	N/A	N/A					0		
(6) THE TRITON FUND II NO. 24 LP N 22 GREENVILLE ST	INVESTMENTS	JE	N/A	N/A					0		
(7) THE VILLAGE I AT JAMRENCE STAT 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) GATEWAY REAL ESTATE FUND III-TE, LP CRICKET SQUARE, HUTCHINS DR, PO BOX GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(2) GAVEA INVESTMENT FUND II B, LP PO BOX 986, GARDENIA COURT, STE 33 CAMANA BAY, CJ	INVESTMENTS	CJ	N/A	C			
(3) GBE DEVELOPMENT I, LTD PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(4) GBE DEVELOPMENT II, LTD PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(5) GBE DEVELOPMENT III, LTD PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(6) GBE DEVELOPMENT IV, LTD PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(7) GBE DEVELOPMENT V, LTD PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 VILLAGE 2 AT LAWRENCE STAT 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(2) THE WILDHORN FUND LP 98-05272 PO BOX 1234 GT, S CHURCH ST	INVESTMENTS	CJ	N/A	N/A								
(3) TRAVIS COAL RESTRUCTURED HOLDI 200 CLARENDON ST	INVESTMENTS	DE	N/A	N/A								
(4) USRA ATLANTIC CAPITAL PARTNERS 1370 AVE OF AMERICAS	INVESTMENTS	DE	N/A	N/A								
(5) VERBENA LLC DBA PURPLE VERBEN 5700 WILSHIRE BLVD, STE 330	INVESTMENTS	DE	N/A	N/A								
(6) WBY KIRBY HILL CO-INVESTMENT 645 MADISON AVE, 18TH FL	INVESTMENTS	DE	N/A	N/A								
(7) WILLIAMSON ROYALTY VENTURES, L 200 CLARENDON ST	INVESTMENTS	DE	N/A	N/A								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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 DEVELOPMENT VI, LTD PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(2) GBE FAZENDAS, LTDA AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO, N/A	INVESTMENTS	BR	N/A	C			
(3) GBE HOLDINGS, LTD PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(4) GBE INVESTMENTS, LTD PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(5) GBE PROJETOS AGRICOLAS II, LTDA AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO, N/A	INVESTMENTS	BR	N/A	C			
(6) GBE PROPERTIES I, LTD PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(7) GBE PROPERTIES II, LTD PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) WORLDWIDE BEAUTY ONSHORE, LP, 2 630 FIFTH AVE., 27TH FL.	INVESTMENTS	DE	N/A	N/A								
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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 III, LTD PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(2) GBE PROPERTIES IV, LTD PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(3) GBE PROPERTIES V, LTD PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(4) GBE PROPERTIES VI, LTD PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(5) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBILIARIAS AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO, RJ	INVESTMENTS	BR	N/A	C			
(6) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBILIARIAS AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO, RJ	INVESTMENTS	BR	N/A	C			
(7) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBILIARIAS AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO, RJ	INVESTMENTS	BR	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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
(1) -----							Yes No		Yes No	
(2) -----							Yes No		Yes No	
(3) -----							Yes No		Yes No	
(4) -----							Yes No		Yes No	
(5) -----							Yes No		Yes No	
(6) -----							Yes No		Yes No	
(7) -----							Yes No		Yes No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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 AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO, RJ 22251-000, RJ, BRAZIL	INVESTMENTS	MA	N/A	C			
(2) GERBITY ATLANTIC RETAIL PARTNERS, INC. 977 LOMAS SANTA FE DR., STE. A SOLANA BEACH, CA 92586	INVESTMENTS	DE	N/A	C			
(3) GLOBAL MARITIME INVESTMENTS, LTD. WALKER HOUSE, 87 MARY ST GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(4) GRAMARY INVESTMENTS IFS COURT, 28 CYBERCITY CYBERCITY, MP	INVESTMENTS	MP	N/A	C			
(5) GUANARE, A.A. R.I. JUNCAL 1327, FL 21 MONTEVIDEO, UY	INVESTMENTS	MA	N/A	C			
(6) GUANARE, S.A. JUNCAL 1327, FL 21 MONTEVIDEO, UY	INVESTMENTS	DE	N/A	C			
(7) GULF ATLANTIC OPERATIONS, LLC 200 CLARENDON ST BOSTON, MA	INVESTMENTS	DE	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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) HARVARD BUSINESS SCHOOL PUBLISHING EUROP 23 SICILIAN AVE LONDON, UK	SALES SUPPORT	MA	N/A	C			
(2) HARVARD BUSINESS SCHOOL PUBLISHING FRANC 23 RUE DU ROULE PARIS, FR	SALES SUPPORT	FR	N/A	C			
(3) HARVARD BUSINESS SCHOOL PUBLISHING INDIA UNIT #423, GRAND HYATT MUMBAI MUMBAI, IN	PUBLISHING SUPPORT	NY	N/A	C			
(4) HARVARD CENTER SHANGHAI CO., LTD 5TH FL HSBC BLDG, INTL FIN CTR, N SHANGHAI, CH	RESEARCH SUPPORT	CH	N/A	C			
(5) HARVARD MANAGEMENT COMPANY ADVISOR, LTD 21ST FL, THE LANDMARK, 15 QUEEN'S HONG KONG, HK	INVESTMENTS	DE	N/A	C			
(6) HARVARD MASTER TRUST 1033 MASS AVE CAMBRIDGE, MA	INVESTMENTS	MA	N/A	T			
(7) HARVARD PRIVATE CAPITAL PROPERTIES II, I C/O HMC, INC., 600 ATLANTIC AVE BOSTON, MA	INVESTMENTS	DE	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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			
(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" to 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) HARVARD PRIVATE CAPITAL PROPERTIES III, C/O HMC, INC., 600 ATLANTIC AVE BOSTON, MA 76-0254935	INVESTMENTS	DE	N/A	C			
(2) HARVARD REAL ESTATE CV, INC. 1033 MASS AVE CAMBRIDGE, MA 61-1627962	REAL ESTATE	MA	N/A	C			
(3) HARVARD UNIVERSITY PRESS OF NEW YORK C/O HU PRESS, 79 GARDEN ST CAMBRIDGE, MA 13-3784301	PUBLISHING	NY	N/A	C			
(4) HARVARD UNIVERSITY PRESS, LTD VERNON HOUSE, 23 SICILIAN AVE LONDON, UK N/A	BOOK DISTRIBUTION	UK	N/A	C			
(5) HB CAYMAN, LTD PO BOX 309GT, UGLAND HOUSE, S CHUR CAYMAN ISLANDS, CJ N/A	INVESTMENTS	CJ	N/A	C			
(6) HMC ADAGE MANAGER, INC C/O HMC, INC., 600 ATLANTIC AVE BOSTON, MA 04-3567988	INVESTMENTS	MA	N/A	S			
(7) HPC PATRON SCOTLAND, LP 50 LOTHIAN RD., FESTIVAL SQUARE EDINBURGH, UK 98-0438748	INVESTMENTS	UK	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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) INDIA CAPITAL OPPORTUNITIES, L.L. LTD. ----- N/A ----- IFS COURT, 28 CYBERCITY EBENE, MP	INVESTMENTS	MP	N/A	C			
(2) INSOL AGROINDUSTRIAL, S.A. ----- N/A ----- AV PEDROSO DE MORAES, 1201, 2 ANDA PINHEIROS, BR	INVESTMENTS	BR	N/A	C			
(3) INVERSIONES ANAY Y ASOCIADOS, S.A. ----- N/A ----- VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(4) INVERSIONES BRASIL, S.A. ----- N/A ----- VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(5) INVERSIONES CATALVA, S.A. ----- N/A ----- VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(6) INVERSIONES CORAL, S.A. ----- N/A ----- VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(7) INVERSIONES SANTA RITA, S.A. ----- N/A ----- VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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) INVERSIONES TRES CUMBRES, LTDA, 98-0446986 ROGER DE FLOR 2736 DP 8 COMUNA LAS CONDES, CI	INVESTMENTS	CI	N/A	C			
(2) IPE AGROINDUSTRIAL, LTDA, N/A AV PEDROSO DE MORAES, 1201, 2 ANDA PINHEIROS, BR	INVESTMENTS	BR	N/A	C			
(3) ISLA VISTA FOOD SERVICES, LLC, 27-3070185 111 EAST WAYNE ST, STE 500 FORT WAYNE, TX	INVESTMENTS	DE	N/A	C			
(4) ISLA VISTA INVESTORS, LLC, 27-3070148 111 SOUTH WACKER DR, STE 3300 CHICAGO, IL	INVESTMENTS	MD	N/A	C			
(5) KAINGAROA TIMBERLANDS, 98-0412394 GROUND FL, 1243 RANOLF ST NEW ZEALAND, NZ	INVESTMENTS	NZ	N/A	C			
(6) KTR, LTD, N/A PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ	INVESTMENTS	DE	N/A	C			
(7) KUPE SHIPPING, LTD, N/A PO BOX 160, 209 QUEEN ST AUCKLAND, NZ	INVESTMENTS	NZ	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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 ARENOSA, S.A. VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(2) LA JACARANDA, S.A. VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(3) LA MORBA, S.A. VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(4) LA ZARZA, S.A. VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(5) LABELLE SP PARTICIPACOES, LTDA RUA DO FORUM, S/N, SALA B CENTRO, BR	INVESTMENTS	BR	N/A	C			
(6) LAS ACACIAS, S.A. VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(7) LAS MISIONES, S.A. SUIPACHA 1111 - PISO 18 BUENOS AIRES, AR	INVESTMENTS	AR	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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) LASALLE ASIA OPPORTUNITY FUND LTD 99-0447511 WALKER HOUSE, 87 MARY ST. GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(2) LIFETIME CENTRE COURT GRENVILLE, LP 98-0684331 ANDREW HOFFMAN, 1010-22 ST. CHAIR A TORONTO, CA	INVESTMENTS	CA	N/A	C			
(3) LINDENE LTD N/A PO BOX 309, UGLAND HOUSE GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(4) LONGSTOCKING INVESTMENT CORP 52-2116455 C/O HMC, INC., 500 ATLANTIC AVE. BOSTON, MA	INVESTMENTS	MA	N/A	S			
(5) LONGTERM FOREST PARTNERS CIA LTD N/A AVENIDA PATRIA, FL 5, OFFICE 5 7311 QUITO, NJ EC	INVESTMENTS	EC	N/A	C			
(6) LOS ALMENDROS S A N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	DE	N/A	C			
(7) LOS AROMOS S A N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	OK	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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 ARAYANES, S.A. VILLA FINIANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(2) LOS BOLDOZ, S.A. AVDA SANTA MARIA NO. 6350, PISO 3 VITACURA, CI	INVESTMENTS	CI	N/A	C			
(3) LOS LAURELES, S.A. AVDA SANTA MARIA NO. 6350, PISO 3 VITACURA, CI	INVESTMENTS	CI	N/A	C			
(4) LOS LAURELES, S.A. VILLA FINIANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(5) LRP IV TAX EXEMPT (PEL) II, LP 199 E LINDA MESA AVE., #10 DANVILLE, CA	INVESTMENTS	JE	N/A	C			
(6) LRP IV TAX EXEMPT (PEL) LTD 199 E LINDA MESA AVE., #10 DANVILLE, CA	INVESTMENTS	JE	N/A	C			
(7) MCBS REAL ESTATE INVESTMENT TRUST, INC 152 WEST 57TH ST., 46TH FL. NEW YORK, NY	INVESTMENTS	MD	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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) MCERS TENANT HOLDING CO., LLC 152 WEST 57TH ST., 46TH FL. NEW YORK, NY 10019-2712-3869467	INVESTMENTS	DE	N/A	C			
(2) MIRABILIS, S.A. CALLE LAS BEGONIAS NO. 475, DPTO 7 SAN ISIDRO, PE 15000-0000-N/A	INVESTMENTS	MA	N/A	C			
(3) NAZARE AGROINDUSTRIAL, LTDA AV. PEDROSO DE MORAES, 1201, 2 ANDA PINHEIROS, BR 04500-000-N/A	INVESTMENTS	MA	N/A	C			
(4) NCH AGRIBUSINESS INVESTORS CORP PO BOX 309, UGLAND HOUSE, S CHURCH GEORGE TOWN, CJ 00000-000-98-0559097	INVESTMENTS	CJ	N/A	C			
(5) NEANDERTHAL INVESTMENTS IFS COURT, 28 CYBERCITY CYBERCITY, MP 00000-000-98-0607884	INVESTMENTS	MP	N/A	C			
(6) NEW VERNON INDIA (CAYMAN) FUND, LP 2330 PLAZA FIVE JERSEY CITY, NJ 07310-000-20-1577934	INVESTMENTS	CJ	N/A	C			
(7) NGL HOLDINGS, INC 200 CLARENDON ST BOSTON, MA 02116-000-33-1101243	INVESTMENTS	DE	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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, S.A. VILLA FINIANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(2) NICARAO I, LTD PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C			
(3) NICARAO II, LTD PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C			
(4) NICARAO, LTD PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C			
(5) NICATECA, INC WALKER HOUSE, 87 MARY ST GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(6) OLD LANE HMAFE, LP PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C			
(7) OPERA, S.A. VILLA FINIANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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) PARFEN, S.A. JUNCAL 1305, FL 21 MONTEVIDEO, UY ----- N/A -----	INVESTMENTS	UY	N/A	C			
(2) PATRIOT INTEREST HOLDINGS, INC. 200 CLARENDON ST BOSTON, MA ----- 01-0938844 -----	INVESTMENTS	DE	N/A	C			
(3) PEARL RETAIL, INC. C/O MAPLES & CALDER, PO BOX 309, UG GEORGE TOWN, CJ ----- 98-1048757 -----	INVESTMENTS	CJ	N/A	C			
(4) PERMIAN MIDSTREAM CORP. 200 CLARENDON ST BOSTON, MA ----- 01-0938834 -----	INVESTMENTS	TX	N/A	C			
(5) PINARES, A.A.R.L. JUNCAL 1327, FL 21 MONTEVIDEO, UY ----- 98-0641950 -----	INVESTMENTS	UY	N/A	C			
(6) POLARIS WINES, INC. 855 BORDEAUX WAY, STE 260A NAPA, CA ----- N/A -----	INVESTMENTS	DE	N/A	C			
(7) PRADARIA AGROFLORESTAL LTDA RUA LUIZ DODERO 28 SALA 3 CAMPO GRANDE, BR ----- 98-0642732 -----	INVESTMENTS	BR	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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) QUEBRADA HONDA, S.A. ----- AVDA SANTA MARIA NO. 6350, PISO 3 VITACURA, CI -----	INVESTMENTS	CI	N/A	C			
(2) QUETZAL BLUE, S.A. ----- CALLE 52 Y ELVIRA MENDEZ PANAMAN, PM -----	INVESTMENTS	PM	N/A	C			
(3) REPRESA, PROPERTIES, LTD. ----- PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ -----	INVESTMENTS	CJ	N/A	C			
(4) RIO MIRA PARTICIPACOES, LTDA. ----- AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO, ----- 28-C, C-TIN BUDISTEANUI ST, 3RD FL BUCHAREST, RO -----	INVESTMENTS	BR	N/A	C			
(5) ROMPLY MEROPS, S.R.L. ----- ROUND TABLE ASSET RECOVERY INTERMEDIATE -----	INVESTMENTS	RO	N/A	C			
(6) ROUND TABLE ASSET RECOVERY INTERMEDIATE ----- WINDWARD I, REGATTA OFF PARK, WEST CAYMAN ISLANDS, CJ -----	INVESTMENTS	CJ	N/A	C			
(7) ROUND TABLE ASSET RECOVERY FUND, LTD. ----- WINDWARD I, REGATTA OFF PARK, WEST CAYMAN ISLANDS, CJ -----	INVESTMENTS	CJ	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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) ROUND TABLE GLOBAL MACRO FUND LTD WINDWARD I, REGATTA OFF PARK, WEST CAYMAN ISLANDS, CJ	INVESTMENTS	CJ	N/A	C			
(2) ROUND TABLE GLOBAL MACRO INTERMEDIATE FUND WINDWARD I, REGATTA OFF PARK, WEST CAYMAN ISLANDS, CJ	INVESTMENTS	CJ	N/A	C			
(3) S A NTA FILOMENA AGROINDUSTRIAL LTDA AV PEDROSO DE MORAES, 1201, 2 ANDA PINHEIROS, BR	INVESTMENTS	BR	N/A	C			
(4) SCOLOPAX S R L BRASOV, 8 VICTORIEI ST, B1 42 BIS BRASOV COUNTY, RO	INVESTMENTS	RO	N/A	C			
(5) SERRA GRANDE AGROINDUSTRIAL LTDA AV PEDROSO DE MORAES, 1201, 2 ANDA PINHEIROS, BR	INVESTMENTS	BR	N/A	C			
(6) SIA EMPETRUM KULDIGAS RAJONS, KURMALES PAGASTS PRIEDAINE, LG	INVESTMENTS	LG	N/A	C			
(7) SOCIEDAD EXPLOTADORA AGRICOLA SPA DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C			

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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) SOROTIVO AGROPECUARIA, LTDA AV. PEDROSO DE MORAES, 1201, 2 ANDA PINHEIROS, BR	INVESTMENTS	BR	N/A	C			
(2) SUSTAINABLE TEAK PARTICIPACOES, LTDA AVENIDA GOVERNADOR PONCE DE ARRUDA, VAREZEA GRANDE, BR	INVESTMENTS	BR	N/A	C			
(3) SUSTAINABLE TIMBERS, S.A. AVE JUSTO AROSEMAMA 6 32 ST E CORREGIMIENTO DE CALIDONIA	INVESTMENTS	PM	N/A	C			
(4) TDR SCOTLAND, L.P. ONE STANHOPE GATE LONDON, UK	INVESTMENTS	UK	N/A	C			
(5) TERENA, S.A. JUNCAL 1327, FL. 21 MONTEVIDEO, UY	INVESTMENTS	UY	N/A	C			
(6) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA BOQUEIRAO, S/N ZONA RURAL, BR	INVESTMENTS	BR	N/A	C			
(7) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA SANTO ANTONIO DA MANGA, S/N ZONA RURAL, BR	INVESTMENTS	BR	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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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(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD - N/A - FAZENDA FLEXAS, S/N ZONA RURAL, BR	INVESTMENTS	BR	N/A	C			
(2) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD - N/A - FAZENDA OITEIROS, S/N ZONA RURAL, BR	INVESTMENTS	BR	N/A	C			
(3) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD - N/A - FAZENDA ESPANADA, RODOVIA ESTADUAL PEIXE, BR	INVESTMENTS	BR	N/A	C			
(4) TERRACAL ALIMENTOS E BIOENERGIA, LTDA - N/A - AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO,	INVESTMENTS	BR	N/A	C			
(5) TERRACAL PARTICIPACOES, LTDA - N/A - AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO,	INVESTMENTS	BR	N/A	C			
(6) TERRACAL PROPRIEDADES, LTDA - N/A - AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO,	INVESTMENTS	BR	N/A	C			
(7) TINAMOU - 98-1014421 - PO BOX 309, UGLAND HOUSE CAYMAN ISLANDS, CJ	INVESTMENTS	CJ	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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) TOUCANET, S.A. PLAZA 2000, 16TH FL., 50TH ST. REPUBLIC OF PANAMA, PM N/A	INVESTMENTS	PM	N/A	C			
(2) TUNUVAN, S.A. VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU N/A	INVESTMENTS	NU	N/A	C			
(3) UNITECA AGROFLORESTAL, S.A. AVENIDA GOVERNADOR PONCE DE ARRUDA, VAREZEA GRANDE, BR N/A	INVESTMENTS	BR	N/A	C			
(4) USRA ATLANTIC NET LEASE CAPITAL CORP. 1370 AVE. OF AMERICAS NEW YORK, NY 45-2732642	INVESTMENTS	DE	N/A	C			
(5) VALHOLL, LTD. PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ 98-0668673	INVESTMENTS	CJ	N/A	C			
(6) VERIWASTE, L.P. 20-22 BEDFORD ROW LONDON, UK 98-0656246	INVESTMENTS	UK	N/A	C			
(7) VISTA VERDE AGROINDUSTRIAL, LTDA AV. PEDROSO DE MORAES, 1201, 2 ANDA PINHEIROS, BR N/A	INVESTMENTS	BR	N/A	C			

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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 LEAD TRUSTS - (53) _____ N/A _____	CHARITABLE TRUST	MA	N/A	T			
(2) CHARITABLE REMAINDER TRUSTS - (730) _____ N/A _____	CHARITABLE TRUST	MA	N/A	T			
(3) POOLED INCOME FUNDS - (4) _____ N/A _____	CHARITABLE TRUST	MA	N/A	T			
(4) _____							
(5) _____							
(6) _____							
(7) _____							

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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Sale of assets to related organization(s)	1f	X
g Purchase of assets from related organization(s)	1g	X
h Exchange of assets with related organization(s)	1h	X
i Lease of facilities, equipment, or other assets to related organization(s)	1i	X
j Lease of facilities, equipment, or other assets from related organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X
n Sharing of paid employees with related organization(s)	1n	X
o Reimbursement paid to related organization(s) for expenses	1o	X
p Reimbursement paid by related organization(s) for expenses	1p	X
q Other transfer of cash or property to related organization(s)	1q	X
r Other transfer of cash or property from related organization(s)	1r	X

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
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(6) -----													
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(8) -----													
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(16) -----													

Schedule R (Form 990) 2011

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 ☒ **X**
- 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.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH, INC.		Employer identification number (EIN) or
			☒ 04-3293162
	Number, street, and room or suite no. If a P.O. box, see instructions. HMS C/O DEAN OF FACULTY OF MEDICINE		Social security number (SSN)
	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) ☐ 0 ☒ 1

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	01	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 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 02/15, 20 13, 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 07/01, 2011, and ending 06/30, 2012.

- 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 Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2012)

• 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 due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH, INC.	Employer identification number (EIN) or ☒ 04-3293162
	Number, street, and room or suite no. If a P.O. box, see instructions HMS C/O DEAN OF FACULTY OF MEDICINE	Social security number (SSN) ☐
	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) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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.

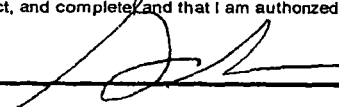
- The books are in the care of **MICHAEL HARTY**
Telephone No **617 432-3289** FAX No
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **N/A** If 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.

- I request an additional 3-month extension of time until **05/15, 2013**.
- For calendar year , or other tax year beginning **07/01, 2011**, and ending **06/30, 2012**.
- If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO FILE AND COMPLETE AN ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated 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 must be completed for Part II only.

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 

Title **CPA**

Date **2-5-13**

Form 8868 (Rev. 1-2012)