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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2012Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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

A For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 2013**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, town or post office, state, and ZIP code

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) 998-8997

G Gross receipts \$ 3,280,930.**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.ARMENISEHARVARD.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1995 **M** State of legal domicile MA**Part I** Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE SCHEDULE O.		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6.
	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 2012 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	2.
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8	Contributions and grants (Part VIII, line 1h)		0
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,992,564.	3,280,930.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,992,564.	3,280,930.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,052,998.	4,454,778.
	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
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	709,259.	923,668.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,762,257.	5,378,446.
	19	Revenue less expenses Subtract line 18 from line 12	-2,769,693.	-2,097,516.
	20	Total assets (Part X, line 16)	70,363,620.	73,267,435.
	21	Total liabilities (Part X, line 26)	1,660,506.	2,783,037.
	22	Net assets or fund balances Subtract line 21 from line 20	68,703,114.	70,484,398.
			Beginning of Current Year	End of Year

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	Date			
	<i>Lisa Mayer</i>	5/12/14			
Paid Preparer Use Only	Type or print name and title	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	<i>Lisa Mayer, Executive Director</i>	<i>[Signature]</i>	5-7-14	☐	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 (2012)

JSA
2E1010 1 000

9S04EB 7377

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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 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 \$ 4,473,626 including grants of \$ 4,454,778) (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 ► 4,473,626.

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	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	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	10 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	11a	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	11b	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	11c	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	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e 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	11f	X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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 and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a 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	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16 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)	17	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	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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>	21 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>	22	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>	23 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	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>	26	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>	27	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).	28	
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	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>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34 X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	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>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Form 990 (2012)

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 as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter.			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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

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

☒ X**Section A. Governing Body and Management**

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

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe 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 12a		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c		
13 Did the organization have a written whistleblower policy? 13		X
14 Did the organization have a written document retention and destruction policy? 14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a		X
b Other officers or key employees of the organization 15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," 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? 16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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 ☒ Other (explain in Schedule O)

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 ☒**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 (list any hours for related organizations below dotted line)	(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 35.00	X						0	393,616.	56,116.
(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 35.00	X		X				0	582,243.	51,850.
(5) LISA MAYER TRUSTEE/EXEC DIRECTOR GAHF	18.00 17.00	X		X				0	168,393.	30,911.
(6) WESLEY A. BENBOW TRSR/TRUSTEE	1.00 35.00	X		X				0	330,750.	54,153.
(7) RICHARD G. MILLS CLERK/TRUSTEE (UNTIL 05/2013)	1.00 35.00	X		X				0	436,863.	54,915.
(8) ALEXA MARGARET MASON AST DIR EXT REL/DIR ITAL AFRS	18.00 17.00					X		0	135,377.	34,165.
(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

1

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII. ☐

			(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)		3,280,930.		3,280,930.
	4	Income from investment of tax-exempt bond proceeds		0		
	5	Royalties		0		
		(i) Real	(ii) Personal			
	6a	Gross rents				
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)		0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)		0		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from gaming activities		0		
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less: cost of goods sold	b			
c	Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		0			
12	Total revenue. See instructions		3,280,930		3,280,930.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,078,000.	2,078,000.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16.	2,376,778.	2,376,778.		
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	10,700.		10,700.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	57,933.		57,933.	
12 Advertising and promotion	0			
13 Office expenses	6,525.	1,489.	5,036.	
14 Information technology	216.	90.	126.	
15 Royalties	0			
16 Occupancy	0			
17 Travel	44,969.	8,487.	36,482.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	8,910.	8,216.	694.	
20 Interest	10.		10.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PERSONNEL CHARGEBACK	394,913.		394,913.	
b PAYMENT TO HMS FOR SERVICES	326,716.		326,716.	
c UNIVERSITY ASSESSMENT	71,626.		71,626.	
d TAX TO MA	515.		515.	
e All other expenses	635.	566.	69.	
25 Total functional expenses. Add lines 1 through 24e	5,378,446.	4,473,626.	904,820.	
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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	322,066.	2	322,081.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other 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) Complete Part II of Schedule L	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
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	0
	11 Investments - publicly traded securities	70,041,554.	11	72,945,354.
	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	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	70,363,620.	16	73,267,435.	
Liabilities	17 Accounts payable and accrued expenses	30,088.	17	33,490.
	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 Loans and other 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	1,630,418.	25	2,749,547.
	26 Total liabilities. Add lines 17 through 25	1,660,506.	26	2,783,037.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	68,703,114.	27	70,484,398.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), 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	68,703,114.	33	70,484,398.
	34 Total liabilities and net assets/fund balances.	70,363,620.	34	73,267,435.

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,280,930.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,378,446.
3	Revenue less expenses Subtract line 2 from line 1	3	-2,097,516.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,703,114.
5	Net unrealized gains (losses) on investments	5	3,878,800.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	70,484,398.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐

- 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? ☐ Yes ☒ No
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? ☐ Yes ☒ No
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ☐ Yes ☒ No
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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? ☐ Yes ☒ No
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2012)

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

2012

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-Non-functionally integrated
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									2,078,000.

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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).SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONSATTACHMENT 1

(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					2,078,900
TOTAL AMOUNT OF SUPPORT									<u>2,078,900</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

2012

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 XIII, 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 XIII, 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 ► \$ _____

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 XIII

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII. ☐ Yes ☐ No

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	70,238,000.	75,216,093.	66,635,416.	64,676,846.	95,751,371.
b Contributions					
c Net investment earnings, gains, and losses	7,159,730.	-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	3,377,248.	3,964,273.	3,757,644.	4,070,258.	4,825,409.
f Administrative expenses	906,082.	912,433.	779,297.	823,509.	1,207,229.
g End of year balance	73,114,400.	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 XIII 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	2,630,002.
(3) DUE TO HARVARD UNIVERSITY	119,545.
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	2,749,547.

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☐

Part XI 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 XIII)	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 XIII.)	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 XII 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 XIII.)	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 XIII)	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 XIII 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, lines 2d and 4b; and Part XII, 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 XIII Supplemental Information *(continued)*

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2012

**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**

Employer identification number

FOUNDATION FOR SCIENTIFIC RESEARCH, INC.

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	69,727
(2) EUROPE			GRANTMAKING	RESEARCH AWARDS	2,376,778
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1.				2,446,505.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.				2,446,505.

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

Schedule F (Form 990) 2012

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. 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) ARMENISE SUMMER FELLOWSHIP	EUROPE/ICELAND/GREENLAND	3.	6,662.	WIRE		N/A	N/A
(2) CAREER DEVELOPMENT AWARD	EUROPE/ICELAND/GREENLAND	6	2,370,116.	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) 2012

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) 2012

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 F, PART I, LINE 3, COLUMN (F):

THE ORGANIZATION'S BOOKS AND RECORDS SEPERATELY IDENTIFY FOREIGN EXPENDITURES.

SCHEDULE I
(Form 990)

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

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
04-3293162

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) RC 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)	2,078,000.	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) (2012)

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, Part III, column (b), 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

2012

**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, but 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) 2012

Schedule J (Form 990) 2012

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 and Title	(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. TRUSTEE	(i) 0 (ii) 378,927.	0	0	0	0	0	0
2	JEFFREY S. FLIER, M.D. PRESIDENT/CEO/TRUSTEE	(i) 0 (ii) 572,911.	0	0	31,995.	24,121.	449,732.	0
3	LISA MAYER TRUSTEE/EXEC DIRECTOR GARE	(i) 0 (ii) 157,801.	0	0	31,995.	19,855.	634,093.	0
4	ALEXA MARGARET MASON AST DIR EXT REL/DIR ITAL APRS	(i) 0 (ii) 116,940.	10,000.	592.	20,468.	10,443.	199,304.	0
5	WESLEY A. BENBOW TRSR/TRUSTEE	(i) 0 (ii) 299,559.	0	0	13,160.	21,005.	169,542.	0
6	RICHARD G. MILLS CLERK/TRUSTEE (UNTIL 05/2013)	(i) 0 (ii) 375,849.	30,600.	591.	31,995.	22,158.	384,903.	0
7		(i) 0 (ii) 0	34,425.	26,589.	31,995.	22,920.	491,778.	0
8		(i) 0 (ii) 0						
9		(i) 0 (ii) 0						
10		(i) 0 (ii) 0						
11		(i) 0 (ii) 0						
12		(i) 0 (ii) 0						
13		(i) 0 (ii) 0						
14		(i) 0 (ii) 0						
15		(i) 0 (ii) 0						
16		(i) 0 (ii) 0						

Schedule J (Form 990) 2012

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 2013, 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

2012

**Open to Public
Inspection**

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

Employer identification number
04-3293162

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

TO SUPPORT RESEARCH IN MOLECULAR AND CELL BIOLOGY, BASIC TO MEDICINE AND
AGRICULTURE, CONSIDERING DERIVATIVE ETHICAL ISSUES, ALL IN CONNECTION
WITH THE PRESIDENT & FELLOWS OF HARVARD COLLEGE ("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 18:

THE ORGANIZATION'S FORM 990 IS ALSO AVAILABLE THROUGH WWW.GUIDESTAR.ORG.

FORM 990, PART VI, LINE 19:

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

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

OMB No. 1545-0047

2012Department 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.)

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" 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	PERFORM. ARTS	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/EXE	N/A	HPF	X
(3) BLUE MARBLE HOLDINGS CORP. 600 ATLANTIC AVE. BOSTON, MA 02210 23-7014581	INVEST. MGMT.	MA	501(C)(3)	11, TYPE I	HPF	X
(4) CENTRE RECHERCHE EUROPEEN DE LA HBS 62 RUE FRANCOIS IER PARIS, FR N/A	RESEARCH SUPP	FR	FOREIGN/EXE	N/A	HPF	X
(5) DEMETER HOLDINGS CORPORATION 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 02210 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	MA	X

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

Schedule R (Form 990) 2012

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

2012Open 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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____					
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" 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) EDX, INC CERRITO 1320, PISO 11 BUENOS AIRES, AR 46-0807740	EDUCATION	MA	501(C)(3)	11, TYPE I	HPF		X
(2) ENDOWMENT FOR RESEARCH IN HUMAN BIOLOGY, 160 FEDERAL ST. BOSTON, MA 02139 04-2702030	RESEARCH	MA	501(C)(3)	11, TYPE III	HPF		X
(3) FUNDACION CENTRO DE INVESTIGACION DE LA CERRITO 1320, PISO 11 BUENOS AIRES, AR 0 N/A	RESEARCH SUPP	0	FOREIGN/EXE	N/A	HPF		X
(4) HANSJORG WYSS INST. FOR BIOLOGICALLY INS 3 BLACKFAN CIRCLE 5TH FL. BOSTON, MA 02115 30-0773387	RESEARCH	MA	501(C)(3)	11, TYPE I	HPF		X
(5) HARVARD BUSINESS SCHOOL INTERACTIVE, INC C/O HBS SOLDIERS FIELD RD. BOSTON, MA 02115 04-3395140	EXECUTIVE EDU	MA	501(C)(3)	11, TYPE I	HPF		X
(6) HARVARD BUSINESS SCHOOL PUBLISHING CORP. 300 NORTH BEACON ST. WATERTOWN, MA 02163 04-3177990	PUBLISHING	MA	501(C)(3)	11, TYPE I	HPF		X
(7) HARVARD DEDICATED ENERGY, LTD 1033 MASS. AVE , 3RD FL. CAMBRIDGE, MA 02472 03-0425512	ELECTRICITY	MA	501(C)(3)	11, TYPE I	HPF		X

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

Schedule R (Form 990) 2012

JSA

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

OMB No. 1545-0047

2012Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
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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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-----	-----	-----	-----	-----	-----
(2)	-----	-----	-----	-----	-----	-----
(3)	-----	-----	-----	-----	-----	-----
(4)	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" 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 GLOBAL RSCH. AND SUPPORT SVCS., 45-4535664 14 STORY ST., 3RD FL. CAMBRIDGE, MA 02138	GLOBAL SUPP	MA	501(C)(3)	11, TYPE I	HPF		X
(2)	HARVARD MAGAZINE, INC. 04-6112308 7 WARE ST. CAMBRIDGE, MA 02138	PUBLISHING	MA	501(C)(3)	11, TYPE III	HPF		X
(3)	HARVARD MANAGEMENT COMPANY, INC. 23-7361259 600 ATLANTIC AVE BOSTON, MA 02138	INVEST. MGMT	MA	501(C)(3)	11, TYPE I	HPF		X
(4)	HARVARD MANAGEMENT PRIVATE EQUITY CORP 04-3070522 600 ATLANTIC AVE BOSTON, MA 02210	INVEST. MGMT	MA	501(C)(3)	11, TYPE I	HPF		X
(5)	HARVARD NEURODISCOVERY CENTER, INC. 31-1745145 25 SHATTUCK ST. BOSTON, MA 02115	RESEARCH SUPP	MA	501(C)(3)	11, TYPE I	HPF		X
(6)	HARVARD PRIVATE CAPITAL HOLDINGS, INC. 04-3070519 600 ATLANTIC AVE BOSTON, MA 02115	INVEST. MGMT	MA	501(C)(3)	11, TYPE I	HPF		X
(7)	HARVARD PRIVATE CAPITAL REALTY, INC. 22-3138409 600 ATLANTIC AVE BOSTON, MA 02210	INVEST. MGMT	MA	501(C)(3)	11, TYPE I	HPF		X

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

Schedule R (Form 990) 2012

JSA

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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

2012Open 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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" 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., 3RD FL CAMBRIDGE, MA 02210 04-3373410	TITLE HOLDING	MA	501(C)(25)	N/A	HPF	X
(2)	HARVARD REAL ESTATE, INC. 1033 MASS. AVE., 3RD FL. CAMBRIDGE, MA 02138 04-2649303	REAL ESTATE	MA	501(C)(3)	11, TYPE I	HPF	X
(3)	ION, INC. C/O HARVARD UNIV, 1350 MASS CAMBRIDGE, MA 02138 22-3032677	RESEARCH	MA	501(C)(3)	11, TYPE I	HPF	X
(4)	PHENIX CORPORATION 600 ATLANTIC AVE. BOSTON, MA 01040 04-2997367	INVEST. MGMT.	MA	501(C)(3)	11, TYPE I	HPF	X
(5)	PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASS. AVE., 3RD FL. CAMBRIDGE, MA 02210 04-2103580	EDUCATION AND	MA	501(C)(3)	2	N/A	X
(6)	PUTNAM SQUARE APARTMENTS, INC. C/O HRES, 1350 MASS. AVE. CAMBRIDGE, MA 2138 04-6251287	REAL ESTATE	MA	501(C)(3)	9	HPF	X
(7)	RED TOP, INC. MURR CTR., 65 NORTH HARVARD ST BOSTON, MA 02138 51-0189788	ATHLETICS	CT	501(C)(3)	11, TYPE I	HPF	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule R (Form 990) 2012**

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

OMB No 1545-0047

2012Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
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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.)

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

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

(1)	(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)	SHIPPING VENTURE CORPORATION 600 ATLANTIC AVE. BOSTON, MA 02163 04-3263656	INVEST. MGMT.	MA	501(C)(3)	11, TYPE I	HPF		X
(2)	STUDENT CLUBS OF HBS, INC. SOLDIERS FIELD RD. BOSTON, MA 02210 57-1152691	STUDENT SUPPO	MA	501(C)(3)	11, TYPE I	HPF		X
(3)	TRUSTEES FOR HARVARD UNIVERSITY 1033 MASS. AVE., 3RD FL. CAMBRIDGE, MA 02215 53-0199180	EDUCATION	MA	501(C)(3)	11, TYPE II	HPF		X
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2012

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 1085)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ALICION REAL ESTATE PARTNERS II ONE POST OFFICE SQ STE 4100	INVESTMENTS	DE	N/A	N/A								
(2) ALICION REAL ESTATE PARTNERS LP ONE POST OFFICE SQ STE 4100	INVESTMENTS	DE	N/A	N/A								
(3) ALPINE APARTMENTS LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(4) AMERRA AGRI OPPORTUNITY FUND 1185 AVENUE OF THE AMERICAS, 1	INVESTMENTS	DE	N/A	N/A								
(5) ATLANTIC EAE LLC C/O A&E REAL ESTATE HOLDINGS L	INVESTMENTS	DE	N/A	N/A								
(6) ATLANTIC TORONTO LP C/O RMC, INC. 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(7) BAYNORTH HPCB LLC ONE FINANCIAL CENTER, FL 23	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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 2226081 ONTARIO LTD 333 BAY ST, STE 3400 TORONTO, CA	INVESTMENTS	CA	N/A	C					X
(2) 365 CHURCH STREET LIMITED PARTNERSHIP 4711 YONGE ST, STE 1400 M2N7E4 TORONTO, CA	INVESTMENTS	CA	N/A	C					X
(3) ADELAIDE-PETER DEVELOPMENTS 4711 YONGE ST, STE 1400 M2N 7E4 TORONTO, CA	INVESTMENTS	CA	N/A	C					X
(4) AGRICOLA BRINZAL LIMITADA AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C					X
(5) AGRICOLA CRECER LIMITADA AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C					X
(6) AGRICOLA DURAMEN LIMITADA AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C					X
(7) AGRICOLA E INVERSIONES PAMPA ALEGRE S.A. AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C					X

Schedule R (Form 990) 2012

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 1085)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BAYNORTH REALTY FUND IV GP, L. 200 CLARENDON ST, 54TH FL MA N/A	INVESTMENTS	MA	N/A	N/A								
(2) BAYNORTH REALTY FUND IV, LP 200 CLARENDON ST, 54TH FL MA N/A	INVESTMENTS	MA	N/A	N/A								
(3) BAYNORTH REALTY FUND V, L.P. 200 CLARENDON ST, 54TH FL MA N/A	INVESTMENTS	MA	N/A	N/A								
(4) B-BROOK-B SARL 20 RUE DE LA POSTE L-2346 N/A	INVESTMENTS		N/A	N/A								
(5) BH INVESTMENTS FUND LLC 655 THIRD AVENUE - 11TH FL N/A	INVESTMENTS		N/A	N/A								
(6) BLUE ATLANTIC ACQUISITION GROU 111 SOUTH WACKER DR, STE 3300 DE N/A	INVESTMENTS	DE	N/A	N/A								
(7) BLUE ATLANTIC ACQUISITION GROU 111 SOUTH WACKER DR, STE 3300 DE N/A	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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) AGRICOLA FUNDO BUCALEMU LIMITADA DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI 98-0539220	INVESTMENTS	CI	N/A	C					X
(2) AGRICOLA LOS RIOS SPA AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI N/A	INVESTMENTS	CI	N/A	C					X
(3) AGRICOLA RAPEL LIMITADA DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI 98-0639218	INVESTMENTS	CI	N/A	C					X
(4) AGRICOLA RETIRO LIMITADA DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI N/A	INVESTMENTS	CI	N/A	C					X
(5) AGRICOLA RIBERA LIMITADA DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI N/A	INVESTMENTS	CI	N/A	C					X
(6) AGROFLORESTAL VERDE SUL S.A. RODOVIA RS-473, KM 22, RINCAO SO SA DISTRICT MATARAZZO, N/A	INVESTMENTS	BR	N/A	C					X
(7) AQUILA INC WALKER HOUSE, MARY ST, PO BOX 908GT GEORGE TOWN, CJ 98-0532782	INVESTMENTS	CJ	N/A	C					X

Schedule R (Form 990) 2012

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) BPR CO-INVESTOR, LLC 645 MADISON AVENUE, 18TH FL BUCKINGHAM ATLANTIC, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(2) CAPITAL PARTNERS (2) US TAX EX LEVEL 8 AURORA PLACE, 88 PHILL CARMEL HOUSE APARTMENTS, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(3) CHEROKEE INVESTMENT PARTNERS I 111 E. HARGETT ST., STE 300 COMPOSITION CAPITAL ASIA FUND WORLD TRADE CENTER AMSTERDAM, COMTEL TELECOM ASSETS, LP 200 CLARENDON ST	INVESTMENTS	DE	N/A	N/A								
(4) ATLANTIC EUROPE INVESTMENTS GP LIMITED 50 LOTHIAN ROAD, FESTIVAL SQUARE EDINBURGH, UK ATLANTIC EUROPE INVESTMENTS LP 50 LOTHIAN ROAD, FESTIVAL SQUARE N/A EDINBURGH, N/A UK ATLANTIC PACIFIC REALTY, INC. 1301 SHOREWAY RD, STE. 250 94002 BELMONT, CA N/ ATLANTIC TORONTO 365 CHURCH STREET GENER 355 BURRARD ST, STE 1900 94002 VANCOUVER, CA CA	INVESTMENTS	UK	N/A	UK								
(5) ATLANTIC EUROPE INVESTMENTS LP 50 LOTHIAN ROAD, FESTIVAL SQUARE EDINBURGH, UK ATLANTIC PACIFIC REALTY, INC. 1301 SHOREWAY RD, STE. 250 94002 BELMONT, CA N/ ATLANTIC TORONTO 365 CHURCH STREET GENER 355 BURRARD ST, STE 1900 94002 VANCOUVER, CA CA	INVESTMENTS	UK	N/A	UK								
(6) ATLANTIC EUROPE INVESTMENTS LP 50 LOTHIAN ROAD, FESTIVAL SQUARE EDINBURGH, UK ATLANTIC PACIFIC REALTY, INC. 1301 SHOREWAY RD, STE. 250 94002 BELMONT, CA N/ ATLANTIC TORONTO 365 CHURCH STREET GENER 355 BURRARD ST, STE 1900 94002 VANCOUVER, CA CA	INVESTMENTS	UK	N/A	UK								
(7) ATLANTIC EUROPE INVESTMENTS LP 50 LOTHIAN ROAD, FESTIVAL SQUARE EDINBURGH, UK ATLANTIC PACIFIC REALTY, INC. 1301 SHOREWAY RD, STE. 250 94002 BELMONT, CA N/ ATLANTIC TORONTO 365 CHURCH STREET GENER 355 BURRARD ST, STE 1900 94002 VANCOUVER, CA CA	INVESTMENTS	UK	N/A	UK								

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) Percent- age ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ARA INC WALKER HOUSE; MARY ST, PO BOX 908GT GEORGE TOWN, CJ ARACARI S.A. P.H. PLAZA 2000 BLDG. 50TH ST REPUBLIC OF PANAMA, PM ATLANTIC AVENUE REALTY, LTD MARY ST; PO BOX 908GT GEORGE TOWN, CJ ATLANTIC EUROPE INVESTMENTS GP LIMITED 50 LOTHIAN ROAD, FESTIVAL SQUARE EDINBURGH, UK ATLANTIC EUROPE INVESTMENTS LP 50 LOTHIAN ROAD, FESTIVAL SQUARE N/A EDINBURGH, N/A UK ATLANTIC PACIFIC REALTY, INC. 1301 SHOREWAY RD, STE. 250 94002 BELMONT, CA N/ ATLANTIC TORONTO 365 CHURCH STREET GENER 355 BURRARD ST, STE 1900 94002 VANCOUVER, CA CA	INVESTMENTS	MD	N/A	C					
(2) ATLANTIC AVENUE REALTY, LTD MARY ST; PO BOX 908GT GEORGE TOWN, CJ ATLANTIC EUROPE INVESTMENTS GP LIMITED 50 LOTHIAN ROAD, FESTIVAL SQUARE EDINBURGH, UK ATLANTIC EUROPE INVESTMENTS LP 50 LOTHIAN ROAD, FESTIVAL SQUARE N/A EDINBURGH, N/A UK ATLANTIC PACIFIC REALTY, INC. 1301 SHOREWAY RD, STE. 250 94002 BELMONT, CA N/ ATLANTIC TORONTO 365 CHURCH STREET GENER 355 BURRARD ST, STE 1900 94002 VANCOUVER, CA CA	INVESTMENTS	PM	N/A	C					
(3) ATLANTIC AVENUE REALTY, LTD MARY ST; PO BOX 908GT GEORGE TOWN, CJ ATLANTIC EUROPE INVESTMENTS GP LIMITED 50 LOTHIAN ROAD, FESTIVAL SQUARE EDINBURGH, UK ATLANTIC EUROPE INVESTMENTS LP 50 LOTHIAN ROAD, FESTIVAL SQUARE N/A EDINBURGH, N/A UK ATLANTIC PACIFIC REALTY, INC. 1301 SHOREWAY RD, STE. 250 94002 BELMONT, CA N/ ATLANTIC TORONTO 365 CHURCH STREET GENER 355 BURRARD ST, STE 1900 94002 VANCOUVER, CA CA	INVESTMENTS	CJ	N/A	C					
(4) ATLANTIC EUROPE INVESTMENTS GP LIMITED 50 LOTHIAN ROAD, FESTIVAL SQUARE EDINBURGH, UK ATLANTIC EUROPE INVESTMENTS LP 50 LOTHIAN ROAD, FESTIVAL SQUARE N/A EDINBURGH, N/A UK ATLANTIC PACIFIC REALTY, INC. 1301 SHOREWAY RD, STE. 250 94002 BELMONT, CA N/ ATLANTIC TORONTO 365 CHURCH STREET GENER 355 BURRARD ST, STE 1900 94002 VANCOUVER, CA CA	INVESTMENTS	UK	N/A	C					
(5) ATLANTIC EUROPE INVESTMENTS LP 50 LOTHIAN ROAD, FESTIVAL SQUARE N/A EDINBURGH, N/A UK ATLANTIC PACIFIC REALTY, INC. 1301 SHOREWAY RD, STE. 250 94002 BELMONT, CA N/ ATLANTIC TORONTO 365 CHURCH STREET GENER 355 BURRARD ST, STE 1900 94002 VANCOUVER, CA CA	INVESTMENTS	UK	N/A	C					
(6) ATLANTIC EUROPE INVESTMENTS LP 50 LOTHIAN ROAD, FESTIVAL SQUARE N/A EDINBURGH, N/A UK ATLANTIC PACIFIC REALTY, INC. 1301 SHOREWAY RD, STE. 250 94002 BELMONT, CA N/ ATLANTIC TORONTO 365 CHURCH STREET GENER 355 BURRARD ST, STE 1900 94002 VANCOUVER, CA CA	INVESTMENTS	UK	N/A	C					
(7) ATLANTIC EUROPE INVESTMENTS LP 50 LOTHIAN ROAD, FESTIVAL SQUARE N/A EDINBURGH, N/A UK ATLANTIC PACIFIC REALTY, INC. 1301 SHOREWAY RD, STE. 250 94002 BELMONT, CA N/ ATLANTIC TORONTO 365 CHURCH STREET GENER 355 BURRARD ST, STE 1900 94002 VANCOUVER, CA CA	INVESTMENTS	N/A	N/A	C					
(8) ATLANTIC EUROPE INVESTMENTS LP 50 LOTHIAN ROAD, FESTIVAL SQUARE N/A EDINBURGH, N/A UK ATLANTIC PACIFIC REALTY, INC. 1301 SHOREWAY RD, STE. 250 94002 BELMONT, CA N/ ATLANTIC TORONTO 365 CHURCH STREET GENER 355 BURRARD ST, STE 1900 94002 VANCOUVER, CA CA	INVESTMENTS	CA	N/A	C					

Schedule R (Form 990) 2012

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, 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 1085)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CORAL SENIOR HOUSING LLC 975 F ST, NW, 9TH FL	INVESTMENTS	TX	N/A	N/A								
(2) CORE EM DIVERSIFIED EQUITY FUN C/O HMC, INC. 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(3) CREEKSIDE GLEN APARTMENTS LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(4) CROSSPOINT TECHNOLOGY HOLDINGS 300 THIRD AVENUE, STE 2	INVESTMENTS	DE	N/A	N/A								
(5) CYPRESS CREEK APARTMENTS LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(6) CYPRESS REALTY IV LIMITED PART 301 CONGRESS AVE STE 500	INVESTMENTS	DE	N/A	N/A								
(7) DENHAM COMMODITY PARTNERS FUND 200 CLARENDON ST., 25TH FL	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) Percent- age ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ATLANTIC TORONTO A-P GENERAL PARTNER INC. 355 BURRARD ST, STE 1900 V6C 2G8 VANCOUVER, N/A CA	INVESTMENTS	CA	N/A	C					X
(2) ATLANTIC TORONTO GRENVILLE GENERAL PARTN 355 BURRARD ST, STE 1900 V6C 2G8 VANCOUVER, N/A CA	INVESTMENTS	CA	N/A	C					X
(3) ATLANTIC TORONTO HOLDINGS INC. 355 BURRARD ST, STE 1900 V6C 2G8 VANCOUVER, N/A CA	INVESTMENTS	CA	N/A	C					X
(4) ATLANTIC URBAN RETAIL, INC. C/O HMC, INC. 600 ATLANTIC AVENUE 02210 BOSTON, MA N/	INVESTMENTS	N/	N/A	C					X
(5) BLACK KITE PTY LTD LEVEL 38, 201 ELIZABETH ST 2210 SYDNEY, MA AS	INVESTMENTS	AS	N/A	C					X
(6) BLACK KITE TRUST LEVEL 38, 201 ELIZABETH ST NSW 2000 SYDNEY, N/A AS	INVESTMENTS	AS	N/A	C					X
(7) BLUE ATLANTIC INVESTORS, INC. 111 SOUTH WACKER DRIVE, STE 3300 60606 CHICAGO, IL N/	INVESTMENTS	N/	N/A	C					X

Schedule R (Form 990) 2012

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) DENHAM COMMODITY PARTNERS FUND 200 CLARENDON ST. 25TH FL DENHAM COMMODITY PARTNERS FUND 200 CLARENDON ST 25TH FL	INVESTMENTS	DE	N/A	N/A								
(2) DENHAM COMMODITY PARTNERS FUND 200 CLARENDON ST 25TH FL	INVESTMENTS	DE	N/A	N/A								
(3) DEVONIAN, LLC C/O HMC, INC. 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(4) DS CO-INVESTORS, LLC C/O WESTBROOK PARTNERS, 3300 P	INVESTMENTS	DE	N/A	N/A								
(5) EMBARCADERO CAPITAL INVESTORS, 1301 SHOREWAY RD, STE. 250	INVESTMENTS	DE	N/A	N/A								
(6) EMERGING COUNTRIES OPPORTUNITY 68 FORT ST, PO BOX 705GT	INVESTMENTS	DE	N/A	N/A								
(7) GBE INVESTMENTS, L.P. PO BOX 309GT, UGLAND HOUSE, S	INVESTMENTS	CA	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) Per- centage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BLUE ATLANTIC SHUTTLE, LLC 111 SOUTH WACKER DRIVE, STE 3300 60606 CHICAGO, IL N/ 45-2542872	INVESTMENTS	N/A	N/A	C					X
(2) BRASIL TIMBER LIMITADA AVENIDA CANDIDO DE ABREU, 776, SALA N/A CANTRO CIVICO, N/ 98-0645399	INVESTMENTS	BR	N/A	C					X
(3) BRODIAEA, INC. 5757 PACIFIC AVE. STE. 222 95207 STOCKTON, CA N/ 90-0862085	INVESTMENTS	N/A	N/A	C					X
(4) CAMPO GRANDE, S.A. AVDA. SANTA MARIA NO 6350, PISO 3 N/A VITACURA, N/A CI 98-1098610	INVESTMENTS	CI	N/A	C					X
(5) CARACARA LTD. C/O MAPLES AND CALDER PO BOX 309, U N/A GRAND CAYMAN, N/A 98-0642730	INVESTMENTS	DE	N/A	C					X
(6) CARACOL AGROPECUARIA LTDA AV. CARLOS GOMES 1200, SALA 502, AU KYI- PORTO ALEGRE, N/ 98-0642730	INVESTMENTS	TX	N/A	C					X
(7) CCA JAPAN INVESTMENT P.V. WORLD TRADE CENTER AMSTERDAM, ZUIDP CEP AMSTERDAM, N/A NL N/A	INVESTMENTS	NL	N/A	C					X

Schedule R (Form 990) 2012

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) CERCITY ATLANTIC RETAIL PARTNE 977 LOWAS SANTA FE DR, STE A	INVESTMENTS	DE	N/A	N/A								
(2) GREENFIELD BLR FINANCE PARTNER 50 NORTH WATER ST	INVESTMENTS	DE	N/A	N/A								
(3) GREENFIELD BLR PARTNERS, L.P. 50 NORTH WATER ST	INVESTMENTS	DE	N/A	N/A								
(4) GREENHAVEN APARTMENTS, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(5) HARVARD COMINGLED ACCOUNT C/O HMC, INC., 600 ATLANTIC AV	INVESTMENTS	DE	N/A	N/A								
(6) HARVARD CV, LLC 1033 MASS AVE., 3RD FL	REAL ESTATE	MA	N/A	N/A								
(7) HARVARD INVESTMENT ASSOCIATES C/O HMC, INC., 600 ATLANTIC AVE	INVESTMENTS	MA	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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE LEAD TRUSTS (50) N/A	CHARITABLE TRUST	N/A	N/A	T					X
(2) CHARITABLE REMAINDER TRUSTS (757) N/A	CHARITABLE TRUST	N/A	N/A	T					X
(3) CHENNAI 2007 IFS COURT, 28 CYBERCITY N/A EBENE, N/A MP	INVESTMENTS	MP	N/A	C					X
(4) CHEVAL SP PARTICIPACOFES LTDA RUA DO FORUM, S/N, SALA B N/A CENTRO, N/A BR	INVESTMENTS	BR	N/A	C					X
(5) CLAG (CHILE) SPA DEL INCA N° 4446, OFICINA 1007 CEP 64840 LAS CONDES, N/A	INVESTMENTS	CI	N/A	C					X
(6) COMPOSITION CAPITAL ASIA FUND C.V. WORLD TRADE CENTER AMSTERDAM, ZUIDP N/A AMSTERDAM, N/A NL	INVESTMENTS	NL	N/A	C					X
(7) COMPOSITION CAPITAL ASIA II FEEDER C.V. WORLD TRADE CENTER AMSTERDAM, ZUIDP 1077 AMSTERDAM, N/A N	INVESTMENTS	MD	N/A	C					X

Schedule R (Form 990) 2012

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) HB INSTITUTIONAL LIMITED PARTN 10 ST. JAMES AVE, STE 1700 HENM 770 BAY LP 250 YONGE ST, STE 2400	INVESTMENTS	DE	N/A	N/A								
(2) HENM LP 4711 YORGE ST STE 1400	INVESTMENTS	MA	N/A	N/A								
(3) IEC ATLANTIC I, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	CA	N/A	N/A								
(4) IEC ATLANTIC II, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	CA	N/A	N/A								
(5) IEC ATLANTIC III, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(6) IEC ATLANTIC IV, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(7) IEC BREAKWATER, LLC 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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) COMPOSITION CAPITAL EUROPE FUND C.V. WORLD TRADE CENTER AMSTERDAM, ZUIDP 1077 AMSTERDAM, N/A N 98-0452933	INVESTMENTS	NL	N/A	C					X
(2) COMPOSITION CAPITAL EUROPE II FEEDER C.V. WORLD TRADE CENTER AMSTERDAM, ZUIDP 1077 AMSTERDAM, N/A N 98-0569903	INVESTMENTS	NL	N/A	C					X
(3) COMPOSITION FEEDER GMBH BORSSENSTRASSE 2-4 60313 1077 XV FRANKFURT AM MAIN, N/A GM 20-3239161	INVESTMENTS	GM	N/A	C					X
(4) COMTEL ASSETS CORP. 433 E. LAS CALINAS BL 75039 IRVING, TX N/ 20-3239161	INVESTMENTS	N/	N/A	C					X
(5) COMTEL ASSETS INC 433 E. LAS CALINAS BL 75039 IRVING, TX N/ 20-3239269	INVESTMENTS	N/	N/A	C					X
(6) COOPERATIE CC ASIA KOREA FEEDER U.A. WORLD TRADE CENTER AMSTERDAM, ZUIDP N/A AMSTERDAM, N/A NL 98-1112517	INVESTMENTS	NL	N/A	C					X
(7) COPAYAPU SPA 2939 AVENIDA ISIDORA GOYENECHEN, 11 1077 LAS CONDES, N/A 98-1112517	INVESTMENTS	CI	N/A	C					X

Schedule R (Form 990) 2012

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) IEC_HIDDEN_CREEK, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(2) IEC_JEFFERSON 2, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(3) IEC_JEFFERSON, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(4) IEC_NINTH_AVENUE, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(5) IRON_POINT_CO-INVESTMENT, L.L.C. 201 MAIN ST, STE 2300	INVESTMENTS	DE	N/A	N/A								
(6) IRON_POINT_REAL_ESTATE_PARTNER 201 MAIN ST, STE. 2300	INVESTMENTS	DE	N/A	N/A								
(7) IRON_POINT_REAL_ESTATE_PARTNER 201 MAIN ST, STE 2300	INVESTMENTS	TX	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) Percent- age ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CSH_PROGRAM_REIT, INC. 975 F ST, NW, 9TH FL 20004 WASHINGTON, DC N/	INVESTMENTS	N/	N/A	C					X
(2) CSH_TRS_HOLDING, LLC 975 F ST, NW, 9TH FL 20004 WASHINGTON, DC N/	INVESTMENTS	N/	N/A	C					X
(3) DAIRY FARMS PARTNERSHIP 113 RUTHERFORD RD, PUKEKOHE E, POB N/A PUKEKOHE, N/A NZ	INVESTMENTS	NZ	N/A	C					X
(4) ECO_CEBACO, SOCIEDAD ANONIMA CALLE 52 Y ELVIRA MENDEZ, PO BOX 08 N/A N/A, N/A PM	INVESTMENTS	PM	N/A	C					X
(5) ECONOMIZA_AGROPECUARIA LTDA ESTADA GERAL CONDOMINIO BOA ESPERAN N/A S/N GRANDE DO RIB	INVESTMENTS	BR	N/A	C					X
(6) ECUADOR TIMBER, LP PO BOX 309 UGLAND HOUSE N/A N/A, N/A CJ	INVESTMENTS	CJ	N/A	C					X
(7) EGRET INVESTMENTS LTD. C/O MAPLES & CALDER, PO BOX 309, UG KYI- GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C					X

Schedule R (Form 990) 2012

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-JBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ISLA VISTA ACQUISITION GROUP 111 SOUTH WACKER DR, STE 3300 KLEINER PERKINS CAUFIELD & BYE 2750 SAND HILL ROAD	INVESTMENTS	DE	N/A	N/A								
(2) LIQUID REALTY PARTNERS IV (PF1) 199 E. LINDA MESA AVE, #10	INVESTMENTS	DE	N/A	N/A								
(3) LIQUID REALTY PARTNERS IV INVE 199 E. LINDA MESA AVE, #10	INVESTMENTS	CA	N/A	N/A								
(4) LIQUID REALTY PARTNERS IV INVE 199 E. LINDA MESA AVE, #10	INVESTMENTS	DE	N/A	N/A								
(5) LIQUID REALTY PARTNERS IV TAX 199 E. LINDA MESA AVE, #10	INVESTMENTS	DE	N/A	N/A								
(6) LIQUID REALTY PARTNERS IV TAX 199 E. LINDA MESA AVE, #10	INVESTMENTS	DE	N/A	N/A								
(7) LUBERT ADLER CAPITAL REAL ESTE 2929 ARCH ST, CIRA CENTRE	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) Percent- age ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) EL MARIA S.A. VILLA FINTEANA, DEL CLUB TERRAZA 2 C KY1- MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C					X
(2) EMBARCADERO CAPITAL INVESTORS II REIT, I 1301 SHOREWAY ROAD, STE 250 94002 BELMONT, CA N/	INVESTMENTS	N/	N/A	C					X
(3) EMERALD CATASTROPHE FUND LTD STE 193, 48 PAR-LA-VILLIE ROAD 94002 HAMILTON, CA BD	INVESTMENTS	BD	N/A	C					X
(4) EMERGING COUNTRIES OPPORTUNITY FUND LTD 68 FORT ST, PO BOX 705GT HM 11 N/A, N/A CJ	INVESTMENTS	CJ	N/A	C					X
(5) EMPRESA ECOLOGICA DEL ORINOCO S.A.S. CRA 9 NO 77 - 67 OFC 804 N/A BOGOTÁ D C, N/A CO	INVESTMENTS	CO	N/A	C					X
(6) EMPRESAS VERDES ARGENTINA S.A. CARLOS PELLEGRINI 1138 PISO 1 N/A CORRIENTES, N/A AR	INVESTMENTS	AR	N/A	C					X
(7) ENKI HOLDINGS CORP. WALKER HOUSE, MARY ST, PO BOX 908GT W340 GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C					X

Schedule R (Form 990) 2012

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) LUBERT ADLER CAPITAL REAL ESTA 2929 ARCH ST, CIRA CENTRE	INVESTMENTS	DE	N/A	N/A								
(2) LUBERT ADLER CAPITAL REAL ESTA 2929 ARCH ST, CIRA CENTRE	INVESTMENTS	DE	N/A	N/A								
(3) MCRB LLC 152 WEST 57TH ST, 46TH FL	INVESTMENTS	DE	N/A	N/A								
(4) MCRS LLC 152 WEST 57TH ST, 46TH FL	INVESTMENTS	DE	N/A	N/A								
(5) NORTH IDAHO APARTMENTS, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	MA	N/A	N/A								
(6) OLD LANE HMA MASTER FUND, L.P. PO BOX 309, UGLAND HOUSE, S. C	INVESTMENTS	DE	N/A	N/A								
(7) PATIO GARDENS, LLC 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) Percent- age ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ESTANCIA CELINA S.A. SUIPACHA 1111 - PISO 18 KY1-1104 BUENOS AIRES, N/A AR	INVESTMENTS	AR	N/A	C					X
(2) FLAMENCO SPA 2939 AVENIDA ISIDORA GOVENCHEA, 11 C100 LAS CONDES, N/A	INVESTMENTS	CI	N/A	C					X
(3) FLORESTAS DO SUL AGROFLORESTAL LTDA RUA TAQUARY, 335 DRISTAL N/A PORTO ALEGRE, N/A BR	INVESTMENTS	BR	N/A	C					X
(4) FORESTAL BOSQUEPALM CIA LTDA. AVENIDA PATRIA E4-41 Y AVENIDA AM CEP QUITO, N/A EC	INVESTMENTS	EC	N/A	C					X
(5) FORESTAL DEL RIO S.A. SUIPACHA 1111 - PISO 18 N/A BUENOS AIRES, N/A AR	INVESTMENTS	AR	N/A	C					X
(6) FORESTAL FORESVERGAL CIA LTDA AVENIDA PATRIA E4-41 Y AVENIDA AM C100 QUITO, N/A EC	INVESTMENTS	EC	N/A	C					X
(7) FORTALEZA AGROINDUSTRIAL LTDA FAZENDA FORTALEZA, S/N - ZONA RURAL N/A SANTA FILOMENA, N	INVESTMENTS	BR	N/A	C					X

Schedule R (Form 990) 2012

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 1085)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PINO, LLC AVDA SANTA MARIA NO 6350, PIS C/O WESTBROOK PARTNERS, 3300 P	INVESTMENTS	DE	N/A	N/A								
(2) PM CO-INVESTORS LLC PUTNAM SQUARE APTS. CO., LP C/O HRES, 1350 MASS. AVE.	INVESTMENTS	DE	N/A	N/A								
(3) PUTNAM SQUARE APTS. CO., LP C/O HRES, 1350 MASS. AVE.	REAL ESTATE	DE	N/A	N/A								
(4) ROUND TABLE ASSET RECOVERY MAS WINDWARD I, 2ND FL, REGATTA OF SILK ROAD HOLDING PTE LTD	INVESTMENTS	MA	N/A	N/A								
(5) SILK ROAD HOLDING PTE LTD 6 BATTERY ROAD #112-01	INVESTMENTS	DE	N/A	N/A								
(6) SOIL INNOVATIONS, LLC AV. DR. CARDOSO DE MELO, 1340-	INVESTMENTS	DE	N/A	N/A								
(7) SOUTHWOOD GARDENS, LLC 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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) FRANCOLIN PO BOX 309, UGLAND HOUSE N/A N/A, N/A C/J	INVESTMENTS	C/J	N/A	C					X
(2) GALILEIA AGROINDUSTRIAL LTDA AV. PEDROSO DE MORAES, 1201, 2 ANDA KYI- PINHEIROS, N/A B	INVESTMENTS	BR	N/A	C					X
(3) GATEWAY REAL ESTATE FUND III-TE, LP CRICKET SQUARE, HUTCHINS DRIVE, PO N/A GEORGE TOWN, N/A C	INVESTMENTS	C/J	N/A	C					X
(4) GAVEA INVESTMENT FUND II B L.P. PO BOX 986, GARDENIA COURT, STE 330 KYI- CAMANA BAY, N/A	TRADING	C/J	N/A	C					X
(5) GAVEA JUS BRAZILIAN GOVERNMENT LIABILITY C/O GS, PO BOX 896GT, GARDENIA COUR KYI- CAMANA BAY, N/A	INVESTMENTS	C/J	N/A	C					X
(6) GBE DEVELOPMENT I LTD. PO BOX 309GT, UGLAND HOUSE, S CHURC KYI- GEORGE TOWN, N/A	INVESTMENTS	C/J	N/A	C					X
(7) GBE DEVELOPMENT II LTD. PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A	INVESTMENTS	C/J	N/A	C					X

Schedule R (Form 990) 2012

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 1085)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) STOLBERG, MEEHAN & SCANO, L.P. 370 17TH ST STE 3650 INVESTMENTS		DE	N/A	N/A								
(2) THE ECO PRODUCTS FUND 400 MADISON AVE, STE 14A INVESTMENTS		DE	N/A	N/A								
(3) THE TRITON FUND II NO. 2 L.P. 22 GRENVILLE ST INVESTMENTS		DE	N/A	N/A								
(4) THE VILLAGE 1 AT LAWRENCE STAT 4970 EL CAMINO REAL, STE 220 INVESTMENTS			N/A	N/A								
(5) THE VILLAGE 2 AT LAWRENCE STAT 4970 EL CAMINO REAL, STE 220 INVESTMENTS		DE	N/A	N/A								
(6) THE WILDHORN FUND L.P. PO BOX 1234 GT, QUEENSGATE HOU INVESTMENTS		DE	N/A	N/A								
(7) TRAVIS COAL RESTRUCTURED HOLD 200 CLARENDON ST INVESTMENTS			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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) GBE DEVELOPMENT III LTD. PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A INVESTMENTS		CJ	N/A	C					X
(2) GBE DEVELOPMENT IV LTD. PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A INVESTMENTS		CJ	N/A	C					X
(3) GBE DEVELOPMENT V LTD. PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A INVESTMENTS		CJ	N/A	C					X
(4) GBE DEVELOPMENT VI LTD. PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A INVESTMENTS		CJ	N/A	C					X
(5) GBE FAZENDAS LTDA AV DAS AMERICAS, 700, BLOCO 5 N/A CIDADE DO RIO DE JANEI INVESTMENTS		BR	N/A	C					X
(6) GBE HOLDINGS LTD. PO BOX 309GT, UGLAND HOUSE, S CHURC CEP GEORGE TOWN, N/A INVESTMENTS		CJ	N/A	C					X
(7) GBE INVESTMENTS LIMITED PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A INVESTMENTS		CJ	N/A	C					X

Schedule R (Form 990) 2012

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 1085)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) USRA ATLANTIC CAPITAL PARTNERS 1370 AVENUE OF AMERICAS	INVESTMENTS	DE	N/A	N/A								
(2) VERBENA, LLC DBA PURPLE VERBEN C/O HMC, INC. 600 ATLANTIC AVE.	INVESTMENTS	DE	N/A	N/A								
(3) WBH KIRBY HILL CO-INVESTMENT L. 645 MADISON AVENUE, 18TH FL	INVESTMENTS	DE	N/A	N/A								
(4) WILLIAMSON ROYALTY VENTURES, L. 200 CLARENDON ST	INVESTMENTS	DE	N/A	N/A								
(5) WORLDWIDE BEAUTY ONSHORE L.P. 630 FIFTH AVENUE - 27TH FL	INVESTMENTS	DE	N/A	N/A								
(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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) GBE PROJETOS AGRICOLAS II LTDA. AV DAS AMERICAS, 700, BLOCO 5 N/A CIDADE DO RIO DE JANEI	INVESTMENTS	MA	N/A	C					X
(2) GBE PROJETOS AGRICOLAS VII LTDA. RUA DO FORUM, S/N, SALA B CEP 22640 CENTRO, N/A BR	INVESTMENTS	BR	N/A	C					X
(3) GBE PROPERTIES I LTD. PO BOX 309GT, UGLAND HOUSE, S CHURC CEP GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C					X
(4) GBE PROPERTIES II LTD. PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C					X
(5) GBE PROPERTIES III LTD. PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A	INVESTMENTS	MA	N/A	C					X
(6) GBE PROPERTIES IV LTD. PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A	INVESTMENTS	DE	N/A	C					X
(7) GBE PROPERTIES V LTD. PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A	INVESTMENTS	DE	N/A	C					X

Schedule R (Form 990) 2012

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 1085)	(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) Percent- age ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) GBE PROPERTIES VI LTD. PO BOX 3096T, UGLAND HOUSE, S CHURCH N/A GEORGE TOWN, N/A N/A	INVESTMENTS	MA	N/A	C					X
(2) GBE PROPIEDADES E EMPREENDIMENTOS IMOBILIARIAS AV DAS AMERICAS, 700, BLOCO 5 N/A CIDADE DO RIO DE JANEIRO N/A	INVESTMENTS	BR	N/A	C					X
(3) GBE PROPIEDADES E EMPREENDIMENTOS IMOBILIARIAS AV. DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE JANEIRO N/A	INVESTMENTS	NY	N/A	C					X
(4) GBE PROPIEDADES E EMPREENDIMENTOS IMOBILIARIAS AV. DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE JANEIRO N/A	INVESTMENTS	BR	N/A	C					X
(5) GBE PROPIEDADES E EMPREENDIMENTOS IMOBILIARIAS AV. DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE JANEIRO N/A	INVESTMENTS	DE	N/A	C					X
(6) GBE PROPIEDADES E EMPREENDIMENTOS IMOBILIARIAS AV. DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE JANEIRO N/A	INVESTMENTS	BR	N/A	C					X
(7) GERRYTY ATLANTIC RETAIL PARTNERS, INC. 977 LOMAS SANTA FE DRIVE, STE A 92075 SOLANA BEACH, CA N/A	INVESTMENTS	N/A	N/A	C					X

Schedule R (Form 990) 2012

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							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) Per- centage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) GRANNY INVESTMENTS IFS COURT, TWENTY EIGHT N/A CYBERCITY, N/A MP 98-0607880	INVESTMENTS	MP	N/A	C					X
(2) GREENGOLD AGRICULTURE SRL 24 CONSTANTIN NOICA ST, ROOM 2 SIBI N/A N/A, N/A RO N/A	INVESTMENTS	RO	N/A	C					X
(3) GREENGOLD EUROPEAN CAPITAL S.A. 5, RUE GUILLAUME KROLL N/A N/A, N/A LU 98-1091994	INVESTMENTS	LU	N/A	C					X
(4) GREENGOLD VALUE FORESTS LITHUANIA, UAB JOGAILLOS G. 9 L-1882 VILNIUS, N/A LH N/A	INVESTMENTS	LH	N/A	C					X
(5) GREENGOLD VALUE FORESTS SRL 24 CONSTANTIN NOICA ST, ROOM 2 SIBI IT-0 N/A, N/A RO N/A	INVESTMENTS	RO	N/A	C					X
(6) GUANARE A.A.R.L. JUNCAL 1327, FL 21 N/A MONTEVIDEO, N/A UY 98-0641951	INVESTMENTS	UY	N/A	C					X
(7) GUANARE S.A. JUNCAL 1327, FL 21 11000 MONTEVIDEO, N/A UY N/A	INVESTMENTS	UY	N/A	C					X

Schedule R (Form 990) 2012

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							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Per- centage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) GULF ATLANTIC OPERATIONS LLC 200 CLARENDON ST 02116 BOSTON, MA N/ 20-2386722	INVESTMENTS	N/	N/A	C					X
(2) HARVARD BUSINESS SCHOOL PUBLISHING ASIA 80 RAFFLES PL., #25-01, UOB PLAZA 2116 SINGAPORE, N/A SN N/A	SALES SUPPORT	SN	N/A	C					X
(3) HARVARD BUSINESS SCHOOL PUBLISHING EUROP 23 SICILIAN AVE. N/A LONDON, N/A UK N/A	SALES SUPPORT	UK	N/A	C					X
(4) HARVARD BUSINESS SCHOOL PUBLISHING FRANC 23 RUE DU ROULE N/A PARIS, N/A FR N/A	SALES SUPPORT	FR	N/A	C					X
(5) HARVARD BUSINESS SCHOOL PUBLISHING INDIA UNIT #423, GRAND HYATT MUMBAI N/A MUMBAI, N/A IN N/A	PUBLISHING SUPPORT	IN	N/A	C					X
(6) HARVARD CENTER SHANGHAI CO., LTD 5TH FL HSBC BLDG., INTL FIN CTR., N/A SHANGHAI, N/A CH N/A	RESEARCH SUPPORT	CH	N/A	C					X
(7) HARVARD MANAGEMENT COMPANY ADVISOR LIMIT 21ST FL, EDINBURGH TOWER, THE LANDM 2001 N/A, N/A HK 98-1069444	INVESTMENTS	HK	N/A	C					X

Schedule R (Form 990) 2012

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							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

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								Yes	No
(1) HARVARD MASTER TRUST 1033 MASS. AVE., 3RD FL. 02138 CAMBRIDGE, MA N/ 04-2636388	INVESTMENTS	N/	N/A	T					X
(2) HARVARD PRIVATE CAPITAL PROPERTIES II, I C/O HMC, INC. 600 ATLANTIC AVENUE 02110 BOSTON, MA N/ 04-3140558	INVESTMENTS	N/	N/A	C					X
(3) HARVARD PRIVATE CAPITAL PROPERTIES III C/O HMC, INC. 600 ATLANTIC AVENUE 02110 BOSTON, MA N/ 76-0254935	INVESTMENTS	N/	N/A	C					X
(4) HARVARD REAL ESTATE CV, INC. 1033 MASS AVE., 3RD FL. 02138 CAMBRIDGE, MA N/ 61-1627962	REAL ESTATE	N/	N/A	C					X
(5) HARVARD UNIVERSITY PRESS OF NEW YORK C/O HU PRESS, 79 GARDEN ST. 02138 CAMBRIDGE, MA N/ 13-3784301	PUBLISHING	N/	N/A	C					X
(6) HARVARD UNIVERSITY PRESS, LTD VERNON HOUSE, 23 SICILIAN AVE. 2138 LONDON, N/A UK N/A	BOOK DISTRIBUTION	DE	N/A	C					X
(7) HB CAYMAN A LIMITED PO BOX 309 GT N/A N/A, N/A CJ	INVESTMENTS	CJ	N/A	C					X

Schedule R (Form 990) 2012

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.)

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							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

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								Yes	No
(1) HB CAYMAN LIMITED PO BOX 309 GT N/A N/A, N/A CJ	INVESTMENTS	CJ	N/A	C					X
(2) HMC ADAGE MANAGERS, INC. C/O HMC, INC. 600 ATLANTIC AVENUE 02110 BOSTON, MA N/	INVESTMENTS	N/	N/A	C					X
(3) HEC PATRON SCOTLAND LP 50 LOTHIAN ROAD, FESTIVAL SQUARE 2110 EDINBURGH, N/A UK	INVESTMENTS	UK	N/A	C					X
(4) INDIA CAPITAL OPPORTUNITIES 1 LIMITED IFS COURT, TWENTYEIGHT CYBERCITY N/A EBENE, N/A MP	INVESTMENTS	MP	N/A	C					X
(5) INSOLO AGROINDUSTRIAL SA AV. PEDROSO DE MORAES, 1201, 2 ANDA N/A PINHEIROS, N/A BR	INVESTMENTS	BR	N/A	C					X
(6) INVERSIONES CATALVA, S.A. VILLA FANTANA, DEL CLUB TERRAZA 2 C N/A MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C					X
(7) INVERSIONES HEFEI SAC LAS BEGONIAS 475, 6TH FL N/A SAN ISIDORO, N/A PE	INVESTMENTS	PE	N/A	C					X

Schedule R (Form 990) 2012

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(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) Percent- age ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) INVERSIONES LEFKADA SAC LAS BEGONIAS 475, 6TH FL N/A SAN ISIDORO, N/A PE	INVESTMENTS	PE	N/A	C					X
(2) INVERSIONES MOSQUETA SAC LAS BEGONIAS 475, 6TH FL N/A SAN ISIDORO, N/A PE	INVESTMENTS	PE	N/A	C					X
(3) INVERSIONES PIRONA SAC LAS BEGONIAS 475, 6TH FL N/A SAN ISIDORO, N/A PE	INVESTMENTS	PE	N/A	C					X
(4) INVERSIONES SANTA RITA SA VILLA FINTANA, DEL CLUB TERRAZA 2 C N/A MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C					X
(5) INVERSIONES TRES CUMARES LTDA ROGER DE FLOR 2736 DP. 8 7311 COMUNA LAS CONDES, N/A CI	INVESTMENTS	CI	N/A	C					X
(6) IPE AGROINDUSTRIAL LTDA AV. PEDROSO DE MORAES, 1201, 2 ANDA N/A PINHEIROS, N/A BR	INVESTMENTS	DE	N/A	C					X
(7) ISLA VISTA FOOD SERVICES, LLC 111 EAST WAYNE ST, STE 500 N/A FORT WAYNE, N/A N/	INVESTMENTS	OK	N/A	C					X

Schedule R (Form 990) 2012

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) Percent- age ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ISLA VISTA INVESTORS, LLC 111 SOUTH WACKER DRIVE, STE 3300 60606 CHICAGO, IL N/ 27-3070148	INVESTMENTS	N/	N/A	C					X
(2) JACANA PROPERTIES S.A. P.H. PLAZA 2000 BLDG. 50TH ST N/A REPUBLIC OF PANAMA, N/A N/A	INVESTMENTS	PM	N/A	C					X
(3) JUNCO PROPERTIES S.A. P.H. PLAZA 2000 BLDG. 50TH ST N/A REPUBLIC OF PANAMA, N/A N/A	INVESTMENTS	PM	N/A	C					X
(4) KAINGAROA TIMBERLANDS PARTNERSHIP GROUND FL, 1243 RANOLF ST N/A N/A, N/A NZ 98-0412394	INVESTMENTS	NZ	N/A	C					X
(5) KUPE SHIPPING LIMITED PO BOX 160, 209 QUEEN ST N/A AUCKLAND, N/A NZ N/A	INVESTMENTS	NZ	N/A	C					X
(6) LA JACARANDA, SA VILLA FINTANA, DEL CLUB TERRAZA 2 C 1140 MANAGUA, N/A NU N/A	INVESTMENTS	NU	N/A	C					X
(7) LA MORAL SA VILLA FINTANA, DEL CLUB TERRAZA 2 C N/A MANAGUA, N/A NU N/A	INVESTMENTS	NU	N/A	C					X

Schedule R (Form 990) 2012

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) Percent- age ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) LA ZARZA, SA VILLA FINTANA, DEL CLUB TERRAZA 2 C N/A MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C					X
(2) LABELLE SP PARTICIPACIOES LTDA RUA DO FORUM, S/N, SALA B N/A CENTRO, N/A BR	INVESTMENTS	MA	N/A	C					X
(3) LAS ACACIAS, SA VILLA FINTANA, DEL CLUB TERRAZA 2 C CEP MANAGUA, N/A NU	INVESTMENTS	MA	N/A	C					X
(4) LAS MISIONES, SA SUIPACHA 1111 -PISO 18 N/A BUENOS AIRES, N/A AR	INVESTMENTS	AR	N/A	C					X
(5) LASALLE ASIA OPPORTUNITY CAYMAN I, LTD WALKER HOUSE, 87 MARY ST C1008AM GEORGE TOWN, N/A CJ	INVESTMENTS	CJ	N/A	C					X
(6) LIFETIME CENTRECOURT GREENVILLE LIMITED P ANDREW HOFFMAN, 1010-22 ST. CHAIR A N/A TORONTO, N/A CA	INVESTMENTS	CA	N/A	C					X
(7) LINDENE, LTD PO BOX 309 UGLAND HOUSE 4MT 2S3 GEORGE TOWN, N/A CJ	INVESTMENTS	CJ	N/A	C					X

Schedule R (Form 990) 2012

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?
(1) LONGSTOCKING INVESTMENT CORP C/O HMC, INC. 600 ATLANTIC AVENUE 02210 BOSTON, MA N/ 52-2116455	INVESTMENTS	N/	N/A	C				X
(2) LONGTERM FOREST PARTNERS CIA. LTDA. AVENIDA PATRIA E4-41 Y AVENIDA AM N/A QUITO, N/A EC N/A	INVESTMENTS	EC	N/A	C				X
(3) LOS ARAYANES, SA VILLA FINTANA, DEL CLUB TERRAZA 2 C N/A MANAGUA, N/A NU N/A	INVESTMENTS	NU	N/A	C				X
(4) LOS BOLDOS S.A. AVDA SANTA MARIA NO. 6350, PISO 3 N/A VITACURA, N/A CI N/A	INVESTMENTS	CI	N/A	C				X
(5) LOS LAURELES S.A. AVDA. SANTA MARIA NO 6350, PISO 3 N/A VITACURA, N/A CI N/A	INVESTMENTS	CI	N/A	C				X
(6) LOS LAURELES, SA VILLA FINTANA, DEL CLUB TERRAZA 2 C N/A MANAGUA, N/A NU N/A	INVESTMENTS	NU	N/A	C				X
(7) ERP IV TAX EXEMPT JEFFI II LP 199 E. LINDA MESA AVE, #10 94526 DANVILLE, CA N/ 98-0560775	INVESTMENTS	JE	N/A	C				X

Schedule R (Form 990) 2012

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) Per- centage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) IRP IV TAX EXEMPT JEFFI LIMITED 199 E. LINDA MESA AVE, #10 94526 DANVILLE, CA N/ 98-0555927	INVESTMENTS	JE	N/A	C					X
(2) MAGUARI LTD. C/O MAPLES AND CALDER PO BOX 309, U 9452 GRAND CAYMAN, N/ 98-1027957	INVESTMENTS	CJ	N/A	C					X
(3) MASDEVALLIA LTD. C/O MAPLES AND CALDER PO BOX 309, U KY1- GRAND CAYMAN, N/ 98-1083311	INVESTMENTS	CJ	N/A	C					X
(4) MCRS REAL ESTATE INVESTMENT TRUST, INC. 152 WEST 57TH ST, 46TH FL 10019 NEW YORK, NY N/ 27-3605599	INVESTMENTS	N/	N/A	C					X
(5) MCRS TENANT HOLDCO LLC 152 WEST 57TH ST, 46TH FL 10019 NEW YORK, NY N/ 27-3869467	INVESTMENTS	N/	N/A	C					X
(6) MIRABILIS SA CALLE LAS BEGONIAS NO. 475, DPTO 7 N/A SAN ISIDORO, N/A N/A	INVESTMENTS	PE	N/A	C					X
(7) NAZARE AGROINDUSTRIAL LTDA AV. PEDROSO DE MORAES, 1201, 2 ANDA N/A PINHEIROS, N/A BR N/A	INVESTMENTS	BR	N/A	C					X

Schedule R (Form 990) 2012

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) Percent- age ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NCH_AGRIBUSINESS_INVESTORS_CORP UGLAND HOUSE, SOUTH CHURCH ST, PO B N/A GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C					X
(2) NEANDERTHAL_INVESTMENTS IFS COURT, TWENTY EIGHT KYI-1104 CYBERCITY, N/A MP	INVESTMENTS	MP	N/A	C					X
(3) NEW_VERNON_INDIA_CAYMAN_FUND_LP 2330 PLAZA FIVE N/A JERSEY CITY, N/A CJ	INVESTMENTS	CJ	N/A	C					X
(4) NGL_HOLDINGS_INC. 200 CLARENDON ST 02116 BOSTON, MA N/	INVESTMENTS	N/	N/A	C					X
(5) NICA_TECA_SA VILLA FINTANA, DEL CLUB TERRAZA 2 C N/A MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C					X
(6) NICARAO_I_LTD. PO BOX 309 UGLAND HOUSE N/A GRAND CAYMAN, N/A CJ	INVESTMENTS	CJ	N/A	C					X
(7) NICARAO_II_LTD. PO BOX 309 UGLAND HOUSE KYI-1104 GRAND CAYMAN, N/A CJ	INVESTMENTS	CJ	N/A	C					X

Schedule R (Form 990) 2012

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) Per- centage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1) <u>NICARNO, LTD.</u> PO BOX 309 UGLAND HOUSE KY1-1104 GRAND CAYMAN, N/A CJ 98-0643164	INVESTMENTS	CJ	N/A	C				X
(2) <u>NICATECA, INC.</u> WALKER HOUSE, 87 MARY ST KY1-1104 GEORGE TOWN, N/A CJ 98-0520487	INVESTMENTS	CJ	N/A	C				X
(3) <u>OLD LANE HMAFF LP</u> PO BOX 309, UGLAND HOUSE, S. CHURCH N/A GEORGE TOWN, N/A 98-0487312	INVESTMENTS	CJ	N/A	C				X
(4) <u>OPERA, SA</u> VILLA FINTANA, DEL CLUB TERRAZA 2 C N/A MANAGUA, N/A NU N/A	INVESTMENTS	NU	N/A	C				X
(5) <u>PARFEN S.A.</u> JUNCAL 1305 FL 21 N/A MONTEVIDEO, N/A UY N/A	INVESTMENTS	UY	N/A	C				X
(6) <u>PATRIOT INTEREST HOLDINGS, INC.</u> 200 CLARENDON ST 02116 BOSTON, MA N/ 01-0938844	INVESTMENTS	N/	N/A	C				X
(7) <u>PEARL RETAIL, INC.</u> C/O MAPLES AND CALDER, PO BOX 309, N/A GEORGE TOWN, N/A C 98-1048757	INVESTMENTS	CJ	N/A	C				X

Schedule R (Form 990) 2012

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 1085)	(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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) PERMAN MIDSTREAM CORPORATION 200 CLARENDON ST 02116 BOSTON, MA N/ 01-0938834	INVESTMENTS	N/	N/A	C					X
(2) PINARES A.A.R.L. JUNCAL 1327, FL 21 N/A MONTEVIDEO, N/A UY 98-0641950	INVESTMENTS	UY	N/A	C					X
(3) POLARIS WINES, INC. 855 BORDEAUX WAY, STE 260A 94658 NAPA, CA N/ 45-4112381	INVESTMENTS	N/	N/A	C					X
(4) POOLED INCOME FUNDS (4) N/A N/A N/A, N/A N/ N/A	CHARITABLE TRUST	N/	N/A	T					X
(5) PRADARIA AGROFORESTAL LTDA. AVENIDA ALFONSO PENA, 3.504, ROOM 7 N/A CAMPO GRANDE, N/A 98-0642732	INVESTMENTS	BR	N/A	C					X
(6) QUEBRADA HONDA S.A. AVDA SANTA MARIA NO. 6350, PISO 3 N/A PANAMAN, N/A PM N/A	INVESTMENTS	PM	N/A	C					X
(7) QUEZAL BLUF S.A. CALLE 52, Y ELVIRA MENDEZ N/A GEORGE TOWN, N/A CJ N/A	INVESTMENTS	CJ	N/A	C					X

Schedule R (Form 990) 2012

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-JBI 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) Per- centage ownership	(i) Section 512(b)(13) controlled entity?
(1) REPRESA PROPERTIES LTD. PO BOX 3096T, UGLAND HOUSE N/A GEORGE TOWN, N/A CJ	INVESTMENTS	CJ	N/A	C				X
(2) RIO MIRA PARTICIPACOES LTDA AV. DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C				X
(3) ROARING FORK INVESTMENT TRUST 250 YONGE ST, STE 4200 M5B 2M6 TORONTO, ON CA	INVESTMENTS	CA	N/A	C				X
(4) ROMPLY MEROPS SRL 28-C, C-TIN BUDISTEANUI ST, 3RD FL M5B 2 BUCHAREST, N/A R	INVESTMENTS	RO	N/A	C				X
(5) ROUND TABLE ASSET RECOVERY INTERMEDIATE WINDWARD I, 2ND FL, REGATTA OFFICE GRAND CAYMAN, N/A CJ	INVESTMENTS	CJ	N/A	C				X
(6) ROUND TABLE ASSET RECOVERY FUND LTD WINDWARD I, 2ND FL, REGATTA OFFICE KY1 1 N/A, N/A CJ	INVESTMENTS	CJ	N/A	C				X
(7) SANTA FILOMENA AGROINDUSTRIAL LTDA AV PEDROSO DE MORAES, 1201, 2 AN KY1 12 PINHEIROS, SAO P	INVESTMENTS	BR	N/A	C				X

Schedule R (Form 990) 2012

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-JBI amount in box 20 of Schedule K-1 (Form 1085)	(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) Per- centage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SCOLAPX S.R.L. BRASOV, 8 VICTORIEI ST, BL 42 BIS N/A BRASOV COUNTY, N/A	INVESTMENTS	RO	N/A	C					X
(2) SERRA GRANDE AGROINDUSTRIAL LTDA. AV. PEDROSO DE MORAES, 1201, 2 AND N/A PINHEIROS, SAO PAU	INVESTMENTS	BR	N/A	C					X
(3) SIA EMPETRUM KULDIGAS RAJONS, KURMALES PAGASTS N/A PRIEDAINA, N/A LG	INVESTMENTS	LG	N/A	C					X
(4) SORRALIA LTD. C/O MAPLES AND CALDER PO BOX 309 N/A GRAND CAYMAN, N/A CJ	INVESTMENTS	CJ	N/A	C					X
(5) SOCIEDAD EXPLOTADORA AGRICOLA SPA DEL INCA NO 4446, OFICINA 1007 KY1-1104 LAS CONDES, SANTI	INVESTMENTS	CI	N/A	C					X
(6) SORA LTD. C/O MAPLES AND CALDER PO BOX 309 N/A GRAND CAYMAN, N/A CJ	INVESTMENTS	CJ	N/A	C					X
(7) SOROTIVO AGROPECUARIA LTDA. AV. PEDROSO DE MORAES, 1201, 2 ANDA KY1- PINHEIROS, SAO P	INVESTMENTS	BR	N/A	C					X

Schedule R (Form 990) 2012

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) _____										
(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) Per- centage ownership	(i) Section 512(b)(13) controlled entity?
(1) STELLIS LTD C/O MAPLES AND CALDER PO BOX 309 N/A GRAND CAYMAN, N/A CJ	INVESTMENTS	CJ	N/A	C				X
(2) SUSTAINABLE TEAK PARTICIPACOES LTDA. AVENIDA GOVERNADOR PONCE DE ARRUDA KY1-1 VAREZEA GRANDE,	INVESTMENTS	BR	N/A	C				X
(3) SUSTAINABLE TIMBERS, S.A. AVENIDA GOVERNADOR PONCE DE ARRUDA CEP 7 CORREGIMIENTO DE	INVESTMENTS	PM	N/A	C				X
(4) TACUA SPA 2939 AVENIDA ISIDORA GOYENECHEA N/A LAS CONDES, SANTIAGO	INVESTMENTS	CI	N/A	C				X
(5) TDR SCOTLAND L.P. ONE STANHOPE GATE N/A LONDON, N/A UK	INVESTMENTS	UK	N/A	C				X
(6) TERENA SA JUNCAL 1327, EL 21 WIK IAF MONTEVIDEO, N/A UY	INVESTMENTS	UY	N/A	C				X
(7) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA BOQUEIRAO, S/N 11000 ZONA RURAL, BARRA BR	INVESTMENTS	BR	N/A	C				X

Schedule R (Form 990) 2012

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) Per- centage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA SANTO ANTONIO DA MANGA, S/N CEP ZONA RURAL, MARAN	INVESTMENTS	BR	N/A	C					X
(2) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA FLEXAS, S/N CEP 65660 ZONA RURAL, MINAS GERAIS BR	INVESTMENTS	BR	N/A	C					X
(3) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA OITEIROS, S/N CEP 39290 ZONA RURAL, GUADALUPE BR	INVESTMENTS	BR	N/A	C					X
(4) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA ESPANADA, RODOVIA CEP 64840 PEIXE, N/A BR	INVESTMENTS	BR	N/A	C					X
(5) TERRACAL ALIMENTOS E BIOENERGIA LTDA. AV. DAS AMERICAS, 700, BLOCO 5 CEP 77460 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C					X
(6) TERRACAL PARTICIPACOES LTDA AV. DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C					X
(7) TERRACAL PROPRIEDADES LTDA AV. DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C					X

Schedule R (Form 990) 2012

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) Per- centage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) <u>TINAMOU</u> PO BOX 309, UGLAND HOUSE CEP 22640 GRAND CAYMAN, N/A CJ 98-1014421	INVESTMENTS	CJ	N/A	C					X
(2) <u>TOUCANET SA</u> PLAZA 2000, 16TH FL 50TH ST KY1-1104 REPUBLIC OF PANAMA, N/A	INVESTMENTS	PM	N/A	C					X
(3) <u>TROGON PROPERTIES S.A.</u> P.H. PLAZA 2000 BLDG. 50TH ST N/A REPUBLIC OF PANAMA, N/A	INVESTMENTS	PM	N/A	C					X
(4) <u>TUNUYAN S.A.</u> VILLA FINTANA, DEL CLUB TERRAZA N/A MANAGUA, N/A NU N/A	INVESTMENTS	NU	N/A	C					X
(5) <u>UNITECA AGROFORESTAL SA</u> AVENIDA GOVERNADOR PONCE DE ARRUDA N/A VAREZEA GRANDE, MA N/A	INVESTMENTS	BR	N/A	C					X
(6) <u>USRA ATLANTIC NET LEASE CAPITAL CORP</u> 1370 AVENUE OF AMERICAS CEP 78110 NEW YORK, NY N/ 45-2732642	INVESTMENTS	N/	N/A	C					X
(7) <u>VALHOLL LTD</u> PO BOX 309 UGLAND HOUSE 10019 GRAND CAYMAN, N/A CJ 98-0668673	INVESTMENTS	CJ	N/A	C					X

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) Per- centage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) VERIWASTE, L.P. 20-22 BEDFORD ROW KY1-1104 LONDON, N/A UK 98-0656246	INVESTMENTS	UK	N/A	C					X
(2) VISTA VERDE AGROINDUSTRIAL LTDA AV. PEDROSO DE MORAES, 1201, 2 AND WC1R PINHEIROS, SAO PA N/A	INVESTMENTS	BR	N/A	C					X
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, 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	1b
b Gift, grant, or capital contribution to related organization(s)	1c	1d
c Gift, grant, or capital contribution from related organization(s)	1e	1f
d Loans or loan guarantees to or for related organization(s)	1g	1h
e Loans or loan guarantees by related organization(s)	1i	1j
f Dividends from related organization(s)	1k	1l
g Sale of assets to related organization(s)	1m	1n
h Purchase of assets from related organization(s)	1o	1p
i Exchange of assets with related organization(s)	1q	1r
j Lease of facilities, equipment, or other assets to related organization(s)	1s	
k Lease of facilities, equipment, or other assets from related organization(s)		
l Performance of services or membership or fundraising solicitations for related organization(s)		
m Performance of services or membership or fundraising solicitations by related organization(s)		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
o Sharing of paid employees with related organization(s)		
p Reimbursement paid to related organization(s) for expenses		
q Reimbursement paid by related organization(s) for expenses		
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(e) Name of other organization	(b) Transaction type (e-s)	(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) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

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

- The books are in the care of ► **MICHAEL HARTY**

Telephone No. ► **617 998-6881**

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 **02/17**, 20 **14**, 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**, 2012, and ending **06/30**, 20 **13**.

- 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. 1-2013)

• 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	Name of exempt organization or other filer, see instructions.		Enter filer's identifying number, see instructions	
	GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH, INC.		Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P.O. box, see instructions.		04-3293162	
	HMS C/O DEAN OF FACULTY OF MEDICINE		Social security number (SSN)	
File by the due date for filing your return. See instructions.	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 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

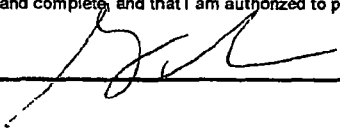
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **MICHAEL HARTY**
Telephone No. **617 998-6881** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **N/A**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **05/15, 20 14**.
- 5 For calendar year _____, or other tax year beginning **07/01, 20 12**, and ending **06/30, 20 13**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO FILE 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 **2/7/14**

Form 8868 (Rev. 1-2013)