Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public

OMB No 1545-0047

DLN: 93493133036339

Department of the Treasury Internal Revenue Service

foundations)

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

| A F | or th | e 2017 c | alendar year, or tax year b | eginning 07-01-2017 , and ending 06- | 30-2018 | | |
|-----------------------------|---------|----------------------|-------------------------------------------------------|------------------------------------------------------|-------------------|----------------------------------|--------------------------|
| | | pplicable | C Name of organization | | | D Employer ı | dentification number |
| | | change | GIOVANNI ARMENISE-HARVAR FOUNDATION FOR SCIENTIFIC | | | 04-329316 | 52 |
| □ Na | | _ | % CHERYL O'TOOLE Doing business as | | | | · - |
| ☐ Ini | | turn n/terminated | Domy business us | | | | |
| | | d return | Number and street (or P O box | x if mail is not delivered to street address) Room/s | suite | E Telephone n | umber |
| | | on pending | HMS C/O DEAN OF EACHLTY O | | | (617) 432- | -6257 |
| | | | | , country, and ZIP or foreign postal code | | | |
| | | | BOSTON, MA 02115 | | | G Gross receip | ots \$ 3,201,570 |
| | | | F Name and address of pri | ncipal officer | H(a) | Is this a group retur | n for |
| | | | LISA MAYER 180 Longwood Avenue | | | subordinates? | □Yes ☑ No |
| | | | BOSTON, MA 02115 | | Н(b) | Are all subordinates | ☐ Yes ☐No |
| I Ta: | x-exer | mpt status | √ 501(c)(2) |) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 | 1 | included? If "No," attach a list | |
| 1 14/ | obcit | - MANAGE | w armeniseharvard org |) 4 (IIISELT IIIO) | 1 | Group exemption nu | |
| , ,, | CDSI | ie. P WW | w armeniseriar vara org | | | | |
| K Forr | n of o | rganization | ☑ Corporation ☐ Trust ☐ | Association ☐ Other ▶ | L Year o | | State of legal domicile |
| 1 1011 | 11 01 0 | rgamzadon | E corporation E mast E | Association — other p | | MA | 4 |
| Pa | rt I | Sum | mary | | • | • | |
| | | | _ | ion or most significant activities | | | |
| e Ce | 3 | SEE SCHE | DULE O | | | | |
| Governance | | | | | | | |
| EII - | - | | | | | | |
| 0 | | | | n discontinued its operations or disposed of | | | |
| | l | | - | erning body (Part VI, line 1a) | | | 3 4 |
| Activities & | l | | | ers of the governing body (Part VI, line 1b) | | | 4 1 |
| Ě | l | | • • | ın calendar year 2017 (Part V, line 2a) 🔒 | | | 5 0 |
| € | l | | · | f necessary) | | | 6 0 |
| ď | 7a | Total unr | elated business revenue from | Part VIII, column (C), line 12 | | | 7a 0 |
| | Ь | Net unrel | ated business taxable income | e from Form 990-T, line 34 | | | 7b 0 |
| | | | | | | Prior Year | Current Year |
| <u>a</u> i | 8 | Contribut | ions and grants (Part VIII, lin | ne 1h) | | 6,000 | 3,000 |
| n Lle | 9 | Program | service revenue (Part VIII, lir | ne 2g) | | C | 0 |
| Rəvenue | 10 | Investme | ent income (Part VIII, column | (A), lines 3, 4, and 7d) | | 3,315,505 | 3,198,570 |
| _ | 11 | Other rev | venue (Part VIII, column (A), | lines 5, 6d, 8c, 9c, 10c, and 11e) | | C | 0 |
| | 12 | Total rev | enue—add lines 8 through 11 | (must equal Part VIII, column (A), line 12) | | 3,321,505 | 3,201,570 |
| | 13 | Grants ar | nd similar amounts paid (Part | IX, column (A), lines 1–3) | | 5,185,644 | 4,644,614 |
| | 14 | Benefits p | paid to or for members (Part | IX, column (A), line 4) | | С | 0 |
| SS. | 15 | Salaries, | other compensation, employe | ee benefits (Part IX, column (A), lines 5–10) | , | С | 0 |
| Expenses | 16a | Professio | nal fundraising fees (Part IX, | column (A), line 11e) | | C | 0 |
| Ð | ь | Total fundr | raising expenses (Part IX, column | (D), line 25) ▶0 | | | |
| Щ | 17 | Other exp | penses (Part IX, column (A), I | lines 11a–11d, 11f–24e) | | 885,355 | 834,853 |
| | 18 | Total exp | enses Add lines 13-17 (mus | t equal Part IX, column (A), line 25) | | 6,070,999 | 5,479,467 |
| | 19 | Revenue | less expenses Subtract line : | 18 from line 12 | | -2,749,494 | -2,277,897 |
| χ φ. | | | | | Begi | inning of Current Year | End of Year |
| a co | | | | | | | |
| Net Assets or Fund Balances | 20 | Total ass | ets (Part X, line 16) | | | 65,718,443 | 66,567,918 |
| ₹ <u>₽</u> | 21 | Total liab | ulities (Part X, line 26) | | | 2,044,868 | 2,626,719 |
| žZ | 22 | Net asset | s or fund balances Subtract | line 21 from line 20 | | 63,673,575 | 63,941,199 |
| Pai | | | ature Block | | | | |
| Under | pen | alties of p | erjury, I declare that I have e | examined this return, including accompanying | ng schedul | es and statements, a | ind to the best of my |
| any k | | | r, it is true, correct, and com | plete Declaration of preparer (other than of | ncer) is ba | ased on all information | on or which preparer has |
| | | 11 | | | | | |
| | | Signati | ure of officer | | | 2019-05-06 Date | |
| Sign | | Joigilace | ure or officer | | | Date | |
| Here | ; | | AYER EXECUTIVE DIRECTOR | | | | |
| | | 17 | r print name and title | | | | |
| | | | rint/Type preparer's name RIN COUTURE | Preparer's signature ERIN COUTURE | Date 2019-04-2 | 8 Check I If POI | N 390592 |
| Paid | | <u> </u> | | | | self-employed | |
| Pre | | ≠ਾ - | irm's name PricewaterhouseC | <u>'</u> | | Firm's EIN | E000 |
| Use | On | ıly ⁵ | | | | Phone no (617) 530 | -3000 |
| | | | BOSTON, MA 02 | 210 | | | |
| | | | | shown above? (see instructions) | | | ✓ Yes □ No |
| For P | aper | work Red | duction Act Notice, see the | separate instructions. | Cat | No 11282Y | Form 990 (2017) |

| Form | 990 (2017) | | | | | Page 2 |
|------|------------------------|--------------------------|------------------|---------------------------|----------------------------------------------------------------------------|------------------------|
| Par | t IIII Statement | of Program Service | e Accomplis | hments | | |
| | Check if Sche | edule O contains a respo | onse or note to | any line in this Part III | | 🗹 |
| 1 | Briefly describe the | organization's mission | | | | |
| SEE | SCHEDULE O | | | | | |
| | | | | | | |
| | | | | | | |
| 2 | Did the organization | undertake any significa | int program ser | vices during the year wh | nich were not listed on | |
| | the prior Form 990 c | or 990-EZ? | | | | 🗌 Yes 🗹 No |
| | • | ese new services on Sch | | | | |
| 3 | - | - : | - | changes in how it condu | · · · · | |
| | services? | | | | | 🗌 Yes 🗹 No |
| | If "Yes," describe the | ese changes on Schedul | e O | | | |
| 4 | Section $501(c)(3)$ ar | | ons are required | I to report the amount of | argest program services, as measu f grants and allocations to others, t | |
| 4a | (Code |) (Expenses \$ | 4,684,892 | including grants of \$ | 4,644,614) (Revenue \$ |) |
| | See Additional Data | • • • | | | . , , , | , |
| | | | | | | |
| 4b | (Code |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | (C. I. |) /F | | |) (Paragraph | |
| 4c | (Code |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | - | | | | | |
| 4d | Other program com | ices (Describe in Schedi | ıla O \ | | | |
| τu | (Expenses \$ | • | uding grants of | \$ |) (Revenue \$ |) |
| 4e | Total program ser | | 4,684,8 | · | , , | |
| 76 | . sta. p. sgram ser | expenses r | 1,00 1,0 | | | Form 990 (2017) |

Checklist of Required Schedules

Yes

Page 3

No

Nο

No

Nο

Nο

No

Nο

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Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

b Was the organization included in consolidated, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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19

Yes

Yes

Yes

Yes

Yes

Yes

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? 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 🛸 . . .

or X as applicable

| Form | 990 (2017) | | Page 4 |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------|
| Part | Checklist of Required Schedules (continued) | | |
| | | Yes | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | Yes | |
| | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | No |
| | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | Yes | |
| | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | No |
| | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | |

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28a

28b

28c

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35a

35h

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Yes

Yes

Form **990** (2017)

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Νo

Nο

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🕏

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

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|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----|----------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| _ | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Enter -0- in line 1a Enter -0- in line | . | | |
| | | - | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| | 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 | 4 I | | |
| 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 | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 | | No |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 50 | | |
| Č | The rest, to line 3a of 3b, and the organization meronii 5000 fr | 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 | | No |
| 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). | | | |
| а | 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 | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Ne |
| e | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No No |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | - ' | | NO |
| 9 | 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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | |
| ٥- | Did the annual resource and a second resource described and the second resource (1966) | 8 | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter | 9b | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter | 1 | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | |
| _ | against amounts due or received from them) |] | | |
| L2a | 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 | | | |
| L3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | - | | |
| | | | | |
| | 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 | | | |
| _ | Enter the amount of reserves on hand |] | | |
| С | | | | i |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |

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|-------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|---------------|
| Part | VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions | " respo | nse to li | |
| | | Check if Schedule O contains a response or note to any line in this Part VI | | | ✓ |
| Sec | tion | A. Governing Body and Management | | | |
| 1a | Enter | the number of voting members of the governing body at the end of the tax year 1a 4 | | Yes | No |
| | body, | ere are material differences in voting rights among members of the governing, or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O | | | |
| b | Enter | the number of voting members included in line 1a, above, who are independent 1b 1 | | | |
| | | iny officer, director, trustee, or key employee have a family relationship or a business relationship with any other er, director, trustee, or key employee? | 2 | | No |
| | | he organization delegate control over management duties customarily performed by or under the direct supervision ficers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Dıd tl | he organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did tl | he organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Dıd tl | he organization have members or stockholders? | 6 | | No |
| 7a | | he organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body? | 7a | | No |
| b | Are a perso | iny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or one other than the governing body? | 7b | | No |
| | | he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing | | | |
| а | The g | governing body? | 8a | Yes | |
| b | Each | committee with authority to act on behalf of the governing body? | 8 b | Yes | |
| | | ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Sec | tion | B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | ∍.) | |
| | | | | Yes | No |
| | | he organization have local chapters, branches, or affiliates? | 10a | | No |
| | | es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, pranches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | form | | 11a | Yes | |
| | | ribe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Dıd tl | he organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | No |
| | confli | officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to icts? | 12b | | |
| | Sche | he organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in dule O how this was done</i> | 12c | | |
| 13 | Dıd tl | he organization have a written whistleblower policy? | 13 | | No |
| | | he organization have a written document retention and destruction policy? | 14 | | No |
| | perso | he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | | organization's CEO, Executive Director, or top management official | 15a | | No |
| b | Other | r officers or key employees of the organization | 15b | | No |
| | If "Y∈ | es" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| | taxab | he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year? | 16a | | No |
| | ın jol | es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt is with respect to such arrangements? | | | |
| | | | 16b | | |
| | | C. Disclosure | | | |
| 17 | List t | he States with which a copy of this Form 990 is required to be filed▶ MA | | | |
| | | on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) able 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) | | | |
| | Desci | ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest y, and financial statements available to the public during the tax year | | | |
| | | e the name, address, and telephone number of the person who possesses the organization's books and records ERYL O'TOOLE 180 LONGWOOD AVENUE BOSTON, MA 02215 (617) 432-5633 | | | |

(C)

(D)

(E)

(F)

- organization and any related organizations

 List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(B)

(A)

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

| (A) Name and Title | (B) Average hours per week (list any hours for related | | ne bo | ox, ι n of or/t | t cha unle: ficer rust | s pers and a | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | Estimated amount of other compensation from the organization and | | |
|-----------------------------------------------|--------------------------------------------------------|-----------------------------------|-----------------------|-----------------------|---------------------------------|------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------|--------------------------|--|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | MISC) | MISC) | related organizations | |
| (1) PETER M HOWLEY MD TRUSTEE (UNTIL 12/17) | 1 0 35 0 | х | | | | | | 0 | 421,660 | 62,025 | |
| (2) GIAMPIERO AULETTA ARMENISE CHAIRMAN | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| (3) LISA MAYER TRUSTEE/EXEC DIRECTOR GAHF | 18 0 17 0 | Х | | х | | | | 0 | 181,291 | 36,250 | |
| (4) MICHAEL P WHITE TRUSTEE/TREASURER | 1 0 35 0 | Х | | x | | | | 0 | 345,270 | 38,949 | |
| (5) GEORGE Q DALEY MD PRES/CEO/TRST | 1 0 35 0 | Х | | х | | | | 0 | 807,671 | 34,281 | |
| (6) BARBARA MCNEIL FORMER INT PRS/CEO/TRUSTEE | 0 0 35 0 | | | | | | Х | 0 | 405,002 | 36,916 | |
| (7) JEFFREY S FLIER FORMER PRES/CEO/TRUSTEE | 0 0 | | | | | | Х | 0 | 526,939 | 62,025 | |
| | | | | | | | | | | _ | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Form 990 (2017) | |
| | | | | | | | | | | 101111 330 (2017) | |

(A)

Name and Title

compensation from the organization ▶ 0

Part VII

(F) Estimated

(E)

Reportable

Page 8

| | | week (list any hours for related | | | n off tor/ti | icer | and a | | from organiza | from the from rela | from related organizations (| ed compens (W- from t | | the |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------|-----------------------|-----------------|--------------|------------------------------|--------|------------------|--------------------|---------------------------------|--------------------------|-------------------|---------|
| | | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | key employee | Highest compensated employee | Former | 2/1099 | -MI3C) | 2/1099-14130 | •1 | relat organiza | ed |
| | | | | | | | | | | | | \dashv | | |
| | | | | | | | | | | | | + | | |
| | | | | | | | | | | | | + | | |
| | | | | | | | | | | | | + | | |
| | | | | | | | | | | | | + | | |
| | | | | | | | | | | | | + | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| c | Sub-Total | art VII, Sectio | | · · | | | * * * | | | 0 | 2,687,8 | 33 | | 270,446 |
| 2 | Total number of individuals (including of reportable compensation from the | but not limited | to thos | | | bove | e) who | rec | eived more | than \$1 | 00,000 | | | |
| | | | | _ | | | | | | | | | Yes | No |
| 3 | Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> . | | | ee, k | ey er • | mplo • | yee, | or hi | ghest com | pensated • • • | employee on | 3 | Yes | |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | | | | | | | n the | 4 | Yes | | |
| 5 | Did any person listed on line 1a recei services rendered to the organization | | | | | | | | | | | 5 | 103 | No |
| s | ection B. Independent Contract | ors | | | | | | | | | | | | |
| 1 | Complete this table for your five high from the organization Report compe | | | | | | | | | | | mpen | sation | |
| | - Name | (A) and business addre | ess | | | | | | | Desc | (B) ription of services | | (C Comper | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position (do not check more

Average

(**D)** Reportable

| Part \ | | I Statement of Revenu | ue | | | | | | rage 3 |
|-----------------------------------------------------------|------------|--------------------------------------------------------------------|--------------|--------------------|--------------|---------------------|-----------------------------------------|-----------------------------------------|----------------------------------------------|
| | | Check if Schedule O conta | | onse or note to an | y line in th | ııs Part VIII | ı | | 🗆 |
| | | | | | Total r | A) evenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 1 a | Federated campaigns | 1a | | | | revenue | | 512-514 |
| iributions, Gifts, Grants Other Similar Amounts | | b Membership dues | 1b | | | | | | |
| ora nou | | c Fundraising events | 1c | | | | | | |
| s, C An | | d Related organizations | 1d | | | | | | |
| ia Tar | | e Government grants (contributions | | | | | | | |
| .ĕ. E | | F All other contributions, gifts, gran | | | | | | | |
| tior sr S | Ι. | and similar amounts not included above | | 3,000 | | | | | |
| 혈죑 | و ا | Noncash contributions includ | ed | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | ın lınes 1a-1f \$ | | | | | | | |
| <u>ة</u> ك | _ h | Total.Add lines 1a-1f | | <u> </u> | | 3,000 | | | |
| <u> </u> | _ | | | Busines | s Code | | | | |
| 14. | 2a - | | | | - | | | | |
| Service Revenue | b | | | | | | | | |
| ي ج | C | | | | | | | | |
| ₹. | d | | | | | | | | |
| ıran | e f | All other program service reve | | | | | | | |
| Program | | Total.Add lines 2a-2f | | . | 0 | | | | |
| | | Investment income (including of | | nterest, and other | | | 1 | | |
| | s | sımılar amounts) | | | ▶ | 3,198,57 | | | 3,198,570 |
| | | Income from investment of tax | | | <u> </u> | | 0 | | |
| | 5 I | Royalties | Real | (II) Personal | <u>▶ </u> | · | | | + |
| | 6a | Gross rents | T(CG) | (ii) i ci sonai | - | | | | |
| | | | | | _ | | | | |
| | b | Less rental expenses | | | | | | | |
| | c | Rental income or (loss) | 0 | | 0 | | | | |
| | d | Net rental income or (loss) | | | 4 | | 0 | | |
| | _ | | curities | · · · ▶ (II) Other | 1 | | 1 | | |
| | 7a | Gross amount | | (ii) Gairei | 1 | | | | |
| | | from sales of assets other | | | | | | | |
| | | than inventory | | | | | | | |
| | b | Less cost or other basis and | | | | | | | |
| | c | sales expenses Gain or (loss) | | | | | | | |
| | | Net gain or (loss) | | • | \dashv | (| o | | |
| | 8a | Gross income from fundraising | | | | | | | |
| ine ine | | (not including \$ | | | | | | | |
| ₹ | | See Part IV, line 18 | | | 0 | | | | |
| ~ a | | Less direct expenses | | | 0 | | | | |
| Other Revenue | | : Net income or (loss) from fund | | ents 🕨 | _ | | 0 | | |
| ŏ | эа | Gross income from gaming ac See Part IV, line 19 | | | | | | | |
| | | | а | | 0 | | | | |
| | | Less direct expenses | | | 0 | · | 0 | | |
| | | : Net income or (loss) from gan aGross sales of inventory, less | ning activit | ies > | _ | | | | |
| | | returns and allowances | | | | | | | |
| | L | N | а . b | | 0 | | | | |
| | | Less cost of goods sold . Net income or (loss) from sale | | | <u> </u> | (| 0 | | |
| | _ | Miscellaneous Revenue | | Business Code | | | | | |
| | 11 | a | | | | | | | |
| | | | | | | | | | |
| | b | | | | | | | | |
| | | | | | | | | | 1 |
| | C | | | | | | | | |
| | - | All add an | | | | | | | |
| | | All other revenue | • | <u> </u> | | | | | + |
| | | Total revenue. See Instruction | | | | | 0 | | |
| | | . I otal revenue. See Instruction | V(13 | • • • • | | 3,201,57 | 0 | | 3,198,570 Form 990 (2017) |
| | | | | | | | | | FULLE SAG (5017) |

| Part IX | Statement of Functional Expenses |
|---------|----------------------------------|
|---------|----------------------------------|

| form 990 (2017) | | | | Page 10 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|-------------------------------------------|-----------------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co | lumns All other orga | inizations must comp | elete column (A) | |
| Check if Schedule O contains a response or note to any | line in this Part IX | <u></u> | | 🗆 |
| 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) Fundraisingexpenses |
| Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 2,472,000 | 2,472,000 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | 2,172,614 | 2,172,614 | | |
| 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 | 13,000 | | 13,000 | |
| d Lobbying | 0 | | , | |
| e Professional fundraising services See Part IV, line 17 | 0 | | | |
| | 0 | | | |
| f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 31,686 | 1,500 | 30,186 | |
| 12 Advertising and promotion | 0 | | | |
| 13 Office expenses | 4,499 | 1,582 | 2,917 | |
| 14 Information technology | 355 | 1,552 | 355 | |
| 15 Royalties | 0 | | 333 | |
| 16 Occupancy | 0 | | | |
| 17 Travel | 28,711 | 16,614 | 12,097 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 10,014 | 12,037 | |
| 19 Conferences, conventions, and meetings | 17,809 | 17,809 | | |
| F | 0 | 17,009 | | |
| 20 Interest | 0 | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 0 | | | |
| 23 Insurance | 0 | | | |
| a PERSONNEL CHARGEBACK | 350,238 | | 350,238 | |
| b PAYMENT TO HMS FOR SERVICES | 327,093 | | 327,093 | |
| c UNIVERSITY ASSESSMENT | 57,995 | | 57,995 | |
| d RELOCATION EXPENSE | 2,773 | 2,773 | | |
| e All other expenses | 694 | | 694 | |
| 25 Total functional expenses. Add lines 1 through 24e | 5,479,467 | 4,684,892 | 794,575 | C |
| 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) | | | | |

31

32

33

34

Net

End of year

30

31

32

33

34

63,941,199

66.567.918

Form **990** (2017)

63,673,575

65,718,443

Page **11**

0

0

Check if Schedule O contains a response or note to any line in this Part IX

| | | 9 9 | | |
|---|----------------------------------------|---------|---|---------|
| 1 | Cash-non-interest-bearing | 0 | 1 | 0 |
| 2 | Savings and temporary cash investments | 319,078 | 2 | 323,032 |
| 3 | Pledges and grants receivable, net | 0 | 3 | 0 |

Beginning of year

0 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 0 5 II of Schedule L 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete

Part II of Schedule L Assets Notes and loans receivable, net . Inventories for sale or use . 0 8 0 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D

0 0 0 0 0 b Less accumulated depreciation 10b 10c 65.399.365 66.244.886 11 Investments—publicly traded securities . 11 0 12 Investments—other securities See Part IV, line 11 . 12 ٥ 0 13 13 Investments—program-related See Part IV, line 11 . 14 0 14 0 Intangible assets 0 15 15 Other assets See Part IV, line 11

65,718,443 66.567.918 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses 9.222 17 0 18 0 18 Grants payable . . . 19 0 19 Deferred revenue . . .

0 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

0 0 0 0 Liabilities persons Complete Part II of Schedule L . 0 22 0 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 2.035.646 25 25

and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . 2,044,868 26

O 2.626.719 2,626,719 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34.

27 63.673.575 27 63,941,199 Unrestricted net assets 28 0 28 0

Fund Balances Temporarily restricted net assets 0 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. Assets or

Capital stock or trust principal, or current funds

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Check if Schedule O contains a response or note to any line in this Part XII

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

Νo

Nο

Form 990 (2017)

Additional Data

Software ID: Software Version:

EIN: 04-3293162 Name: GIOVANNI ARMENISE-HARVARD

FOUNDATION FOR SCIENTIFIC RESEARCH INC.

Form 990 (2017)

Form 990, Part III, Line 4a:

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

| efile | e GR/ | APHIC prii | nt - DO NO | T PROCESS | As Filed Data - | DLN: 93 | DLN: 93493133036339 | | | | |
|---------------|----------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------|---------------------|---------------------------------------------------------------------------|-------------------------------------------------|--|--|
| | | ULE A | | | harity Status | and Dub | lic Suppo | | OMB No 1545-0047 | | |
| | m 99 | | Com | | narity Status | | | l l | 2017 | | |
| 990E | EZ) | | | | 4947(a)(1) nonexer ▶ Attach to Form 9 | npt charitable | trust. | | 201 / | | |
| | | f the Treasury | ▶ Info | ormation about | Schedule A (Form ! www.irs.go | 990 or 990-EZ) | | ctions is at | Open to Public Inspection | | |
| Nam | e of th | he organiza RMENISE-HARV | | | | | | Employer identifica | tion number | | |
| | _ | | FIC RESEARCH | | (41) | | | 04-3293162 | | | |
| | rt I rganiz | | | | s (All organızatıons ıt ıs (For lınes 1 throu | | | ee instructions. | | | |
| 1 | | | • | | ociation of churches d | • | | A)(i). | | | |
| 2 | | A school de | scribed in se | ction 170(b)(1 |)(A)(ii). (Attach Sche | edule E (Form 99 | 0 or 990-EZ)) | | | | |
| 3 | | | | | ce organization descri | · | • | ii). | | | |
| 4 | | A medical r | 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 organiza | | | of a college or univers | sity owned or ope | erated by a gove | ernmental unit describ | ed in section 170 | | |
| 6 | | A federal, s | state, or local | government or g | governmental unit des | crıbed ın sectio ı | 170(b)(1)(A |)(v). | | | |
| 7 | | | | mally receives a (vi). (Complete l | | support from a | governmental ui | nit or from the genera | I public described in | | |
| 8 | | A communi | ty trust descr | ribed in section | 170(b)(1)(A)(vi) (| Complete Part II |) | | | | |
| 9 | | | | | scribed in 170(b)(1)(e instructions Enter th | | | with a land-grant colle ollege or university | ge or university or a | | |
| 10 | | from activit | ies related to income and | its exempt fund | tions—subject to certa ss taxable income (les | ain exceptions, a | nd (2) no more | s, membership fees, a than 331/3% of its sup ses acquired by the or | port from gross | | |
| 11 | П | | | | exclusively to test for | public safety Se | e section 509(| (a)(4). | | | |
| 12 | ▽ | - | - | • | | | · | of, or to carry out the | purposes of one or | | |
| | | ın lınes 12a | through 12d | I that describes t | he type of supporting | organization and | l complete lines | | | | |
| а | ✓ | organizatio | n(s) the powe | | | | | ation(s), typically by of f the supporting organ | | | |
| b | | manageme | nt of the supp | | ion vested in the sam | | | rganızatıon(s), by hav e the supported organ | | | |
| С | П | Type III f | unctionally i | i ntegrated. A su | ipporting organization | | | d functionally integrat | ed with, its | | |
| d | _ | | • | , , | ns) You must comp | • | • • | | zation(s) that is not | | |
| u | Ц | functionally | ıntegrated ⁻ | The organization | | / a distribution re | | h its supported organi an attentiveness requ | | | |
| е | | | | | ed a written determina ntegrated supporting (| | S that it is a Ty | oe I, Type II, Type III | functionally | | |
| f | Enter | | | l organizations | nicegrated supporting (| organization | | _ 1 | | | |
| g | Provi | de the follow | ıng ınformatı | on about the sup | ported organization(s | i | | | | | |
| | | lame of supp organization | | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organic in your govern | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | |
| | | | | | | Yes | No | | | | |
| | | OF PRESIDEN HARVARD CO | | 042103580 | 2 | Yes | | 2,472,000 | 0 | | |
| Tota | 1 | | 1 | | | | | 2 472 000 | | | |
| Tota For P | | work Reduc | - | ice, see the In | tructions for | Cat No 11285 | : c | 2,472,000 schedule A (Form 99 | | | |

| (Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | | | |
| Gifts, grants, contributions, and | | | | | | | | | |

| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | | | | | | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------|---------|---------|-----------------|----------|
| 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)2013 | (b) 2014 | (c)2015 | (d)2016 | (e) 2017 | (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 | - · | | | | | | |
| 11 | Total support. Add lines 7 through | | | | | | |

| | line 4 | | | | | | |
|----|----------------------------------------------------------------------------------------------------------|--------------------|----------------------|-----------------------|---------------------|-------------------|-------------|
| S | ection B. Total Support | | | | | | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, e | tc (see instructio | ns) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization | 's fırst, second, th | ırd, fourth, or fıfth | n tax year as a sec | tion 501(c)(3) or | ganızatıon, |
| | check this box and stop here | | | | | 🕨 | |
| S | ection C. Computation of Public | | | _ | • | • | |
| 14 | Public support percentage for 2017 (line | 14 | | | | | |

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. 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—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

| Р | Support Schedule for | | | | | | |
|-----|---------------------------------------------------------------------------|--------------------------|---------------------------|---------------------------|---------------------|-------------------|-------------------|
| | (Complete only if you cl the organization fails to | | | | | | er Part II. If |
| Se | ection A. Public Support | quality under t | ine tests listed i | below, please co | ompiete Part II., |) | |
| | Calendar year | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| _ | (or fiscal year beginning in) ▶ | (a) 2013 | (0) 2014 | (6) 2015 | (4) 2016 | (e) 2017 | (I) Iotai |
| 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 | | | | | | |
| 4 | under section 513 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 | | | | | | |
| | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | |
| S | from line 6) ection B. Total Support | | | | | | |
| | Calendar year | | | | | | |
| | (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 | | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | | |
| ь | 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 | | | | | | |
| 12 | regularly carried on Other income Do not include gain or | | | | | | |
| 12 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, | | | | | | |
| 14 | 11, and 12) First five years. If the Form 990 is for | l r the organization | l 's first, second, th | L urd, fourth, or fift | l lax vear as a sec | ction 501(c)(3) o | l rganization. |
| | check this box and stop here | | | ,, | , | | ▶ □ |
| Se | ection C. Computation of Public S | Support Perce | ntage | | | | |
| 15 | Public support percentage for 2017 (lin | | | column (f)) | | 15 | |
| 16 | Public support percentage from 2016 S | chedule A, Part II | II, line 15 | | | 16 | |
| Se | ction D. Computation of Investr | nent Income | Percentage | | | | |
| 17 | Investment income percentage for 201 | 7 (line 10c, colur | nn (f) divided by | lıne 13, column (f | ·)) | 17 | |
| 18 | Investment income percentage from 20 | 016 Schedule A, I | Part III, line 17 | | | 18 | |
| | 331/3% support tests—2017. If the | organization did n | ot check the box | on line 14, and lir | ne 15 is more than | | e 17 is not |
| | more than 33 1/3%, check this box and s | | | | | | ightharpoons |
| | 33 1/3% support tests—2016. If the | | | | | | . — |
| _ | not more than 33 1/3%, check this box | - | | | · · | | ightharpoons |
| 20 | Private foundation. If the organization | - | - | | | | ightharpoons |

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

No

No

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

No

No

No

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

provide detail in Part VI.

answer line 10b below

10a

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Yes

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)

below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied

2 3a the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

No to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

No Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 No

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 No

7 8

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 No

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

| Pa | Supporting Organizations (continued) | | · | | | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|--|--|--|--|
| | | | Yes | No | | | | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | | | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | | | | | | | |
| | governing body of a supported organization? | 11a | | No | | | | |
| b | A family member of a person described in (a) above? | 11b | | No | | | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI | 11c | | No | | | | |
| S | Section B. Type I Supporting Organizations | | | T | | | | |
| | | | Yes | No | | | | |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | Yes | | | | | |
| , | 2 Did the community of the bands of the band | | | | | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | | | N | | | | |
| | organization | 2 | | No | | | | |
| S | Section C. Type II Supporting Organizations | | | | | | | |
| | | | Yes | No | | | | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the | | | | | | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | | | | | |
| S | Section D. All Type III Supporting Organizations | | | | | | | |
| | | | Yes | No | | | | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | : | | | | | | |
| | | 1 | | | | | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | | | | | | | |
| | | 2 | | | | | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | 3 | | | | | | |
| | | | | <u> </u> | | | | |
| | Section E. Type III Functionally-Integrated Supporting Organizations | | | | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct a | ions) | | | | | | |
| | | | | | | | | |
| | b The organization is the parent of each of its supported organizations. Complete line 3 below | | | | | | | |
| | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see | ınstru | ctions) | | | | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No | | | | |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | 2a | | | | | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b | | | | | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | | | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | 3a | | | | | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard | 36 | | | | | | |

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

| See instructions | | |
|------------------------------------------------------------------------|--|--|
| 3 Excess distributions carryover, if any, to 2017 | | |
| a | | |
| b From 2013 | | |
| c From 2014 | | |
| d From 2015 | | |
| e From 2016 | | |
| f Total of lines 3a through e | | |
| g Applied to underdistributions of prior years | | |
| h Applied to 2017 distributable amount | | |
| Carryover from 2012 not applied (see instructions) | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | |
| 4 Distributions for 2017 from Section D, line 7 | | |
| <u> \$ </u> | | |
| Applied to underdistributions of prior years | | |
| | | |

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Additional Data

Software ID: Software Version:

EIN: 04-3293162

GIOVANNI ARMENISE-HARVARD Name: FOUNDATION FOR SCIENTIFIC RESEARCH INC.

Page 8

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

SCHEDULE D Supplemental Fina

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

2017

DLN: 93493133036339 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH INC 04-3293162 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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 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" on Form 990, Part IV, line 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 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 Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

| Par | t III | Organizations Ma | aintaining Col | lections of Art | , Histor | ical T | reas | ures, o | r Other | Similar A | ssets (| contir | ued) | |
|-------------|------------------|-----------------------------------------------------------------------|------------------------------|---------------------------------|-------------|-------------|--------|------------|------------|---------------|------------|----------------|-------------|---------|
| 3 | | the organization's acq (check all that apply) | uisition, accessior | n, and other recor | ds, check | any of | the f | ollowing t | that are a | a significant | use of it | s colle | ction | |
| а | | Public exhibition | | | d | | Loa | n or exch | ange pro | grams | | | | |
| b | | Scholarly research | | | е | | Oth | er | | | | | | |
| С | | Preservation for future | e generations | | | | | | | | | | | |
| 4 | Provid Part X | de a description of the GIII | organızatıon's col | lections and expla | ın how th | ey furt | her th | ne organiz | zation's e | xempt purp | ose in | | | |
| 5 | | g the year, did the orga s to be sold to raise fur | | | | | | | | nılar | □ Ye | ٠. | □ N | n |
| Pa | rt IV | Escrow and Cust Complete if the ord X, line 21. | | | orm 996 | 0, Part | IV, | line 9, o | r report | ed an amo | | | | |
| 1a | | organization an agent led on Form 990, Part) | | an or other interm | ediary fo | r contri | butio | ns or othe | er assets | not | ☐ Ye | es | □ N | 0 |
| b | If "Ye | s," explain the arrange | ement in Part XIII | and complete the | following | g table | | | | ı | Amount | | | _ |
| c | Begin | ning balance | | | | | | | 1c | | | | | _ |
| d | Addıtı | ons during the year | | | | | | | 1d | | | | | _ |
| е | Dıstrıl | butions during the year | • | | | | | | 1e | | | | | _ |
| f | Endın | g balance | | | | | | | 1f | | | | | _ |
| 2 a | Did th | e organization include | an amount on Fo | rm 990, Part X, lıı | ne 21, for | escrov | v or c | ustodial a | account li | ability? | □ Ye | es | \square N | 0 |
| b | If "Ye | s," explain the arrange | ment in Part XIII | Check here if the | e explanat | tion has | s beei | n provide | d ın Part | XIII | | | | |
| Pa | rt V | Endowment Fund | | | • | | | • | | | | | | |
| | | | , | (a)Current year | | Prior yea | | | ears back | | | (e) Fo | ur year | s back |
| 1 a | Beginn | ing of year balance . | | 65,567,38 | 33 | 67,22 | 0,819 | - | 75,338,268 | 3 78 | 3,036,506 | | 73, | 14,400 |
| b | Contrib | utions | | | | | | | | | | | | |
| С | Net inv | estment earnings, gair | ns, and losses | 5,744,06 | 54 | 4,789 | 9,929 | | -1,859,69 | 1 : | 3,864,612 | | 10,2 | 232,576 |
| d | Grants | or scholarships | • | | | | | | 74,97 | 1 | 74,068 | | | |
| е | | expenditures for facilities | es | 4,164,40 | 01 | 5,62 | 7,032 | | 5,407,373 | 3 ! | 5,729,983 | | 4,4 | 142,163 |
| f | Admını | strative expenses . | | 794,57 | 75 | 81 | 5,333 | | 775,408 | 3 | 758,799 | | 8 | 368,307 |
| g | End of | year balance | | 66,352,47 | 71 | 65,56 | 7,383 | (| 57,220,819 | 7! | ,338,268 | | 78,0 | 36,506 |
| 2 a b | Board | de the estimated percel designated or quasi-e anent endowment ► | - | ent year end balan 100 000 % | ice (line 1 | Lg, colu | mn (a | a)) held a | IS | | | | | |
| c | Temp | orarily restricted endov | vment ▶ | | | | | | | | | | | |
| · | | ercentages on lines 2a | | ld equal 100% | | | | | | | | | | |
| За | | nere endowment funds | | • | zation tha | at are h | eld a | nd admın | stered fo | or the | | | | |
| | - | ization by | | | | | | | | | _ | | Yes | No |
| | ` , | related organizations | | | | | | | | | | a(i) | V | No |
| b | | elated organizations . s" on 3a(ii), are the rel | | | d on Sch | Adula R | | | | | | a(ii) 3b | Yes Yes | |
| 4 | | ibe in Part XIII the inte | - | • | | | • | • • | • • | | | <u> </u> | 103 | |
| | rt VI | Land, Buildings, | | | | | | | | | | | | |
| | | Complete of the org | | | orm 990 | 0, Part | ΙV, | line 11a | . See Fo | rm 990, P | art X, lır | ne 10 | ١. | |
| | Descri | ption of property | (a) Cost or oth (investme | | ost or othe | r basıs (| other) | (c) Acc | umulated | depreciation | | (d) Bo | ok valu | 9 |
| 1a | Land | | | | | | | 1 | | | | | | |
| b | Buildine | gs | | | | | | | | | | | | |
| | | old improvements | | | | | | | | | | | | |
| | | nent | | | | | | 1 | | | | | | |
| | Other | | | | | | | 1 | | | | | | |
| | | lines 1a through 1e (Co | olumn (d) must e | qual Form 990, Pa | rt X, colu | ımn (B) | , line | 10(c)) | | > | | | | |
| | | | | | | | | | | | | | | |

| Part VII Investments—Other Securities. Complete if the organization | zation answe | Page ered "Yes" on Form 990, Part IV, line 11b. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------|
| See Form 990, Part X, line 12. (a) Description of security or category | (b) | (c) Method of valuation |
| (including name of security) | Book value | Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | • | |
| Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, | | |
| (a) Description of investment (b) | Book value | (c) Method of valuation Cost or end-of-year market value |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' on F | form 990, Pari | t IV, line 11d See Form 990, Part X, line 15 |
| (a) Description | • | (b) Book value |
| (1) | | |
| (2) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) . | | |
| Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. | 'Yes' on For | |
| 1. (a) Description of liability | (b) Bo | ok value |
| (1) Federal income taxes PLEDGES PAYABLE | | 0 2,415,110 |
| DUE TO HARVARD | | 211,609 |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | 2,626,719 |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footn organization's liability for uncertain tax positions under FIN 48 (ASC 740). Checi | | |

Schedule D (Form 990) 2017

Page 4

| 1 | Total revenue, gains, and other s | upport per audited financial statements | | | 1 | |
|-------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------|---------|---------------------------|
| 2 | Amounts included on line 1 but no | ot on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains (losses) on i | nvestments | 2a | | | |
| b | Donated services and use of facili | ties | 2b | | | |
| С | Recoveries of prior year grants | | 2 c | | | |
| d | Other (Describe in Part XIII) . | | 2d | | | |
| е | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | |
| 4 | Amounts included on Form 990, F | Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not included | d 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 4d | c. (This must equal Form 990, Part I, line 12) | | | 5 | |
| Par | | penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part | | | Retur | n. |
| 1 | Total expenses and losses per au | dited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but no | ot on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of facili | ties | 2a | | | |
| b | Prior year adjustments | | 2b | | | |
| С | Other losses | | 2c | | | |
| d | Other (Describe in Part XIII) . | | 2d | | | |
| е | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | |
| 4 | Amounts included on Form 990, F | Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included | d on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) . | | 4b | | | |
| С | | | | | 4c | |
| 5 | | Ic. (This must equal Form 990, Part I, line 18 |) . | | 5 | |
| Pai | t XIII Supplemental Info | ormation | | | | |
| Pro [,] XI, | vide the descriptions required for P lines 2d and 4b, and Part XII, lines | art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide | 4, Part any a | IV, lines 1b and 2b, Part dditional information | V, line | e 4, Part X, line 2, Part |
| | Return Reference | | Exp | planation | | |
| See A | Addıtıonal Data Table | | | | | |
| | | | | | | |
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| Page 5 | | chedule D (Form 990) 2017 | | |
|---------------|----------------------|-----------------------------|--|--|
| | ormation (continued) | Part XIII Supplemental Info | | |
| | Explanation | Return Reference | | |
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Schedule D (Form 990) 2017

Additional Data

Software Version: **EIN:** 04-3293162

Software ID:

Name: GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH INC.

Supplemental Information

Return Reference

THE UNITED STATES AND IN ITALY

THE INTENDED USES OF THE ENDOWMENT FUND ARE TO SUPPORT THE MISSION OF GIOVANNI ARMENISE-HA RVARD FOUNDATION FOR SCIENTIFIC RESEARCH, WHICH ENCOURAGES BASIC SCIENCE RESEARCH, BOTH IN

SCHEDULE D, PART V, LINE 4

Explanation

| SCHEDULE F | State | ement of A | Activities (| Outside the Uni | ited S | tates | OMB No 1545-0047 |
|--------------------------------------------------------|------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------|------------------------------|----------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------|
| (Form 990) | | _ | ation answered " ► Attach tule F (Form 990) | | | 2017 Open to Public | |
| Department of the Treasury Internal Revenue Service | | | | | | | Inspection |
| Name of the organization GIOVANNI ARMENISE-HA | | | | | | Employer iden | tification number |
| FOUNDATION FOR SCIEN | | CH INC | | | | 04-3293162 | |
| | nformation Part IV, line | | Outside the U | Jnited States. Comple | ete if the | organization a | nswered "Yes" to |
| | | | | substantiate the amoun | | | |
| other assistance, to award the gran | • | - , | e grants or assi | stance, and the selectior | criteria | used | ✓ Yes 🗆 |
| 2 For grantmakers outside the United | | Part V the orga | anization's proce | dures for monitoring the | use of it | s grants and oth | ner assistance |
| 3 Activites per Region | n (The followir | ng Part I, line 3 t | able can be dupl | cated if additional space is | s needed i |) | |
| (a) Region | | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | | program spe | vity listed in (d) is a service, describe ecific type of ce(s) in region | (f) Total expenditure for and investments in region |
| (1) Europe (Including Id Greenland) | celand and | 1 | | Grantmakıng | RESEARC | H AWARD | 2,172, |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| | tion sheets to | 1 | | | | | 2,172, |
| 3a Sub-total b Total from continua Part I | tion sheets to | | | | | | |

| (1) | | | | |
|------|--|--|--|--|
| (2) | | | | |
| (3) | | | | |

(4)

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

Schedule F (Form 990) 2017

(10) (11) (12) (13) (14) (15) (16)

(17) (18)

Schedule F (Form 990) 2017

| (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 (Including Iceland and Greenland) | 3 | 13,697 | WIRE | | N/A | N/A |
| (2) Career Development Award | Europe (Including Iceland and Greenland) | 8 | 2,158,917 | WIRE | | N/A | N/A |
| (3) | | | | | | | |
| (4) | | | | | | | |

| (3) | | | | |
|------|--|--|--|--|
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |

| ., | | | l |
|------|--|--|---|
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |

Part III can be duplicated if additional space is needed.

| Sche | dule F (Form 990) 2017 | | Page 4 |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|
| Pai | t 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 separately 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, do not file with Form 990) | 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990) | Yes | ✓ No |
| | Schedul | e F (Form 9 | 990) 2017 |

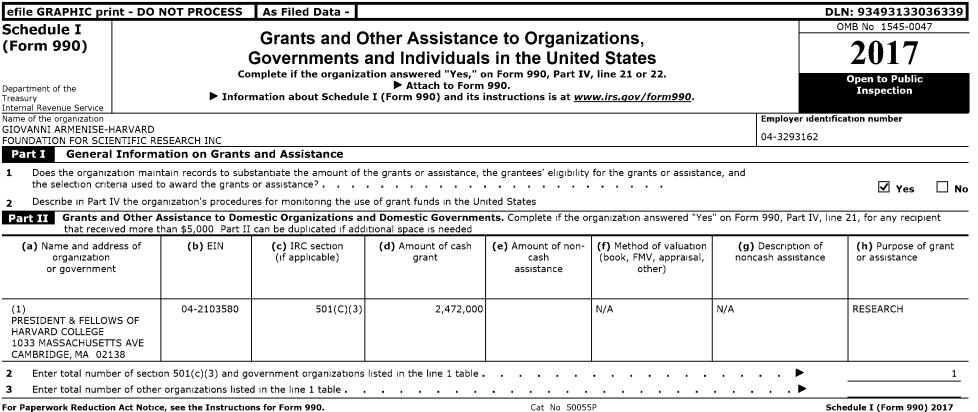
| Schedule F (Fo | orm 990) 2017 | Page 5 |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| i : | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, co amounts of investments vs. expenditures per region); Part II, line 1 (accounting method method); and Part III, column (c) (estimated number of recipients), as applicable. Also cany additional information (see instructions). |); Part III (accounting |
| Return Referenc | Explanation e | |
| SCHEDULE PART I, LINI | , | |

THEIR GRANT, WHICH DETERMINES THE RENEWAL FOR YEARS 4 AND 5 THE BOARD OF TRUSTEES REVIEWS AND

APPROVES THE CONTINUATION OF THOSE GRANTS

| Return Reference | Explanation |
|----------------------------------------|-------------------------------------------------------------------------------|
| SCHEDULE F, PART I, LINE 3, COLUMN (F) | THE ORGANIZATION'S BOOKS AND RECORDS SEPARATELY IDENTIFY FOREIGN EXPENDITURES |

| Return Reference | Explanation | | | | |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| SCHEDULE F, PARTS I AND II - ACCOUNTING METHOD | EXPENDITURES PER REGION ARE REPORTED ON AN ACCRUED BASIS, WHICH IS THE METHOD USED TO ACCOUNT FOR THEM IN THE ORGANIZATION'S BOOKS AND RECORDS | | | | |



| Schedule I (Form 990) 2017 | | | | | " | Page 2 | |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|--|
| Part III Grants and Other Ass Part III can be duplica | | | | inization answered Tres | " on Form 990, Part IV, line 22 | | |
| (a) Type of grant or assista | ance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance | |
| (1) | | | | | | <u> </u> | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | | | | | | | |
| Return Reference | rn Reference Explanation | | | | | | |
| 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 | | | | | | |

| efil | e GRAPHIC pr | int - DO NOT PROCESS As Filed Data - | | DLN: 934 | 9313 | 3036 | 339 | | | | |
|-------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------|-------|----------------|------|--|--|--|--|
| Sch | edule J | Compensation | Information | ОМ | B No | 1545-0 | 0047 | | | | |
| (For | n 990) | For certain Officers, Directors, Truste | | | | | | | | | |
| | | Compensated E ► Complete if the organization answered | | line 23. | 2017 | | | | | | |
| | | ► Attach to Fo | orm 990. | | | | | | | | |
| | tment of the Treasury al Revenue Service | ► Information about Schedule J (Form www.irs.gov/f | | | | o Pul ectio | | | | | |
| | me of the organiza | | | Employer identificati | on nu | mber | | | | | |
| | VANNI ARMENISE-H INDATION FOR SCIE | ARVARD NTIFIC RESEARCH INC | | 04-3293162 | | | | | | | |
| Pa | rt I Questi | ons Regarding Compensation | | | | | | | | | |
| | | | | Г | | Yes | No | | | | |
| 1a | | plate box(es) if the organization provided any of the for ection A, line 1a Complete Part III to provide any relev | | | | | | | | | |
| | | | sing allowance or residence for p | | | | | | | | |
| | _ | · | nents for business use of persor | | | | | | | | |
| | | | th or social club dues or initiatio | | | | | | | | |
| | LI Discretion | ary spending account Light Perso | onal services (e g , maid, chaufi | eur, cner) | | | | | | | |
| b | | kes in line 1a are checked, did the organization follow a Il of the expenses described above? If "No," complete l | | ent or reimbursement | 1b | | | | | | |
| 2 | | ition require substantiation prior to reimbursing or allow | | 152 | 2 | | | | | | |
| | directors, truste | es, officers, including the CEO/Executive Director, rega | arding the items checked in line | la' | | | | | | | |
| 3 | | If any, of the following the filing organization used to e | | e | | | | | | | |
| | | EO/Executive Director Check all that apply Do not che d organization to establish compensation of the CEO/E | | n Part III | | | | | | | |
| | | | | | | | | | | | |
| | | | en employment contract pensation survey or study | | | | | | | | |
| | | | oval by the board or compensat | cion committee | | | | | | | |
| 4 | | did any person listed on Form 990, Part VII, Section A | | | | | | | | | |
| | related organiza | tion | | | | | | | | | |
| а | Receive a sever | ance payment or change-of-control payment? | | _ | 4a | | No | | | | |
| b | Participate in, o | receive payment from, a supplemental nonqualified re | etirement plan? | - | 4b | | No | | | | |
| С | • | receive payment from, an equity-based compensation | _ | - | 4c | | No_ | | | | |
| | ir res to any c | of lines 4a-c, list the persons and provide the applicable | e amounts for each item in Part | 111 | | | | | | | |
| | Only 501(c)(3 |), 501(c)(4), and 501(c)(29) organizations must | complete lines 5-9. | | | | | | | | |
| 5 | | ed on Form 990, Part VII, Section A, line 1a, did the org ontingent on the revenues of | ganization pay or accrue any | | | | | | | | |
| а | The organization | 17 | | | 5a | | No | | | | |
| b | Any related orga | | | | 5b | | No | | | | |
| | If "Yes," on line | 5a or 5b, describe in Part III | | | | | | | | | |
| 6 | | ed on Form 990, Part VII, Section A, line 1a, did the org ontingent on the net earnings of | ganızatıon pay or accrue any | | | | | | | | |
| а | The organization | 7د | | _ | 6a | | No | | | | |
| b | Any related orga | | | - | 6b | | No | | | | |
| | • | 6a or 6b, describe in Part III | | | | | | | | | |
| 7 | | ed on Form 990, Part VII, Section A, line 1a, did the orgescribed in lines 5 and 6? If "Yes," describe in Part III | ganization provide any nonfixed | | 7 | | No | | | | |
| 8 | | nts reported on Form 990, Part VII, paid or accured pu litial contract exception described in Regulations section | | scribe | 8 | | No | | | | |
| 9 | If "Yes" on line 5 53 4958-6(c)? | 3, did the organization also follow the rebuttable presui | mption procedure described in l | Regulations section | 9 | | No | | | | |
| Ear I | Danamuark Badı | ction Act Notice, see the Instructions for Form 9 | On Cat No. 5 | 0053T Schedule 1 (| | 990) | 2017 | | | | |

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported on 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 (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) reported (ii) Bonus & incentive (i) Base (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 PETER M HOWLEY MD 0 (i) 0 0 0 0 0 TRUSTEE (UNTIL 12/17) 402,372 0 19,288 34,140 27,885 483,685 0 (ii) 2 BARBARA MCNEIL (i) FORMER INT PRS/CEO/TRUSTEE 364,211 40,791 2,776 441,918 34,140 (ii) 3 LISA MAYER 0 (i) 0 0 0 0 0 0 TRUSTEE/EXEC DIRECTOR **GAHF** 170,978 10,000 313 22,070 14,180 217,541 0 (ii) 4 MICHAEL P WHITE 0 (i) 0 0 0 0 0 0 TRUSTEE/TREASURER 313,509 31,500 261 34,140 4,809 384,219 0 (ii) 5 GEORGE Q DALEY MD 0 (i) 0 0 0 0 0 0 PRES/CEO/TRST 788,000 0 19,671 34,140 141 841,952 0 (ii) 6 JEFFREY S FLIER 0 (i) 0 0 0 0 0 Ω FORMER PRES/CEO/TRUSTEE 504,088 (ii) 0 22,851 34,140 27.885 588,964 0

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information 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 Return Reference Explanation SCHEDULE J. PART I. LINE 3 & PART IOFFICERS 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

Schedule J (Form 990) 2017

| efile GRAPH | IC print - DO NOT PROCESS | DLN: | 93493133036339 | | | | | | | |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|--|--|--|--|--|--|
| SCHEDUL (Form 990 or EZ) | 99()- Complete to provide information for responses Form 990 or 990-EZ or to provide any addi Attach to Form 990 or 990 Information about Schedule O (Form 990 or 990- www.irs.gov/form990. | 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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. | | | | | | | | |
| Name of the org GIOVANNI ARMENI FOUNDATION FOR 990 Schedule | fication number | | | | | | | | | |
| Return Reference | Explanation | | | | | | | | | |
| FORM 990, PART I, LINE 1 & PART III, LINE 1 | TO SUPPORT RESEARCH IN MOLECULAR AND CELL BIOLOGY, BASIC TO MEDICINE AND AGRICULTURE, CONS IDERING DERIVATIVE ETHICAL ISSUES, ALL IN CONNECTION WITH THE PRESIDENT & FELLOWS OF HARVA RD COLLEGE ("THE COLLEGE"), ALSO REFERRED TO AS HARVARD UNIVERSITY | | | | | | | | | |

Return Explanation

ERFORMED ON BEHALF OF THE FOUNDATION

Deference

LINE 2A

| Reference | |
|-----------|--------------------------------------------------------------------------------------------|
| FORM 990, | GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH ("THE FOUNDATION") HAS NO EMP |
| PART V, | LOYEES THE FOUNDATION REIMBURSES THE COLLEGE FOR PERSONNEL EXPENSES RELATED TO SERVICES P |

Return Explanation

| 11010101100 | |
|-------------|--------------------------------------------------------------------------------------------|
| FORM 990, | THE ORGANIZATION'S TAX RETURN IS PREPARED BY EXTERNAL TAX PREPARERS AND WAS REVIEWED BY MA |
| PART VI, | NAGEMENT A FINAL COPY OF FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE BOARD PRIOR T |
| LINE 11B | O FILING WITH THE IRS |

| Return Reference | Explanation |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, LINES 12, 13, & 14 | GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH ("THE FOUNDATION") HAS NO SEP ARATE WRITTEN CONFLICT OF INTEREST, DOCUMENT RETENTION, AND WHISTLEBLOWER POLICIES AS AN AFFILIATED ENTITY OF THE PRESIDENT & FELLOWS OF HARVARD COLLEGE ("THE COLLEGE"), THE FOUND ATION 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 INTERE ST POLICY OFFICERS AND TRUSTEES ARE REQUIRED TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS MONITORING TAKES PLACE WITHIN THE FRAMEWORK OF HMS |

Return Explanation
Reference

| FORM 990, | OFFICERS AND TRUSTEES ARE NOT COMPENSATED IN THEIR CAPACITY AS OFFICERS/ TRUSTEES OF THE F |
|-----------|--------------------------------------------------------------------------------------------|
| PART VI, | OUNDATION HOWEVER, THE INDIVIDUALS LISTED WERE ALSO EMPLOYEES OF THE COLLEGE, POSITIONS F |
| LINE 15B | OR WHICH THEY RECEIVED COMPENSATION THEREFORE, THEIR COMPENSATION AND BENEFITS ARE DETERM |
| | NED BY THE COLLEGE FORM 990, PART VI, LINE 18 THE ORGANIZATION'S FORM 990 IS ALSO AVAIL |
| | ABLE THROUGH WWW GUIDESTAR ORG |

Return Explanation

LINE 19

FORM 990, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL PART VI, STATEMENTS AVAILABLE UPON REQUEST

| efile GRAPHIC print - DC | NOT PROCESS | As Filed Data - | | | | | | | | | | DLN: 93493 | 133036 | 5339 |
|------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|-----------------|----------------------------|------------|-----------------------------------|-----------------------------------|------------------|---------|---------------------------------------|---------|------------------------------------------|---------------------------|------------------|
| SCHEDULE R (Form 990) | > (| Related O | _ | | s" on Form | 990, Part | | - | | 37. | | 20 | 1545-004 | 47 |
| Department of the Treasury Internal Revenue Service | • | Information about S | chedule I | | | | s is at <u>www</u> | irs.gov/1 | orm99 | <u>o</u> . | | | o Publicection | С |
| Name of the organization GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESE. | ARCH INC | | | | | | | | | loyer identif 293162 | icatior | n number | | |
| Part I Identification | of Disregarded E | ntities Complete If the | ne organ | ızatıon answ | ered "Yes | " on Form | 990, Part | IV, line 3 | | | | | | |
| Name, address, and | (a) EIN (ıf applıcable) of dısr | egarded entity | | (b) Primary a | | | c) nicile (state n country) | (d) Total inc | ome | (e) End-of-year as | ssets | (1 Direct co ent | introlling | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Part II Identification of related tax-exem | of Related Tax-Ex | | S Comple | ete if the org | anızatıon | answered | "Yes" on F | orm 990, | Part I\ | /, line 34 be | cause | ıt had one or | more | |
| See Additional Data Table | ipe organizaciono a | army the tax years | | | | | | | | | | | | |
| Name, address, and | (a) I EIN of related organızat | ion | Prim | (b) ary activity | Legal dom | c) nicile (state n country) | (d) Exempt Cod | | | (e) harity status on 501(c)(3)) | Dı | (f) rect controlling entity | Section (13) co ent | ntrolled ity? |
| | | | | | | | | | | | | | Yes | No |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| For Paperwork Reduction Ac | | | | | | t No 5013 | | | | | | edule R (Form | | |

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. See Additional Data Table (b) (c) (d) (i) (k) (e) (f) (g) (ı) Name, address, and EIN of Primary Legal Direct Predominant Share of Share of Disproprtionate Code V-UBI General or Percentage related organization controlling income(related, total income end-of-year allocations? amount in box ownership activity domicile managing unrelated, 20 of (state entity assets Schedule K-1 excluded from or tax under (Form 1065) foreign country) sections 512-514) Yes No Yes No Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (a) (b) (c) (d) (e) (f) (h) (ı) (g) Name, address, and EIN of Legal Direct controlling Type of entity Share of total Share of end-of-Section 512(b) Primary activity Percentage domicile (C corp, S corp, ownership (13) controlled related organization entity ıncome vear (state or foreign or trust) assets entity? country) Yes No See Additional Data Table

| Schedule R (Form 990) 2017 | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----|--|--|
| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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 | | Yes | No | | |
| 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? | | | | | |
| a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity | 1a | | No | | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | Yes | | | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | No | | |
| d Loans or loan guarantees to or for related organization(s) | 1d | | No | | |
| e Loans or loan guarantees by related organization(s) | 1e | | No | | |
| f Dividends from related organization(s) | 1f | | No | | |
| g Sale of assets to related organization(s) | 1g | | No | | |
| h Purchase of assets from related organization(s) | 1h | | No | | |
| i Exchange of assets with related organization(s) | 1i | | No | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | <u>1j</u> | | No | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No | | |
| I Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | No | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No | | |
| | 10 | \vdash | No | | |

| i Exchange of assets with related organization(s) | [1 | 1i | No |
|--------------------------------------------------------------------------------------------------|----|------|----|
| j Lease of facilities, equipment, or other assets to related organization(s) | 1 | 1j | No |
| | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1 | lk | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | [1 | 11 | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1 | Lm | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | Ţ | 1n | No |
| o Sharing of paid employees with related organization(s) | 1 | 10 Y | es |
| | | | |
| P. Danshijing amont usid to velsted avenuentary(a) for avenuence | 1 | - | No |

| ı | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | No | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------|--------|----|--|--|--|--|--|--|--|
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No | | | | | | | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No | | | | | | | |
| 0 | Sharing of paid employees with related organization(s) | 10 | Yes | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1 p | | No | | | | | | | |
| q | Reimbursement paid by related organization(s) for expenses | 1 q | | No | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | No | | | | | | | |
| s | Other transfer of cash or property from related organization(s) | 1s | | No | | | | | | | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | | | | | | | | | | | |
| | (a)(b)(c)(d)Name of related organizationTransaction type (a-s)Amount involved type (a-s)Method of determining amount involved | nount i | nvolve | d | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

| - See management of garileactors see and accords regarding exclusion | | , countries p | a. c., c., 5,, p.s | | | | | | | | | | |
|----------------------------------------------------------------------|--------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------|-----|---------------------------------------------------|------------------------------------|------------------------------------------|--------------------------------------|----|-------------------------------------------------------------|-----------|------|--------------------------------|
| (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 sections 512- 514) | | (e) e all partners section 501(c)(3) ganizations? | (f) Share of total Income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | | (k) Percentage ownership |
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | Schedul | e R (Forn | 1 99 | 0) 2017 |

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

Software ID: **Software Version:**

EIN: 04-3293162

Name: GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH INC

| Form 990, Schedule R, Part II - Identification of Relate | | | (4) | / (2) | 16 | , | |
|---------------------------------------------------------------------------|--------------------------------|-----------------------------------------------|-------------------------------|---------------------------------------------------|--------------------------------------|-----------------------------------------|-----------------------|
| (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 (b)(contro entr | n 512 13) olled |
| | RESEARCH | TZ | | | HPF | Yes Yes | No |
| PO BOX 79810 MWAI KIBAKI RD DAR ES SALAAM TZ | | | E01(C)(2) | 10 | | | |
| 64 BRATTLE ST CAMBRIDGE, MA 02138 04-2665867 | PERFORMING AR | MA | 501(C)(3) | 10 | HPF | Yes | |
| AVENIDA PAULISTA 1337 CJ 171 SAO PAULO 01311-200 BR | EDUCATION | BR | | | HPF | Yes | |
| 600 ATLANTIC AVENUE BOSTON, MA 02210 | INVESTMENT MA | МА | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| PRIVATE BAG BO 320 GABORONE | RESEARCH | BC | | | HPF | Yes | |
| 62 RUE FRANCOIS 1 ER PARIS | RESEARCH SUPP | FR | | | HPF | Yes | |
| 600 ATLANTIC AVENUE BOSTON, MA 02210 | INVESTMENT MA | MA | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| 04-3044742 800 BOYLSTON ST BOSTON, MA 02199 | RESEARCH SUPP | MA | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| 04-3478889 401 PARK DR BOSTON, MA 02215 | EDUCATION AND | МА | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| 52-2446955 141 PORTLAND ST 9TH fL CAMBRIDGE, MA 02139 46-0807740 | EDUCATION | MA | 501(C)(3) | 12, TYPE I | NA | Yes | |
| 745 BOYLSTON ST 7TH FL BOSTON, MA 02116 04-2702030 | RESEARCH | МА | 501(C)(3) | 12 TYPE III | НРБ | Yes | |
| CARLOS PELLEGRINI 1163 PISO 12 CO BUENOS AIRES C1009ABW AR | RESEARCH SUPP | AR | | | HPF | Yes | |
| AVENIDA DAG HAMMARSKJOLD 3269 SANTIAGO CI | FACULTY AND S | CI | | | HPF | Yes | |
| 3 BLACKFAN CIRCLE 5TH FL CLSB BOSTON, MA 02115 30-0773387 | RESEARCH | МА | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| SOLDIERS FIELD RD BOSTON, MA 02163 04-3395140 | EXECUTIVE EDU | MA | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| 20 GUEST STREET STE 700 BRIGHTON, MA 02135 04-3177990 | PUBLISHING | МА | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| 1033 MASS AVE 3RD FL CAMBRIDGE, MA 02138 03-0425512 | ELECTRICITY P | MA | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| 114 MOUNT AUBURN ST 5TH FL CAMBRIDGE, MA 02138 45-4535664 | GLOBAL SUPPOR | МА | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| 3EME ETAGE IMMEUBLE SLIM BLOCK 1 TUNIS 1053 TS | RESEARCH | TS | | | HGRSS | Yes | |
| 9SE 9TH FL 29 SENAPATI BAPAT MA MUMBAI, MAHARASHTRA 400028 IN | RESEARCH | IN | | | HGRSS | Yes | |

| Form 990, Schedule R, Part II - Identification of Related (a) | Tax-Exempt Organizat (b) | tions (c) | (d) | (e) | (f) | (| a) |
|---------------------------------------------------------------|-------------------------------|--------------------------|---------------------|-----------------------------------------|---------------------------|---------|---------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state | Exempt Code section | Public charity status | Direct controlling entity | Section | n 512 (13) |
| | | or foreign country) | | (if section 501(c) (3)) | J, | contr | olled |
| | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | Yes | No |
| | RESEARCH | SF | | | HGRSS | Yes | |
| 22 BREE ST CAPE TOWN 8000 | | | | | | | |
| SF | RESEARCH | UK | | | HGRSS | Yes | |
| VERNON HOUSE 22 SICILIAN AVE | | | | | | | |
| LONDON WC1A-2QS UK | | | | | | | |
| | PUBLISHING | MA | 501(C)(3) | 12 TYPE III | HPF | Yes | |
| 7 WARE ST CAMBRIDGE, MA 02138 | | | | | | | |
| 04-6112308 | INVESTMENT MA | MA | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| 600 ATLANTIC AVENUE | | | | | | | |
| BOSTON, MA 02210 23-7361259 | | | | | | | |
| | INVESTMENT MA | MA | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| 600 ATLANTIC AVENUE BOSTON, MA 02210 | | | | | | | |
| 04-3070522 | MEDICAL EDUCA | MA | 501(C)(3) | 12, TYPE I | NA | Yes | |
| 25 SHATTUCK ST | | | | | | | |
| BOSTON, MA 02115 04-2213292 | | | | | | | |
| | RESEARCH SUPP | MA | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| 25 SHATTUCK ST BOSTON, MA 02115 | | | | | | | |
| 31-1745145 | INVESTMENT MA | MA | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| 600 ATLANTIC AVENUE | | | | 12,2 | | | |
| BOSTON, MA 02210 04-3070519 | | | | | | | |
| | INVESTMENT MA | MA | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| 600 ATLANTIC AVENUE BOSTON, MA 02210 | | | | | | | |
| 22-3138409 | TITLE HOLDING | MA | 501(C)(25) | | HPF | Yes | |
| 1033 MASS AVE 3RD FL | 1 | | | | | | |
| CAMBRIDGE, MA 02138 04-3373410 | | | | | | | |
| | REAL ESTATE B | MA | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| 1033 MASS AVE 3RD FL CAMBRIDGE, MA 02138 | | | | | | | |
| 04-2649303 | EDUCATION | MA | 501(C)(3) | 12, TYPE I | NA | Yes | |
| VANSERG HALL 25 FRANCIS AVE | | | | | | | |
| CAMBRIDGE, MA 02138 04-2062394 | | | | | | | |
| | RESEARCH | MA | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| 1350 MASS AVE CAMBRIDGE, MA 02138 | | | | | | | |
| 22-3032677 | ENERGY SERVIC | MA | 501(C)(3) | 12, TYPE I | NA | Yes | |
| 160 LONGWOOD AVE | | | | | | | |
| BOSTON, MA 02115 04-3476764 | | | | | | | |
| 100 BIGELOW CT | RESEARCH | MA | 501(C)(3) | 12, TYPE I | NA | Yes | |
| 100 BIGELOW ST HOLYOKE, MA 01040 27-3014805 | | | | | | | |
| 27 3017003 | RESEARCH | MA | 501(C)(3) | 12, TYPE I | NA | Yes | |
| 100 BIGELOW ST HOLYOKE, MA 01040 | | | | | | | |
| 45-2257442 | INVESTMENT MA | | E01/C)/3) | 12 TVPF 1 | HPF | V- | |
| 600 ATLANTIC AVENUE | TINAED I MEIN I MW | MA | 501(C)(3) | 12, TYPE I | III E | Yes | |
| BOSTON, MA 02210 04-2997367 | | | | | | | |
| | EDUCATION AND | MA | 501(C)(3) | 2 | NA | | No |
| 1033 MASS AVE 3RD FL CAMBRIDGE, MA 02138 | | | | | | | |
| 04-2103580 | ATHI ETICS | <u> </u> | E01(C)(3) | 12 TVPF 1 | HPF | V- | |
| MURR CTR 65 NORTH HARVARD ST | ATHLETICS | со | 501(C)(3) | 12, TYPE I | | Yes | |
| BOSTON, MA 02163 51-0189788 | | | | | | | |
| | INVESTMENT MA | MA | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| 600 ATLANTIC AVENUE | | | | | | | |
| BOSTON, MA 02210 04-3263656 | | | | | | | ĺ |

(c) (d) (e) (f) (g) (a) (b) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Direct controlling Section 512 (state (b)(13)section status entity (if section 501(c) controlled or foreign country)

MA

DC

501(C)(3)

501(C)(3)

12. TYPE I

12, TYPE II

INA

HPF

Yes

Yes

| | | | | (3)) | | entit | :y? |
|-------------------|---------------|----|-----------|------------|-----|-------|-----|
| | | | | | | Yes | No |
| | STUDENT SUPPO | MA | 501(C)(3) | 12, TYPE I | HPF | Yes | |
| SOLDIERS FIELD RD | | | | | | | |

MEDICAL EDUCA

EDUCATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

BOSTON, MA 02163 57-1152691

330 BROOKLINE AVE BOSTON, MA 02215 04-3326928

1033 MASS AVE 3RD FL CAMBRIDGE, MA 02138

53-0199180

| Form 990, Schedule R, Part | III - Identification (| of Relate | ed Organizati | ons Taxable a | s a Partners | hip | | | | | | |
|----------------------------------------------------------------------------------|------------------------|-------------------------------------------------|---------------------------------|-------------------------------------------------------------------------|--------------|---------------------------------|----------------|---------------|---------------------------------------------------------------|--------------|-------|-------------------------|
| (a) | (b) | (c) Legal | (d) | (e) Predominant | (f) | | (h Dispropi | i) tionate | (i) | (j Gen | eral | (k) |
| Name, address, and EIN of related organization | Primary activity | Domicile (State or Foreign Country) | Direct Controlling Entity | income(related, unrelated, excluded from tax under sections | | Share of end- of-year assets | allocat | | Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | Mana Part | aging | Percentage ownership |
| | | | | 512-514) | | | Yes | No | | Yes | No | |
| | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| C/O CROWN ACQUISITIONS INC 667 MA NEW YORK, NY 10065 47-4542524 | | | | | | | | | | | | |
| 170 BROADWAY LLC | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| C/O CROWN ACQUISITIONS INC 667 MA NEW YORK, NY 10065 46-4145333 | | | | | | | | | | | | |
| 4 BLACKFAN SECONDARY CONDOMINIUM ASSOCIA | REAL ESTATE | MA | NA | N/A | | | | | | | | |
| 180 A LONGWOOD AVENUE BOSTON, MA 02115 00-1330897 | | | | | | | | | | | | |
| | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| C/O CROWN ACQUISITIONS INC 667 MA NEW YORK, NY 10065 30-0829016 | | | | | | | | | | | | |
| 522 FULTON REALTY LLC | INVESTMENTS | DE | NA | N/A | | | | | | | | _ |
| C/O CROWN ACQUISITIONS INC 667 MA NEW YORK, NY 10065 13-4215034 | | | | | | | | | | | | |
| | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| C/O CROWN ACQUISITIONS INC 667 MA NEW YORK, NY 10065 46-5244987 | | | | | | | | | | | | |
| ADAGE CAPITAL PARTNERS GP | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| LLC 200 CLARENDON ST 52ND FLOOR BOSTON, MA 02116 04-3574588 | | | | | | | | | | | | |
| | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| C/O AMERRA CAPITAL MANAGEMENT 1140 NEW YORK, NY 10036 27-3310646 | | | | | | | | | | | | |
| APOLLO THUNDER PARTNERS LP ONE MANHATTANVILLE ROAD SUITE 201 PURCHASE, NY 10577 | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 36-4827348 AR HOLDINGS II LLC | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 11990 SAN VINCENTE BLVD STE 200 LOS ANGELES, CA 90049 36-4868496 | | | | | | | | | | | | |
| | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 4343 VON KARMAN AVE SUITE 200 NEWPORT BEACH, CA 92660 | | | | | | | | | | | | |
| 46-2548899 ATLANTIC CT HOLDINGS III LLC | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 4343 VON KARMAN AVE SUITE 200 NEWPORT BEACH, CA 92660 | | | | | | | | | | | | |
| 47-5397308 ATLANTIC CT HOLDINGS LLC | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 4343 VON KARMAN AVE SUITE 200 | | | | | | | | | | | | |
| NEWPORT BEACH, CA 92660 46-2501216 | | | | | | | | | | | | |
| - | INVESTMENTS | DE | NA | N/A | | | | | | | | - |
| 4380 LAJOLLA VILLAGE DRIVE SUITE 2 SAN DIEGO, CA 92122 47-2638594 | | | | | | | | | | | | |
| ATLANTIC REGENT HOLDINGS LLC | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 11990 SAN VICENTE BOULEVARD SUITE LOS ANGELES, CA 90049 47-2097418 | | | | | | | | | | | | |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) General (c) Legal Domicile (h) (e) (g) Share of end-(d) Disproprtionate Predominant (i) Direct Share of total or Name, address, and EIN of related organization allocations? Percentage Primary activity Code V-UBI amount in income(related. Managing Controlling (State ıncome of-year assets unrelated, Box 20 of Schedule K-1 ownership Partner? or Entity excluded from (Form 1065) Foreign tax under Country sections 512-514) Yes No Yes No ATLANTIC SCIOTO HOLDINGS INVESTMENTS DE NΑ N/A 230 PARK AVENUE 12TH FLOOR NEW YORK, NY 10169 47-1979711 ATLANTIC TORONTO LP INVESTMENTS DE N/A NΑ 600 ATLANTIC AVENUE BOSTON, MA 02210 35-2384789 ATLANTIC US REAL ESTATE LLC INVESTMENTS DE NA N/A C/O BAIN CAPITAL RE LP 200 CLAREND BOSTON, MA 02116 82-4033944 BAINBRIDGE CC URBANA INVESTMENTS N/A DE NA APARTMENTS LLC 12765 WEST FOREST HILL BLVD WELLINGTON, FL 33414 80-0910794 BAYNORTH REALTY FUND IV INVESTMENTS MA NΑ N/A LIMITED PARTNER 200 CLARENDON STREET 54TH FLOOR BOSTON, MA 02116 04-3423446 BCC CAMBRIDGE FINANCING INVESTMENTS N/A DE lνa SOLUTION (REVOLV MAPLES FIDUCIARY SERVICES DELAWARE WILMINGTON, DE 19807 82-3380137 BCC CAMBRIDGE FINANCING INVESTMENTS DΕ NΑ N/A SOLUTION (TL) L MAPLES FIDUCIARY SERVICES WILMINGTON, DE 19807 82-3376244 BH INVESTMENTS FUND LLC INVESTMENTS DE NA N/A 655 THIRD AVENUE - 11TH NEW YORK, NY 10017 04-3070522 BLACKSTONE EDISON MANAGED INVESTMENTS DE NΑ N/A PARTNERSTE L C/O THE BLACKSTONE GROUP 345 PARK NEW YORK, NY 10154 81-1172959 INVESTMENTS N/A BLC FIC FIDC-NP BR lΝΑ BLC II MASTER FUND LP INVESTMENTS CJ NΑ N/A PO BOX 309 UGLAND HOUSE GRAND CAYMAN, GRAND CAYMAN KY1-1104 98-1386749 BLC MASTER FUND LP INVESTMENTS CJ NA N/A PO BOX 309 UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN KY1-1104 CJ 98-1251228 BLUE ATLANTIC ACQUISITION INVESTMENTS DE NA N/A GROUP II LLC 353 NORTH CLARK STREET SUITE 730 CHICAGO, IL 60654 90-0909419 BLUE ATLANTIC ACQUISITION INVESTMENTS DE NA N/A **GROUP LLC** 353 NORTH CLARK STREET SUITE CHICAGO, IL 60654 27-4668306 CA ATLANTIC URBAN LV LLC INVESTMENTS DE NA N/A C/O CROWN ACQUISITIONS INC NEW YORK, NY 10065 81-5215845

| Form 990, Schedule R, Part | III - Identification | | ed Organizati | ons Taxable a | s a Partners | hip | ı | | I | | | |
|---------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------|-----------------------|--------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|---------------------------|--------------------|----------------------------------------------------------------------|---------------------|------|---------------------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | 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 Dispropi allocat | rtionate tions? | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | Gen Mana Part | ner? | (k) Percentage ownership |
| CA USQUARE LLC | INVESTMENTS | DE | NA | N/A | | | Yes | No | | Yes | No | |
| C/O CROWN ACQUISITIONS INC 667 MA NEW YORK, NY 10065 47-3889463 | | | | | | | | | | | | |
| CCC INVESTORS HOLDINGS II LP | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| C/O CRRF GP II LLC GENERAL PARTNER NEWTON LOWER FALLS, MA 02462 47-2033623 | | | | | | | | | | | | |
| CERBERUS MA PARTNERS LP | INVESTMENTS | CJ | NA | N/A | | | | | | | | |
| C/O CERBERUS CAPITAL MANAGEMENT L GEORGE TOWN, GRAND CAYMAN KYI-9005 CJ | | | | | | | | | | | | |
| 36-4762301 CH NBS II LIMITED | INVESTMENTS | JЕ | NA | N/A | | | | | | | | |
| C/O CRESTBRIDGE CORP SERVICES LTD ST HELIER, CHANNEL ISLANDS JE1 0BD JE | INVESTMENTS | JE | | | | | | | | | | |
| 81-4342773 | INVESTMENTS | JE | NA | N/A | | | | | | _ | | |
| C/O CRESTBRIDGE CORP SERVICES LTD ST HELIER, CHANNEL ISLANDS JE1 0BD JE 98-1207239 | INVESTMENTS | 75 | NA | N/A | | | | | | | | |
| | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| C/O CROWN ACQUISITIONS INC 667 MA NEW YORK, NY 10065 46-2568911 | | | | | | | | | | | | |
| CHEROKEE INVESTMENT PARTNERS III PARALLE | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 111 EAST HARGETT STREET SUITE 300 RALEIGH, NC 27601 71-0890767 | | | | | | | | | | | | |
| CORAL SENIOR HOUSING II LLC | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 1275 PENNSYLVANIA AVENUE NORTH WEST WASHINGTON, DC 20004 32-0410036 | | | | | | | | | | | | |
| CORAL SENIOR HOUSING III LLC | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 1275 PENNSYLVANIA AVENUE NORTH WEST WASHINGTON, DC 20004 38-3931197 | | | | | | | | | | | | |
| CORAL SENIOR HOUSING IV LLC | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 1275 PENNSYLVANIA AVENUE NORTH WEST WASHINGTON, DC 20004 81-4574488 | | | | | | | | | | | | |
| | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 1275 PENNSYLVANIA AVENUE NORTH WEST WASHINGTON, DC 20004 27-3934030 | | | | | | | | | | | | |
| | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 1275 PENNSYLVANIA AVE NW 2ND FLOO WASHINGTON, DC 20004 82-2658473 | | | | | | | | | | | | |
| CORAL-FSP INVESTMENT FUND II LLC | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 178 SOUTH MAIN STREET SUITE 375 ALPARETTA, GA 30009 90-1033350 | | | | | | | | | | | | |
| CROSSPOINT TECHNOLOGY | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| HOLDINGS LLC 300 THIRD AVENUE SUITE 2 WALTHAM, MA 02451 04-3520886 | | | | | | | | | | | | |
| | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| C/O CROWN ACQUISITIONS INC 667 MA NEW YORK, NY 10065 47-3233984 | | | | | | | | | | | | |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) General Legal (d) Predominant Disproprtionate (b) or Direct Share of end-Share of total Domicile Name, address, and EIN of Primary activity income(related, allocations? Code V-UBI amount in Percentage Controlling Managing of-vear assets (State income ownership related organization unrelated, Box 20 of Schedule K-1 Partner? or Entity (Form 1065) excluded from Foreign tax under Country) sections 512-514) Yes No Yes No CROWN ATLANTIC INTL OLIVE INVESTMENTS DE NΑ N/A C/O CROWN ACQUISITIONS INC 667 MA NEW YORK, NY 10065 47-1830643 CROWN ATLANTIC RETAIL II LLC INVESTMENTS DE N/A NA C/O CROWN ACQUISITIONS INC NEW YORK, NY 10065 36-4806500 CROWN ATLANTIC RETAIL LLC INVESTMENTS DE NΑ N/A C/O CROWN ACQUISITIONS INC NEW YORK, NY 10065 46-1605646 CROWN ICS 5TH ACQUISITIONS INVESTMENTS DE NA N/A C/O CROWN ACQUISITIONS INC NEW YORK, NY 10065 47-1827246 CROWN SRP LLC INVESTMENTS DE NΑ N/A C/O CROWN ACQUISITIONS INC NEW YORK, NY 10065 47-2106149 CVI CHVF LP INVESTMENTS DE NA N/A 9320 EXCELSIOR BLVD MS144-HOPKINS, MN 55343 80-0941373 DS CO-INVESTORS LLC INVESTMENTS DE INA N/A 7121 FAIRWAY DRIVE SUITE 410 PALM BEACH GARDENS, FL 33418 55-0911808 EAE ATLANTIC LLC INVESTMENTS DE NA N/A C/O AE REAL ESTATE HOLDINGS LLC 1 NEW YORK, NY 10024 36-4743445 EDGE PRINCIPAL INVESTMENTS INVESTMENTS DE NA N/A III PV LP 1700 BROADWAY 37TH FLOOR NEW YORK, NY 10019 47-5253229 EVOLUTION CREDIT PARTNERS I INVESTMENTS DE NA N/A 125 HIGH STREET HIGH STREET **TOWER** BOSTON, MA 02210 GBE INVESTMENTS LP INVESTMENTS CJ NA N/A MAPLES CORPORATE SERVICES GEORGE TOWN, GRAND CAYMAN KY1-1104 CJ GERRITY ATLANTIC RETAIL INVESTMENTS DE NA N/A PARTNERS LLC 973 LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075 27-4257497 INVESTMENTS GREENFIELD BLR FINANCE N/A DΕ NA PARTNERS LP C/O GREENFIELD PARTNERS LLC WESTPORT, CT 06880 27-4267038 GREENFIELD BLR PARTNERS LP INVESTMENTS NA N/A DE 2 POST ROAD WEST WESTPORT, CT 06880 20-1221910 GUEPARDO MASTER FUND LLC INVESTMENTS DΕ NA N/A 98-0536488

| Form 990, Schedule R, Part | III - Identification (| | ed Organizati | ons Taxable a | s a Partners | hip | ı | | I | 1 4 | -, | |
|--------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------|-----------------------|-----------------------------------------------------------------------------|--------------|----------------------------------------|---------------------------|----------|----------------------------------------------------------------------|-----|----------------------|---------------------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections | | (g) Share of end- of-year assets | (h Dispropi allocat | rtionate | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | 0 | ieral ir aging | (k) Percentage ownership |
| HAMPDEN INSURANCE PARTNERS | INVESTMENTS | CJ | NA | 512-514) N/A | | | Yes | No | | Yes | No | |
| I LP C/O MOURANT OZANNES CORPORATE SERVI CAMANA BAY, GRAND CAYMAN KY1-1108 CJ | | | | | | | | | | | | |
| | INVESTMENTS | MA | NA | N/A | | | | | | | | |
| HMC INC 600 ATLANTIC AVE BOSTON, MA 02210 04-3344621 | | | | | | | | | | | | |
| HARVARD INVESTMENT ASSOCIATES | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 600 ATLANTIC AVENUE BOSTON, MA 02210 04-3507407 | | | | | | | | | | | | |
| HB INSTITUTIONAL LIMITED PARTNERSHIP | INVESTMENTS | MA | NA | N/A | | | | | | | | |
| 10 ST JAMES AVE STE 1700 BOSTON, MA 02116 04-3425685 | | | | | | | | | | | | |
| 1345 AVENUE OF THE AMERICAS 42ND F NEW YORK, NY 10105 | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 47-2205984 | INVESTMENTS | CJ | NA | N/A | | | | | | | | |
| MAPLES CORPORATE SERVICES LTD PO B GEORGE TOWN, GRAND CAYMAN KY1-1104 CJ | | | | | | | | | | | | |
| 98-1196430 ILS PROPERTY & CASUALTY FUND | INIVESTMENTS | | NA | N/A | | | | | | | | |
| II LP | INVESTMENTS | | INA | IN/A | | | | | | | | |
| C/O CREDIT SUISSE ASSET MGMT LLC NEW YORK, NY 100103629 | | | | | | | | | | | | |
| INDY BLUE EQUITY LLC | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| C/O US REALTY ADVISORS LLC 1370 NEW YORK, NY 10019 45-3668839 | | | | | | | | | | | | |
| INTERNET ECONOMY HOLDINGS | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| LLC PO BOX 171305 SALT LAKE CITY, UT 84117 82-1208714 | | | | | | | | | | | | |
| | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 201 MAIN STREET SUITE 2300 FORT WORTH, TX 76102 45-4748900 | | | | | | | | | | | | |
| | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 300 N MAIN STREET SUITE 402 GREENVILLE, SC 29601 47-1180960 | | | | | | | | | | | | |
| | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 3500 S DUPONT HIGHWAY DOVER, DE 19901 46-2781217 | | | | | | | | | | | | |
| L-A SATURN ACQUISITION LP | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 2929 ARCH STREET SUITE 1650 THE C PHILADELPHIA, PA 19104 30-0825127 | | | | | | | | | | | | |
| | INVESTMENTS | С | NA | N/A | | | | | | | | |
| 101 MARKET ST 769 CAMANA BAY GEORGE TOWN, GRAND CAYMAN KY1-9006 CJ | | | | | | | | | | | | |
| 26-0346359 LIQUID REALTY PARTNERS IV INVESTMENTS AI | INVESTMENTS | DE | NA | N/A | | | | | | | | |
| 199 E LINDA MESA AVE 10 DANVILLE, CA 94526 | | | | | | | | | | | | |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) General (h) Lègal Domicile (g) Share of end-(d) (a) Name, address, and EIN of Disproprtionate (k) (b) Predominant Direct Share of total or allocations? Code V-UBI amount in Percentage Primary activity income(related. Managing (State Controlling ıncome of-year assets related organization unrelated, Box 20 of Schedule K-1 ownership Partner? or Entity excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No LIQUID REALTY PARTNERS IV INVESTMENTS DE NA N/A INVESTMENTS II 199 E LINDA MESA AVE 10 DANVILLE, CA 94526 LIQUID REALTY PARTNERS IV TAX INVESTMENTS CJ NA N/A 101 MARKET ST 769 CAMANA BAY GEORGE TOWN, GRAND CAYMAN KY1-9006 26-0489545 LMA RESEARCH COMPLEX REAL ESTATE N/A MA NA PRIMARY CONDOMINIUM 181 A LONGWOOD AVE BOSTON, MA 02116 00-1330896 LONGFELLOW ATLANTIC INVESTMENTS DE NA N/A HOLDINGS LLC 260 FRANKLIN STREET SUITE 1920 BOSTON, MA 02210 80-0965922 LUBERT-ADLER CAPITAL REAL INVESTMENTS DE NA N/A ESTATE FUND II 2929 ARCH STREET SUITE 1650 PHILADELPHIA, PA 19104 52-2279515 LUBERT-ADLER REAL ESTATE INVESTMENTS DE NA N/A FUND VII LP 2929 ARCH STREET SUITE 1650 THE C PHILADELPHIA, PA 19104 80-0955742 LUBERT-ADLERLARAMAR URBAN INVESTMENTS DE NA N/A NEIGHBORHOOD 171 17TH STREET SUITE 1575 ATLANTA, GA 30363 61-1804548 MCRB LLC INVESTMENTS DE NA N/A 1503 LBJ FREEWAY SUITE 300 DALLAS, TX 75234 46-1235435 INVESTMENTS MΑ INA N/A MCRS LLC 1503 LBJ FREEWAY SUITE 300 DALLAS, TX 75234 27-3637201 MDH ATLANTIC HOLDINGS II LLC INVESTMENTS DE NA N/A 3715 NORTHSIDE PARKWAY NW BUILDING ATLANTA, GA 30327 82-1549241 MDH ATLANTIC HOLDINGS LLC INVESTMENTS DE NA N/A 3715 NORTHSIDE PARKWAY NW BUILDING ATLANTA, GA 30327 46-5214306 MOUNTAIN CAPITAL PARTNERS INVESTMENTS DE NA N/A NPI LP **811 LOUISIANA STREET SUITE** 2550 HOUSTON, TX 77002 81-0788984 NAVITAS CAPITAL II LP INVESTMENTS NA N/A DE 9460 WILSHIRE BLVD SUITE 850 BEVERLY HILLS, CA 90212 30-0934660 NIMBUS WEATHER MASTER FUND INVESTMENTS INA ln/a LTD C/O CONYERS CORPORATE SERVICES BER HAMILTON HM11 BD 98-1059620 OAK 1425 HARRISON STREET INVESTMENTS DE NA N/A PROPERTY LLC 220 MONTGOMERY STREET 20TH FLOOR SAN FRANCISCO, CA 94104 81-4003488

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership **(j)** General (c) (e) (d) Direct Legal Predominant Disproprtionate (b) Share of total Share of endor Domicile allocations? Percentage Name, address, and EIN of Primary activity income(related, Code V-UBI amount in Managing (State Controlling ıncome of-year assets ownership related organization unrelated. Box 20 of Schedule K-1 Entity Partner? (Form 1065) excluded from Foreign tax under Country) sections 512-514) Yes No Yes No OAK-MOSSER II LLC INVESTMENTS DE NΑ N/A 220 MONTGOMERY ST 20TH **FLOOR** SAN FRANCISCO, CA 94104 82-1988562 OAK-MOSSER LLC INVESTMENTS DE NA N/A 220 MONTGOMERY STREET 20TH **FLOOR** SAN FRANCISCO, CA 94104 81-3349445 INVESTMENTS PAG ASIA ALPHA LP CJ NΑ N/A PO BOX 472 2ND FLOOR HARBOR GEORGE TOWN KY1-1106 98-1269265 PREMIER A-1 ST LOUIS INVESTMENTS DE NA N/A HOLDINGS LLC 3519 FEE FEE RD 221 BRIDGETON, MO 63044 81-4162579 PREMIER A-2 DMV HOLDINGS INVESTMENTS DE NΑ N/A 1802 CEDAR STREET LEWES, DE 19958 81-5118269 PSI ATLANTIC HOLDINGS II LLC INVESTMENTS DE NA N/A 530 OAK COURT DRIVE SUITE MEMPHIS, TN 38117 81-0786898 PSI ATLANTIC HOLDINGS III LLC INVESTMENTS DE NA N/A 530 OAK COURT DRIVE SUITE MEMPHIS, TN 38117 81-0780333 PSI ATLANTIC HOLDINGS IV-A INVESTMENTS DE NA N/A LLC 530 OAK COURT DRIVE STE 185 MEMPHIS, TN 38117 82-1992560 PSI ATLANTIC HOLDINGS LLC INVESTMENTS DE NΑ N/A 530 OAK COURT DRIVE SUITE 185 MEMPHIS, TN 38117 46-4391864 QUEENS VENTURES LLC INVESTMENTS DE NA N/A C/O AE REAL ESTATE HOLDINGS NEW YORK, NY 10024 80-0963664 RUBY ATLANTIC AJCP HOLDINGS INVESTMENTS DE NΑ N/A 133 NORTH JEFFERSON STREET 4TH FLO CHICAGO, IL 60661 46-4623957 SF MEZZ LLC INVESTMENTS DE NA N/A C/O BAIN CAPITAL RE LP 200 CLAREND BOSTON, MA 02116 81-1908770 SOIL INNOVATIONS LLC INVESTMENTS DE NA N/A AV DR CARDOSO DE MELO 1340-SAO PAULO BR 90-0538481 TDC ATLANTIC HOLDINGS LLC INVESTMENTS DE NA N/A 5130 SOUTH ALSTON AVENUE SUITE 210 DURHAM, NC 27713 47-5340743 TETRIS PROPERTY LP INVESTMENTS DE NA N/A C/O US REALTY ADVISORS LLC 1370 NEW YORK, NY 10019 46-1625319

(c) (h) (e) Legal (d) (f) (g) Disproprtionate (b) Predominant (a) Domicile Direct Share of total Share of endallocations? Code V-UBI amount in Name, address, and EIN of Primary activity income(related, of-year assets (State Controlling income unrelated, Box 20 of Schedule K-1 Entity or

excluded from

tax under

sections 512-514)

N/A

N/A

N/A

N/A

N/A

N/A

N/A

(j)

General

or

Managing

Partner?

Yes No

(Form 1065)

Yes

No

(k)

Percentage

ownership

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Foreign

Country)

CJ

JΕ

CJ

DE

DE

DE

JΕ

INA

NA

INA

INA

NA

INA

lΝΑ

| related organization | |
|-----------------------|-------------|
| THE BREITHORN FUND LP | INVESTMENTS |

INVESTMENTS

INVESTMENTS

INVESTMENTS

INVESTMENTS

INVESTMENTS

INVESTMENTS

GROUND FLOOR WINDWARD 1

GRAND CAYMAN KY1-1201

THE TRITON FUND II NO 2 LP

ST HELIER, GRAND CAYMAN

C/O MAPLES CORPORATE

USRA ATLANTIC CAPITAL

NEW YORK, NY 10019 45-2686195

NEW YORK, NY 10018 80-0858078 WBH KIRBY HILL CO-

INVESTMENT LLC

GRAND CAYMAN KY1-1104

C/O US REALTY ADVISORS LLC

WASHINGTON HEIGHTS I LLC

C/O AE REAL ESTATE HOLDINGS

7121 FAIRWAY DRIVE SUITE 410 PALM BEACH GARDENS, FL

XILOS DAKOTA SEPARATE

LIMITED PARTNERSHI 11-15 SEATON PLACE ST HELIER JE4 0QH

SERVICES LTD

PARTNERS LLC

1370

LLC 1

33418 14-1933484

98-1293611

CHARTER PLACE 1ST FLOOR 23-

TPRV CAPITAL MASTER FUND LP

REGATTA O

98-0549446

27 SEA

JE2 3QL JE 98-0634601

CJ

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (h) (i) (b) (c) (d) (e) (f) (g) Direct controlling Name, address, and EIN of Primary activity Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity income year ownership (b)(13) (state or foreign or trust) assets controlled country) entity? Yes No 365 CHURCH STREET LIMITED PARTNERSHIP INVESTMENTS CA NΑ C Corporation Yes 4711 YONGE STREET SUITE 1400 TORONTO, ONTARIO M2N 7E4 ADELAIDE-PETER DEVELOPMENTS INVESTMENTS CA NΑ C Corporation Yes 4711 YONGE STREET SUITE 1400 TORONTO, ONTARIO M2N 7E4 98-0684328 AGRICOLA BRINZAL LIMITADA **INVESTMENTS** CI NΑ C Corporation Yes AVENIDA SANTA MARIA 6350 PISO 3 VITACURA, SANTIAGO CI NΑ AGRICOLA DURAMEN LIMITADA **INVESTMENTS** CI C Corporation Yes AVENIDA SANTA MARIA 6350 PISO 3 VITACURA, SANTIAGO CI AGRICOLA E INVERSIONES PAMPA ALEGRE INVESTMENTS CI NΑ C Corporation Yes SA AVENIDA SANTA MARIA 6350 PISO 3 VITACURA, SANTIAGO CI AGRICOLA EL CARDONAL LIMITADA INVESTMENTS CI NΑ C Corporation Yes LO FONTECILLA NO 2014 SUITE 834 LAS CONDES, SANTIAGO CI 98-1204153 CI AGRICOLA FUNDO BUCALEMU LIMITADA INVESTMENTS NΑ C Corporation Yes DEL INCA 4446 OFFICE 1007 LAS CONDES, SANTIAGO 98-0639220 CI AGRICOLA LOS RIOS SPA CI NΑ INVESTMENTS C Corporation Yes AVENIDA SANTA MARIA 6350 OFICINA 3 VITACURA, SANTIAGO CI 98-1209592 AGRICOLA RAPEL LIMITADA CI **INVESTMENTS** NΑ C Corporation Yes AVE ISIDORA GOYENECHEA NO 2939 1 LAS CONDES, SANTIAGO CI 98-0639218 AGRICOLA RETIRO LIMITADA INVESTMENTS CI NΑ C Corporation Yes DEL INCA 4446 OFFICE 1007 LAS CONDES, SANTIAGO CI AGRICOLA RIBERA LIMITADA **INVESTMENTS** CI NΑ Yes C Corporation DEL INCA 4446 OFFICE 1007 LAS CONDES, SANTIAGO CI AGROFLORESTAL VERDE SUL SA INVESTMENTS BR NΑ C Corporation Yes RODOVIA RS-473 KM 22 RINCAO SO SA DISTRICT MATARAZZO PEDRO OSORIO, RIO GRANDE DO SUL BR AQUILA INC INVESTMENTS CJ NΑ C Corporation Yes C/O WALKERS SPV LTD PO BOX 908GT GEORGE TOWN, GRAND CAYMAN 96360-000 CJ 98-0532782 AR II REIT INC INVESTMENTS DE NΑ C Corporation Yes 11990 SAN VINCENTE BLVD STE 200 LOS ANGELES, CA 90049 82-1624121 AR LEGACY REIT INC INVESTMENTS NΑ Yes DE C Corporation 11990 SAN VICENTE BOULEVARD SUITE LOS ANGELES, CA 90049 81-5332102

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (i) (b) (c) (d) (e) (f) (g) (h) Direct controlling Name, address, and EIN of Primary activity Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity (C corp, S corp, ıncome year ownership (b)(13)(state or foreign assets controlled or trust) country) entity? Yes No ARA INC INVESTMENTS CJ NΑ C Corporation Yes C/O WALKERS SPV LTD PO BOX 908GT GEORGE TOWN, GRAND CAYMAN 98-0543813 ASH R ONE LLC DE NΑ INVESTMENTS C Corporation Yes 230 PARK AVENUE 12TH FLOOR NEW YORK, NY 10169 30-0949766 VI NΑ ASIA ALPHA SECRETARIES LIMITED INVESTMENTS C Corporation Yes COMMENCE CHAMBERS PO BOX 2208 ROA **TORTOLA** ASIA LANDMARK SPECIAL FUND LTD CJ NΑ INVESTMENTS C Corporation Yes C/O OGIER FIDUCIARY SERVICES CAYMA CAMANA BAY, GRAND CAYMAN NΑ ATLANTIC AVENUE REALTY LTD INVESTMENTS CJ C Corporation Yes C/O MAPLES CALDER CORP SERVICES GEORGE TOWN, GRAND CAYMAN KY1-9007 CJ 98-0533323 ATLANTIC BRIDGE REIT INC NΑ INVESTMENTS DE C Corporation Yes 600 ATLANTIC AVENUE BOSTON, MA 02210 81-0810982 ATLANTIC CAYMAN LIMITED INVESTMENTS CJ NΑ C Corporation Yes C/O MAPLES AND CALDER PO BOX 309 GEORGE TOWN, GRAND CAYMAN CJ 98-1219940 ATLANTIC CT REIT II INC INVESTMENTS DE NΑ C Corporation Yes 4343 VON KARMAN AVE SUITE 200 NEWPORT BEACH, CA 92660 47-5565843 ATLANTIC DV HOLDINGS LTD INVESTMENTS CJ NΑ C Corporation Yes C/O MAPLES AND CALDER PO BOX 309 GRAND CAYMAN CJ 98-1196247 ATLANTIC EUROPE INVESTMENTS GP LIMITED INVESTMENTS UK NΑ C Corporation Yes C/O BURNESS LLP 50 LOTHIAN ROAD F EDINBURGH KY1-1104 UK ATLANTIC EUROPE INVESTMENTS LP INVESTMENTS UK NΑ C Corporation Yes C/O BURNESS LLP 50 LOTHIAN ROAD F EDINBURGH EH39WJ UK 98-0670648 ATLANTIC FM LTD INVESTMENTS CJ NΑ C Corporation Yes C/O MAPLES AND CALDER PO BOX 309 GRAND CAYMAN EH39WJ CJ 98-1249059 ATLANTIC NBS LIMITED **INVESTMENTS** JΕ NΑ C Corporation Yes C/O CRESTBRIDGE CORP SERVICES LTD CHANNEL ISLANDS KY1-1104 JΕ 98-1220176 ATLANTIC NREP II LTD INVESTMENTS CJ NΑ C Corporation Yes C/O MAPLES AND CALDER SERVICES LTD GEORGE TOWN, GRAND CAYMAN JE1 0BD CJ 98-1273705 ATLANTIC P3 PROGRAM REIT INC **INVESTMENTS** DE NΑ C Corporation Yes 4380 LAJOLLA VILLAGE DRIVE SUITE 2 SAN DIEGO, CA 92122 47-2704934

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BARRA DA TIJUCA, RIO DE JANEIRO

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Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (d) (f) (h) (i) (c) (e) (g) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity income year ownership (b)(13) (state or foreign or trust) assets controlled country) entity? Yes No GBE PROPRIEDADES E EMPREENDIMENTOS INVESTMENTS BR Ina Yes C Corporation MINAS AV DAS AMERICAS 700 BLOCO 5 SALA BARRA DA TIJUCA, RIO DE JANEIRO GBE PROPRIEDADES GUADALUPE LTDA INVESTMENTS BR lΝΑ C Corporation Yes AV DAS AMERICAS 700 BLOCO 5 SALA BARRA DA TIJUCA, RIO DE JANEIRO GBE PROPRIEDADES HOLDINGS BAHIA LTDA INVESTMENTS BR Ina C Corporation Yes AVENUE OF AMERICAS NO 700 OFFICE RIO DE JANEIRO GBE PROPRIEDADES HOLDINGS GUADALUPE INVESTMENTS BR NΑ C Corporation Yes LTDA AVENUE OF AMERICAS NO 700 OFFICE RIO DE JANEIRO CEP 22640-100 GBE PROPRIEDADES HOLDINGS MARANHAO INVESTMENTS BR lnα C Corporation Yes LTDA AVENUE OF AMERICAS NO 700 OFFICE RIO DE JANEIRO CEP 22640-100 GBE PROPRIEDADES HOLDINGS TOCANTINS BR NΑ INVESTMENTS C Corporation Yes LTDA AVENUE OF AMERICAS NO 700 OFFICE RIO DE JANEIRO CEP 22640-100 GBE PROPRIEDADES PARTICIPACOES PIAUI INVESTMENTS BR Ina Yes C Corporation LTD AVENUE OF AMERICAS NO 700 OFFICE RIO DE JANEIRO CEP 22640-100 GERRITY ATLANTIC RETAIL PARTNERS INC INVESTMENTS DE NA C Corporation Yes 973 LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075 27-4802513 GERRITY RETAIL FUND 2 INC INVESTMENTS DE NA C Corporation Yes 973 LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075 46-4417545 GRADUATE OXFORD LESSEE LLC DE INVESTMENTS NΑ C Corporation Yes 133 NORTH JEFFERSON STREET 4TH FLO CHICAGO, IL 60661 37-1749319 GRANARY INVESTMENTS INVESTMENTS MΡ NA Yes C Corporation C/O IFS LIMITED IFS COURT TWENTY CYBERCITY, EBENE MP 98-0607880 GRANARY NORMANDIEN (PROPRIETARY) INVESTMENTS SF NA C Corporation Yes C/O MAITLAND 32 FICKER ROAD ILLOVO **JOHANNESBURG** SF 98-0610461 **GREEN ROSELLA TRUST** INVESTMENTS AS NA C Corporation Yes LEVEL 25 20 BOND STREET SYDNEY 02210 AS 98-1126908 GREENGOLD AGRIROM SRL INVESTMENTS RO NA C Corporation Yes 24 CONSTANTIN NOICA STREET ROOM 2 SIBIU NSW 2000 RO 98-1091760 GREENGOLD EUROPEAN CAPITAL SA INVESTMENTS LU NA C Corporation Yes **5 RUE GUILLAUME KROLL** SENNINGERBERG

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Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (i) (b) (c) (d) (e) (f) (g) (h) Primary activity Name, address, and EIN of Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 year related organization domicile entity (C corp, S corp, ıncome ownership (b)(13)(state or foreign or trust) assets controlled country) entity? No Yes HARVARD UNIVERSITY PRESS OF NEW YORK PUBLISHING NA NY C Corporation Yes HU PRESS 79 GARDEN ST CAMBRIDGE, MA 02138 13-3784301 HARVARD UNIVERSITY PRESS LTD BOOK DISTRIBUTION UK NΑ C Corporation Yes VERNON HOUSE 23 SICILIAN AVE LONDON UK HB CAYMAN LIMITED **INVESTMENTS** CJ INA C Corporation Yes PO BOX 309 GT GRAND CAYMAN CJ HG GULF FZ LLC EDUCATION AND RES ΑE INA C Corporation Yes MAKTOUM ACADMED CTR 2 FL DUBAI BWI CJ ΑE HIP BERMUDA REINSURANCE I LIMITED INVESTMENTS BD INA C Corporation Yes 141 FRONT STREET 3RD FLOOR **HAMILTON** BD HMC ADAGE MANAGER INC DE INVESTMENTS NΑ C Corporation Yes 600 ATLANTIC AVENUE BOSTON, MA 02210 04-3567988 HMC BEEFEATER INC NA **INVESTMENTS** DE C Corporation Yes 1209 ORANGE STREET WILMINGTON, DE 19801 82-0888543 HMC JUWEEL INVESTORS LP CJ NA INVESTMENTS C Corporation Yes MAPLES CORPORATE SERVICES LTD PO B GEORGE TOWN, GRAND CAYMAN CJ HOUND PARTNERS LONG FUND LTD CJ INVESTMENTS NA C Corporation Yes ELIAN FIDUCIARY SERVICES CAYMAN L GRAND CAYMAN, GRAND CAYMAN KY1-1104 CJ **HUEQUI SPA** INVESTMENTS CI NA C Corporation Yes C/O ANINAT SCHWENCKE CIA AV LO SANTIAGO KY1-9007 CI HUNTER PATTON LTD INVESTMENTS CJ NA C Corporation Yes C/O MAPLES CORP SVCS PO BOX 30 GEORGE TOWN, GRAND CAYMAN CJ 98-1395917 ILS PROPERTY & CASUALTY FEEDER FUND II INVESTMENTS CJ lΝΑ C Corporation Yes C/O CREDIT SUISSE ASSET MGMT LLC NEW YORK, NY 100103629 INSOLO AGROINDUSTRIAL SA INVESTMENTS BR INA C Corporation Yes AV DR CARDOSO DE MELO 1340-11 ANDAR SAO PAULO BR INVERSIONES CATIVAL SA INVESTMENTS NU lna C Corporation Yes VILLA FINTANA DEL CLUB TERRAZA 2 C MANAGUA CJ 111 INVERSIONES HEFEI SAC INVESTMENTS PΕ lΝΑ C Corporation Yes AV PARDO Y ALIAGA 695 DPTO 11 URB SAN ISIDORO, LIMA PΕ 98-1111292

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (h) (i) (b) (c) (d) (e) (f) (g) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity (C corp, S corp, ıncome year ownership (b)(13)(state or foreign or trust) assets controlled country) entity? Yes No INVERSIONES LEFKADA SAC NΑ INVESTMENTS PΕ C Corporation Yes AV PARDO Y ALIAGA 695 DPTO 11 URB SAN ISIDORO, LIMA PΕ 98-1110859 INVERSIONES MOSQUETA SAC NΑ INVESTMENTS PΕ C Corporation Yes AV PARDO Y ALIAGA 695 DPTO 11 URB SAN ISIDORO, LIMA PΕ 98-1110734 INVERSIONES PIRONA SAC INVESTMENTS PΕ NΑ C Corporation Yes AV PARDO Y ALIAGA 695 DPTO 11 URB SAN ISIDORO, LIMA PΕ 98-1111636 INVERSIONES SANTA RITA SA INVESTMENTS NU NΑ C Corporation Yes VILLA FINTANA DEL CLUB TERRAZA 2 C MANAGUA NU INVERSIONES TRES CUMBRES LTDA INVESTMENTS CI NΑ C Corporation Yes ROGER DE FLOR 2736 DP 8 COMUNA LAS CONDES, SANTIAGO CI 98-0446986 IPE AGROINDUSTRIAL LTDA INVESTMENTS BR NΑ C Corporation Yes FAZENDA IPE S/N - ZONA RURAL-BAIXA GRANDE DO RIBEIRO, PIAUI BR JADE RETAIL INC INVESTMENTS CJ NΑ C Corporation Yes PO BOX 309 UGLAND HOUSE GRAND CAYMAN CJ 98-1401548 JUS BG I - FEEDER LP (FKA GAVEA JUS BG 1 INVESTMENTS CJ NΑ C Corporation Yes PO BOX 896 GEORGE TOWN, GRAND CAYMAN KY1-1104 CJ 98-1018586 LA JACARANDA SA **INVESTMENTS** NU NΑ C Corporation Yes VILLA FINTANA DEL CLUB TERRAZA 2 C MANAGUA KY1-1106 NU LA MORA SA INVESTMENTS NU NΑ C Corporation Yes VILLA FINTANA DEL CLUB TERRAZA 2 C MANAGUA NU LA ZARZA SA INVESTMENTS NU NΑ C Corporation Yes VILLA FINTANA DEL CLUB TERRAZA 2 C MANAGUA NU LAS ACACIAS SA INVESTMENTS NU NΑ C Corporation Yes VILLA FINTANA DEL CLUB TERRAZA 2 C MANAGUA NU LAS MISIONES SA INVESTMENTS AR NΑ C Corporation Yes SUIPACHA 1111 PISO 18 **BUENOS AIRES** LASALLE ASIA OPPORTUNITY CAYMAN I LTD INVESTMENTS CJ NΑ C Corporation Yes WALKER HOUSE 87 MARY STREET GEORGE TOWN, GRAND CAYMAN C1008AAW CJ 98-0447511 LIFETIME CENTRECOURT GRENVILLE LIMITED INVESTMENTS CA NΑ C Corporation Yes 22 ST CLAIR AVENUE EAST SUITE 101

TORONTO, ONTARIO

CA 98-0684331

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GRAND CAYMAN KY1-1104

C/O WALKERS SPV LIMITED WALKER HOU GEORGE TOWN, GRAND CAYMAN KY1-1104 **INVESTMENTS**

CJ

NΑ

C Corporation

Yes

CJ 98-0643164 NICATECA INC

CJ 98-0520487

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CI

CJ 98-1098256

98-0632838 SORA LTD

C/O MAPLES AND CALDER PO BOX 309 GRAND CAYMAN, GRAND CAYMAN **INVESTMENTS**

CJ

NΑ

C Corporation

Yes

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (d) (h) (i) (c) (e) (f) (g) Direct controlling Primary activity Share of total Percentage Name, address, and EIN of Legal Type of entity Share of end-of-Section 512 related organization domicile entity (C corp, S corp, income year ownership (b)(13)(state or foreign controlled or trust) assets country) entity? Yes No STELIS LTD INVESTMENTS CJ NΑ C Corporation Yes C/O MAPLES AND CALDER PO BOX 309 GRAND CAYMAN, GRAND CAYMAN KY1-1104 C198-1083800 SUSTAINABLE TEAK PARTCIPACOES LTDA **INVESTMENTS** NΑ BR C Corporation Yes AV CASTELO BRANCO 272 ROOM 3 SA CACERES, MATO GROSSO KY1-1104 98-0639215 TACORA SPA **INVESTMENTS** CI NΑ C Corporation Yes C/O ANINAT SCHWENCKE CIA AV LO SANTIAGO 78200-000 CI TAGUA SPA INVESTMENTS CI NΑ C Corporation Yes 2939 AVENIDA ISIDORA GOYENECHEA 11 LAS CONDES, SANTIAGO CI 98-1120143 TDCA REIT INC INVESTMENTS DE NΑ C Corporation Yes 5130 SOUTH ALSTON AVENUE SUITE 210 DURHAM, NC 27713 47-5575876 TDR SCOTLAND LP INVESTMENTS UK NΑ C Corporation Yes C/O TDR CAPITAL LLP 20 BENTINCK ST LONDON UK 98-0471766 INVESTMENTS NΑ TERENA SA UY C Corporation Yes MONES ROSES 6937 MONTEVIDEO W1U 2EU TERRACAL ALIMENTOS E BIOENERGIA -INVESTMENTS BR NΑ Yes C Corporation UNIDAD AV DAS AMERICAS 700 BL 5 SALAS BARRA DA TIJUCA, RIO DE JANEIRO 11000 TERRACAL ALIMENTOS E BIOENERGIA -**INVESTMENTS** BR NA C Corporation Yes UNIDAD FAZENDA SANTO ANONIO DA MANGA S/N MARANHAO BR TERRACAL ALIMENTOS E BIOENERGIA -INVESTMENTS BR NΑ C Corporation Yes UNIDAD FAZENDA FLEXAS S/N ZONA RURAL SAO ROMAO, MINAS GERAIS TERRACAL ALIMENTOS E BIOENERGIA -INVESTMENTS BR NΑ C Corporation Yes UNIDAD AV DAS AMERICAS 700 BL 5 SALAS BARRA DA TIJUCA, RIO DE JANEIRO CEP 39290-000 BR TERRACAL ALIMENTOS E BIOENERGIA -INVESTMENTS BR NΑ C Corporation Yes UNIDAD FAZENDA OITEIROS S/N ZONA RURAL, GUADALUPE TERRACAL ALIMENTOS E BIOENERGIA -INVESTMENTS BR NA C Corporation Yes UNIDAD FAZENDA OITEIROS S/N ZONA RURAL, GUADALUPE CEP 64840-000 BR TERRACAL ALIMENTOS E BIOENERGIA -INVESTMENTS BR NΑ C Corporation Yes UNIDAD FAZENDA OITEIROS S/N ZONA RURAL, GUADALUPE CEP 64840-000 TERRACAL ALIMENTOS E BIOENERGIA -INVESTMENTS BR NΑ C Corporation Yes RUA DO FORUM S/N SALA A CENTRO GUADALUPE CEP 64840-000

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Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (f) (h) (i) (a) (b) (c) (d) (e) (g) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity (C corp, S corp, ownership (b)(13)income vear or trust) controlled (state or foreign assets entity? country) Yes No lΝΑ USRA ATLANTIC NET LEASE CAPITAL CORP INVESTMENTS DE C Corporation Yes C/O US REALTY ADVISORS LLC 1370 NEW YORK, NY 10019 45-2732642 VISTA VERDE AGROINDUSTRIAL LTDA INVESTMENTS BR INA C Corporation Yes RODOVIA TRANSCERRADO KM 120 - ROOM PALIMETRA DO PTAUT, PTAUT Yes Yes 973 LOMAS SANTA FE DRIVE

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