

990
Form
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH INC % CHERYL O'TOOLE Doing business as		D Employer identification number 04-3293162
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite HMS C/O DEAN OF FACULTY OF MEDICINE		E Telephone number (617) 432-6257
	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02115		G Gross receipts \$ 3,192,916
	F Name and address of principal officer: LISA MAYER 180 LONGWOOD AVENUE BOSTON, MA 02115		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ www.armeniseharvard.org			

K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1995
M State of legal domicile: MA	

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
		3	5
		4	1
		5	0
		6	0
		7a	0
		7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,000	6,000
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,198,570	3,186,916
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,201,570	3,192,916
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,644,614	1,839,325
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0	0
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	834,853	1,012,140
19 Revenue less expenses. Subtract line 18 from line 12	5,479,467	2,851,465	
		-2,277,897	341,451
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	66,567,918	67,500,899
	22 Net assets or fund balances. Subtract line 21 from line 20	2,626,719	2,773,451
		63,941,199	64,727,448

Part II Signature Block

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

Sign Here	Signature of officer _____ LISA MAYER EXECUTIVE DIRECTOR Type or print name and title	2020-07-11 Date
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Paid Preparer Use Only	Print/Type preparer's name GWEN SPENCER	Preparer's signature GWEN SPENCER	Date 2020-07-08	Check <input type="checkbox"/> if self-employed	PTIN P00641463
	Firm's name ▶ PricewaterhouseCoopers LLP			Firm's EIN ▶	
	Firm's address ▶ 101 SEAPORT BLVD SUITE 500 BOSTON, MA 02210			Phone no. (617) 530-5000	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,317,091 including grants of \$ 1,839,325) (Revenue \$)
GRANTS FOR RESEARCH CONDUCTED BY PHYSICIANS, SCIENTISTS, AND OTHER PROFESSIONALS TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,317,091

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38, covering topics like grants, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part 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

Form with multiple sections (1a-11b) containing questions and input fields for tax compliance reporting.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b	

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed. MA. 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O). 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: CHERYL O'TOOLE 180 LONGWOOD AVENUE BOSTON, MA 02215 (617) 432-5633

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Giampiero Auletta Armenise CHAIRMAN	1.0 35.0	X						0	0	0
(2) Michael E Greenberg MD Trustee (AS OF 12/1/18)	1.0 35.0	X						0	479,714	35,121
(3) Lisa Mayer TRUSTEE/EXEC DIRECTOR GAHF	17.0 18.0	X		X				0	184,894	37,204
(4) Michael P White TRUSTEE/TREASURER/CLERK	1.0 35.0	X		X				0	351,810	39,799
(5) George Q Daley MD PRES/CEO/TRST	1.0 35.0	X		X				0	824,013	34,956
(6) Jeffrey S Flier MD FORMER PRES/CEO/TRUSTEE	0.0 35.0					X		0	393,810	63,961
(7) Barbara J McNeil MD FORMER INT PRS/CEO/TRUSTEE	0.0 35.0					X		0	408,907	37,068

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	0	2,643,148	248,109

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

	Yes	No
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*

	Yes	No
4	Yes	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

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

Table for Contributions, Gifts, Grants and Other Similar Amounts. Includes rows 1a-1e (Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants) and 1f (All other contributions). Total revenue is 6,000.

Table for Program Service Revenue. Includes rows 2a-f and a Business Code column. Total revenue is 0.

Table for Other Revenue. Includes rows 3-11d (Investment income, Royalties, Rental income, Net gain or loss from fundraising events, gaming activities, sales of inventory, Miscellaneous Revenue). Total revenue is 3,192,916.

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	400,000	400,000		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,439,325	1,439,325		
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	13,250		13,250	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	78,905	39,221	39,684	
12 Advertising and promotion	0			
13 Office expenses	10,756	5,418	5,338	
14 Information technology	392		392	
15 Royalties	0			
16 Occupancy	0			
17 Travel	81,136	60,658	20,478	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	68,776	68,776		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PERSONNEL CHARGEBACK	374,016	299,213	74,803	0
b PAYMENT TO HMS FOR SERVICES	320,206	0	320,206	0
c UNIVERSITY ASSESSMENT	59,636	0	59,636	0
d RELOCATION EXPENSES	4,480	4,480	0	0
e All other expenses	587		587	
25 Total functional expenses. Add lines 1 through 24e	2,851,465	2,317,091	534,374	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
1		0		0
Cash-non-interest-bearing		1		
2		323,032		329,960
Savings and temporary cash investments		2		
3		0		0
Pledges and grants receivable, net		3		
4		0		0
Accounts receivable, net		4		
5				
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
6				
Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
7		0		0
Notes and loans receivable, net		7		
8		0		0
Inventories for sale or use		8		
9		0		50
Prepaid expenses and deferred charges		9		
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			10a	
b Less: accumulated depreciation			10b	
10c		0	10c	0
11		66,244,886		66,689,684
Investments—publicly traded securities		11		
12		0		0
Investments—other securities. See Part IV, line 11		12		
13		0		0
Investments—program-related. See Part IV, line 11		13		
14		0		0
Intangible assets		14		
15		0		481,205
Other assets. See Part IV, line 11		15		
16				
Total assets. Add lines 1 through 15 (must equal line 34)		66,567,918	16	67,500,899
17 Accounts payable and accrued expenses		0	17	32,459
18 Grants payable		0	18	0
19 Deferred revenue		0	19	0
20 Tax-exempt bond liabilities		0	20	0
21 Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
23 Secured mortgages and notes payable to unrelated third parties		0	23	0
24 Unsecured notes and loans payable to unrelated third parties		0	24	0
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		2,626,719	25	2,740,992
26 Total liabilities. Add lines 17 through 25		2,626,719	26	2,773,451
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		63,941,199	27	64,727,448
28 Temporarily restricted net assets		0	28	0
29 Permanently restricted net assets		0	29	0
30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		63,941,199	33	64,727,448
34 Total liabilities and net assets/fund balances		66,567,918	34	67,500,899

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,192,916
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,851,465
3	Revenue less expenses. Subtract line 2 from line 1	3	341,451
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63,941,199
5	Net unrealized gains (losses) on investments	5	444,798
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A))	10	64,727,448

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</p>	3b		

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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

Employer identification number

04-3293162

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 1
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) HMS A DEPT OF PRESIDENT AND FELLOWS OF HARVARD COLLEGE	042103580	2	Yes		400,000	0
Total					400,000	0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2010	(b)2011	(c)2012	(d)2013	(e)2018	(f)Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2010	(b)2011	(c)2012	(d)2013	(e)2018	(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, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2013 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2013. 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—2018. 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—2013. 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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2010	(b)2011	(c)2012	(d)2013	(e)2018	(f)Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513. . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge. . .						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2010	(b)2011	(c)2012	(d)2013	(e)2018	(f)Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2	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).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		No
c	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.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		No
b	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 supervised by or in connection with its supported organizations.		
c	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 to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	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 amendment to the organizing document).		No
b	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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 .		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		No
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 II of Schedule L (Form 990).		No
9a	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," provide detail in Part VI .		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** 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?
- b** A family member of a person described in (a) above?
- c** 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.*

	Yes	No
11a		No
11b		No
11c		No

Section B. Type I Supporting Organizations

- 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.*
- 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 organization.*

	Yes	No
1	Yes	
2		No

Section C. Type II Supporting Organizations

- 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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).*
- 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.*

	Yes	No
1		
2		
3		

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 instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

- 2** Activities Test. **Answer (a) and (b) below.**

- 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.*
- 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.*

- 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.*
- 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.*

	Yes	No
2a		
2b		
3a		
3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2018:			
a From 2009. X			
b From 2010. X			
c From 2011. X			
d From 2012. X			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a From 2010. X			
b From 2011. X			
c From 2012. X			
d From 2013.			
e From 2018.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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	

Return Reference	Explanation

Additional Data

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Software ID:
Software Version:

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2018

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

Employer identification number 04-3293162

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation

Form 990-PF

- 527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number
 04-3293162

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
04-3293162

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

Name of organization GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH INC	Employer identification number 04-3293162
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	

Additional Data

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SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2018 Open to Public Inspection

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

Employer identification number 04-3293162

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and questions about donor advised funds and grant purposes.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (land for public use, natural habitat, open space, historically important land area, certified historic structure), and questions about monitoring, expenses, and reporting requirements.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for works of art and historical treasures, and amounts for revenue and assets.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	66,352,471	65,567,383	67,220,819	75,338,268	78,036,506
b Contributions					
c Net investment earnings, gains, and losses	3,631,667	5,744,064	4,789,929	-1,859,694	3,864,612
d Grants or scholarships				74,974	74,068
e Other expenditures for facilities and programs	1,681,884	4,164,401	5,627,032	5,407,373	5,729,983
f Administrative expenses	833,587	794,575	816,333	775,408	758,799
g End of year balance	67,468,667	66,352,471	65,567,383	67,220,819	75,338,268

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100.000 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** unrelated organizations
 - (ii)** related organizations
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	Yes	<input type="checkbox"/>
3b	Yes	<input type="checkbox"/>

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
Federal income taxes	0	
PLEDGES PAYABLE	2,740,992	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,740,992	

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

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4:	THE INTENDED USES OF THE ENDOWMENT FUND ARE TO SUPPORT THE MISSION OF GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH, WHICH ENCOURAGES BASIC SCIENCE RESEARCH, BOTH IN THE UNITED STATES AND IN ITALY.

Additional Data

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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

04-3293162

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [] No


2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for and investments in region. Row 1: Europe (Including Iceland and Greenland), 1, 0, Grantmaking, RESEARCH AWARD, 1,439,325.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities  _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Armenise Summer Fellowship	Europe (Including Iceland and Greenland)	7	13,443	wire		N/A	N/A
(2) Career Development Award	Europe (Including Iceland and Greenland)	8	1,425,882	wire		N/A	N/A
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

ReturnReference	Explanation
SCHEDULE F, PART I, LINE 2:	THE FOUNDATION REQUIRES GRANT RECIPIENTS TO PROVIDE ANNUAL REPORTS ON THE USE OF THE FUNDS SPENT, WHICH ARE REVIEWED BY THE ADMINISTRATIVE STAFF IN THE US AND IN ITALY. IN ADDITION, FOR THE CAREER DEVELOPMENT AWARDS, RECIPIENTS SUBMIT A COMPREHENSIVE REPORT FOLLOWING YEAR 3 OF THEIR GRANT, WHICH DETERMINES THE RENEWAL FOR YEARS 4 AND 5. THE BOARD OF TRUSTEES REVIEWS AND APPROVES THE CONTINUATION OF THOSE GRANTS.
SCHEDULE F, PART I, LINE 3, COLUMN (F):	THE ORGANIZATION'S BOOKS AND RECORDS SEPARATELY IDENTIFY FOREIGN EXPENDITURES.
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.

Additional Data

Software ID:
Software Version:

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

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

Employer identification number 04-3293162

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains data for Harvard College.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return 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.

Additional Data

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Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

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

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

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

04-3293162

Part I Questions Regarding Compensation

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel, Travel for companions, Tax idemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, Personal services (e.g., maid, chauffeur, chef)

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes," to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Michael E Greenberg MD Trustee (AS OF 12/1/18)	(i)	0	0	0	0	0	0	0
	(ii)	458,149	0	21,565	34,815	306	514,835	0
2 Lisa Mayer TRUSTEE/EXEC DIRECTOR GAHF	(i)	0	0	0	0	0	0	0
	(ii)	174,262	10,000	632	22,524	14,680	222,098	0
3 Michael P White TRUSTEE/TREASURER/CLERK	(i)	0	0	0	0	0	0	0
	(ii)	319,635	31,973	202	34,815	4,984	391,609	0
4 George Q Daley MD PRES/CEO/TRST	(i)	0	0	0	0	0	0	0
	(ii)	803,650	0	20,363	34,815	141	858,969	0
5 Jeffrey S Flier MD FORMER PRES/CEO/TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	373,059	0	20,751	34,815	29,146	457,771	0
6 Barbara J McNeil MD FORMER INT PRS/CEO/TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	368,239	0	40,668	34,815	2,253	445,975	0

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 II:	OFFICERS AND TRUSTEES ARE NOT COMPENSATED IN THEIR CAPACITY AS OFFICERS/TRUSTEES OF GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH ("THE FOUNDATION"). HOWEVER, THE INDIVIDUALS LISTED WERE ALSO EMPLOYEES OF THE PRESIDENT & FELLOWS OF HARVARD COLLEGE ("THE COLLEGE"), POSITIONS FOR WHICH THEY RECEIVED COMPENSATION. THEY SERVED AS OFFICERS AND/OR TRUSTEES OF THE FOUNDATION AS PART OF THEIR DUTIES TO THE COLLEGE. DURING 2018, THE COLLEGE COMPENSATED THESE INDIVIDUALS AS DESCRIBED IN PART II. THE COLLEGE USES APPROVAL BY THE BOARD OF TRUSTEES TO ESTABLISH THE COMPENSATION OF THE PRESIDENT/CEO AND THE EXECUTIVE DIRECTOR.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

SCHEDULE O
(Form 990 or 990-EZ)

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.

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service
Name of the organization
GIOVANNI ARMENISE-HARVARD
FOUNDATION FOR SCIENTIFIC RESEARCH INC

Employer identification number

04-3293162

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, CONSIDERING DERIVATIVE ETHICAL ISSUES, ALL IN CONNECTION WITH THE PRESIDENT & FELLOWS OF HARVARD COLLEGE ("THE COLLEGE"), ALSO REFERRED TO AS HARVARD UNIVERSITY.
FORM 990, PART V, LINE 2A:	GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH ("THE FOUNDATION") HAS NO EMPLOYEES. THE FOUNDATION REIMBURSES THE COLLEGE FOR PERSONNEL EXPENSES RELATED TO SERVICES PERFORMED ON BEHALF OF THE FOUNDATION.
FORM 990, PART VI, LINE 11B:	THE ORGANIZATION'S TAX RETURN IS PREPARED BY EXTERNAL TAX PREPARERS AND WAS REVIEWED BY MANAGEMENT. A FINAL COPY OF FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE BOARD PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, LINES 12, 13, & 14:	GIOVANNI ARMENISE-HARVARD FOUNDATION FOR SCIENTIFIC RESEARCH ("THE FOUNDATION") HAS NO SEPARATE WRITTEN CONFLICT OF INTEREST, DOCUMENT RETENTION, AND WHISTLEBLOWER POLICIES. AS AN AFFILIATED ENTITY OF THE PRESIDENT & FELLOWS OF HARVARD COLLEGE ("THE COLLEGE"), THE FOUNDATION ADHERES TO THE COLLEGE'S CENTRAL POLICIES ON DOCUMENT RETENTION AND WHISTLEBLOWERS. IN ADDITION, THE FOUNDATION ADHERES TO HARVARD MEDICAL SCHOOL'S ("HMS") CONFLICT OF INTEREST POLICY. OFFICERS AND TRUSTEES ARE REQUIRED TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS. MONITORING TAKES PLACE WITHIN THE FRAMEWORK OF HMS.
FORM 990, PART VI, LINE 15B:	OFFICERS AND TRUSTEES ARE NOT COMPENSATED IN THEIR CAPACITY AS OFFICERS/ TRUSTEES OF THE FOUNDATION. HOWEVER, THE INDIVIDUALS LISTED WERE ALSO EMPLOYEES OF THE COLLEGE, POSITIONS FOR WHICH THEY RECEIVED COMPENSATION. THEREFORE, THEIR COMPENSATION AND BENEFITS ARE DETERMINED BY THE COLLEGE. FORM 990, PART VI, LINE 18: THE ORGANIZATION'S FORM 990 IS ALSO AVAILABLE THROUGH WWW.GUIDESTAR.ORG .
FORM 990, PART VI, LINE 19:	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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

Employer identification number
04-3293162

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AFRICA ACADEMY FOR PUBLIC HEALTH PO BOX 32273 MWAI KIBAKI RD DAR ES SALAAM TZ	RESEARCH	TZ			HPF	Yes	
(2) AMERICAN REPERTORY THEATRE COMPANY INC 64 BRATTLE ST CAMBRIDGE, MA 02138 04-2665867	PERFORMING AR	MA	501(C)(3)	10	HPF	Yes	
(3) ASSOCIACAO DAVID ROCKEFELLER CENTER DE U AVENIDA PAULISTA 1337 CJ 171 SAO PAULO 01311-200 BR	EDUCATION	BR			HPF	Yes	
(4) Blue Marble Holdings Corp 600 ATLANTIC AVENUE BOSTON, MA 02210 23-7014581	INVESTMENT MA	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(5) BOTSWANA-HARVARD AIDS INSTITUTE PRIVATE BAG BO 320 GABORONE BC	RESEARCH	BC			HPF	Yes	
(6) CENTRE RECHERCHE EUROPEEN DE LA HBS 62 RUE FRANCOIS 1 ER PARIS FR	RESEARCH SUPP	FR			HPF	Yes	
(7) Demeter Holdings Corporation 600 ATLANTIC AVENUE BOSTON, MA 02210 04-3044742	INVESTMENT MA	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(8) DOYUKAI FUND FOR HARVARD INC 800 BOYLSTON ST BOSTON, MA 02199 04-3478889	RESEARCH SUPP	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(9) DUBAI HARVARD FOUNDATION FOR MEDICAL RES 401 PARK DR BOSTON, MA 02215 52-2446955	EDUCATION AND	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(10) EDX INC 141 PORTLAND ST 9TH FL CAMBRIDGE, MA 02139 46-0807740	EDUCATION	MA	501(C)(3)	12, TYPE I	NA	Yes	
(11) ENDOWMENT FOR RESEARCH IN HUMAN BIOLOGY 745 BOYLSTON ST 7TH FL BOSTON, MA 02116 04-2702030	RESEARCH	MA	501(C)(3)	12,TYPE III	HPF	Yes	
(12) FUNDACION CENTRO DE INVESTIGACION DE LA CARLOS PELLEGRINI 1163 PISO 12 CO BUENOS AIRES C1009ABW AR	RESEARCH SUPP	AR			HPF	Yes	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(13) FUNDACION DRCLAS CHILE AVENIDA DAG HAMMARSKJOLD 3269 SANTIAGO CI	FACULTY AND S	CI			HPF	Yes	
(14) HANSJORG WYSS INST FOR BIOLOGICALLY INS 3 BLACKFAN CIRCLE 5TH FL CLSB BOSTON, MA 02115 30-0773387	RESEARCH	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(15) HARVARD BUSINESS SCHOOL INTERACTIVE INC SOLDIERS FIELD RD BOSTON, MA 02163 04-3395140	EXECUTIVE EDU	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(16) HARVARD BUSINESS SCHOOL PUBLISHING CORP 20 GUEST STREET STE 700 BRIGHTON, MA 02135 04-3177990	PUBLISHING	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(17) HARVARD DEDICATED ENERGY LIMITED 1033 MASS AVE 3RD FL CAMBRIDGE, MA 02138 03-0425512	ELECTRICITY P	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(18) HARVARD GLOBAL RESEARCH AND SUPPORT SERV 114 MOUNT AUBURN ST 5TH FL CAMBRIDGE, MA 02138 45-4535664	GLOBAL SUPPOR	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(19) HARVARD GLOBAL RESEARCH AND SUPPORT SERV 3EME ETAGE IMMEUBLE SLIM BLOCK 1 TUNIS 1053 TS	RESEARCH	TS			HGRSS	Yes	
(20) HARVARD GLOBAL RESEARCH SUPPORT CENTRE I 9SE 9TH FL 29 SENAPATI BAPAT MA MUMBAI, MAHARASHTRA 400028 IN	RESEARCH	IN			HGRSS	Yes	
(21) HARVARD GLOBAL RESEARCH SUPPORT CENTRE I 33 YAVETZ STREET TELAVIV 6525832 IS	RESEARCH	IS			HGRSS	Yes	
(22) HARVARD GLOBAL RESEARCH SUPPORT CENTRE S 22 BREE ST CAPE TOWN 8000 SF	RESEARCH	SF			HGRSS	Yes	
(23) HARVARD GLOBAL UK VERNON HOUSE 22 SICILIAN AVE LONDON WC1A-2QS UK	RESEARCH	UK			HGRSS	Yes	
(24) HARVARD MAGAZINE INC 7 WARE ST CAMBRIDGE, MA 02138 04-6112308	PUBLISHING	MA	501(C)(3)	12,TYPE III	HPF	Yes	
(25) Harvard Management Company Inc 600 ATLANTIC AVENUE BOSTON, MA 02210 23-7361259	INVESTMENT MA	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(26) Harvard Management Private Equity Corpor 600 ATLANTIC AVENUE BOSTON, MA 02210 04-3070522	INVESTMENT MA	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(27) HARVARD MEDICAL CENTER 25 SHATTUCK ST BOSTON, MA 02115 04-2213292	MEDICAL EDUCA	MA	501(C)(3)	12, TYPE I	NA	Yes	
(28) HARVARD NEURODISCOVERY CENTER INC 25 SHATTUCK ST BOSTON, MA 02115 31-1745145	RESEARCH SUPP	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(29) Harvard Private Capital Holdings Inc 600 ATLANTIC AVENUE BOSTON, MA 02210 04-3070519	INVESTMENT MA	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(30) Harvard Private Capital Realty Inc 600 ATLANTIC AVENUE BOSTON, MA 02210 22-3138409	INVESTMENT MA	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(31) HARVARD REAL ESTATE - ALLSTON INC 1033 MASS AVE 3RD FL CAMBRIDGE, MA 02138 04-3373410	TITLE HOLDING	MA	501(C)(25)		HPF	Yes	
(32) HARVARD REAL ESTATE INC 1033 MASS AVE 3RD FL CAMBRIDGE, MA 02138 04-2649303	REAL ESTATE B	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(33) HARVARD-YENCHING INSTITUTE VANSERG HALL 25 FRANCIS AVE CAMBRIDGE, MA 02138	EDUCATION	MA	501(C)(3)	12, TYPE I	NA	Yes	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
04-2062394							
(34) ION INC 1350 MASS AVE CAMBRIDGE, MA 02138 22-3032677	RESEARCH	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(35) LONGWOOD MEDICAL ENERGY COLLABORATIVE I 160 LONGWOOD AVE BOSTON, MA 02115 04-3476764	ENERGY SERVIC	MA	501(C)(3)	12, TYPE I	NA	Yes	
(36) MASSACHUSETTS GREEN HIGH PERFORMANCE COM 100 BIGELOW ST HOLYOKE, MA 01040 27-3014805	RESEARCH	MA	501(C)(3)	12, TYPE I	NA	Yes	
(37) MGHPC HOLYOKE INC 100 BIGELOW ST HOLYOKE, MA 01040 45-2257442	RESEARCH	MA	501(C)(3)	12, TYPE I	NA	Yes	
(38) Phemus Corporation 600 ATLANTIC AVENUE BOSTON, MA 02210 04-2997367	INVESTMENT MA	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(39) PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASS AVE 3RD FL CAMBRIDGE, MA 02138 04-2103580	EDUCATION AND	MA	501(C)(3)	2	NA		No
(40) RED TOP INC MURR CTR 65 NORTH HARVARD ST BOSTON, MA 02163 51-0189788	ATHLETICS	CT	501(C)(3)	12, TYPE I	HPF	Yes	
(41) Shipping Venture Corporation 600 ATLANTIC AVENUE BOSTON, MA 02210 04-3263656	INVESTMENT MA	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(42) STUDENT CLUBS OF HBS INC SOLDIERS FIELD RD BOSTON, MA 02163 57-1152691	STUDENT SUPPO	MA	501(C)(3)	12, TYPE I	HPF	Yes	
(43) THE CARL J SHAPIRO INSTITUTE FOR EDUCAT 330 BROOKLINE AVE BOSTON, MA 02215 04-3326928	MEDICAL EDUCA	MA	501(C)(3)	12, TYPE I	NA	Yes	
(44) THE RESEARCH COLLECTIONS AND PRESERVATIO 701 CARNEGIE CENTER SUITE 445 PRINCETON, NJ 08540 22-3751732	LIBRARY DEPOS	NJ	501(C)(3)	12, TYPE I	NA	Yes	
(45) TRUSTEES FOR HARVARD UNIVERSITY 1033 MASS AVE 3RD FL CAMBRIDGE, MA 02138 53-0199180	EDUCATION	DC	501(C)(3)	12, TYPE II	HPF	Yes	

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

Cat. No. 50135Y

Schedule R (Form 990) 2018

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
98-0549446												
(99) TPRV Capital Master Fund LP	Investments	CJ	NA	N/A								
(100) Triton Fund II No 2 LP Charter Place 1st Floor23-27 Seato St Helier JE JE 98-0634601	Investments	JE	NA	N/A								
(101) USRA Atlantic Capital Investor LLC C/O US Realty Advisors LLC 1370 New York, NY 10019 82-3726933	Investments	DE	NA	N/A								
(102) USRA Atlantic Capital Partners LLC C/O US Realty Advisors LLC 1370 New York, NY 10019 45-2686195	Investments	DE	NA	N/A								
(103) WBH Kirby Hill Co-Investment LLC 7121 Fairway Drive Suite 410 Palm Beach Gardens, FL 33418 14-1933484	Investments	DE	NA	N/A								
(104) West70 Master Fund LP	Investments	CJ	NA	N/A								
(105) Xilos Dakota Separate Limited Partnershi 11-15 Seaton Place St Helier JE JE 98-1293611	Investments	JE	NA	N/A								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) 365 Church Street Limited Partnership 4711 Yonge Street Suite 1400 Toronto M2N 7E4 CA	Investments	CA	NA	C Corporation				Yes	
(2) Adelaide-Peter Developments 4711 Yonge Street Suite 1400 Toronto M2N 7E4 CA 98-0684328	Investments	CA	NA	C Corporation				Yes	
(3) Agricola Brinzal Limitada Avenida Santa Maria 6350 Piso 3 Vitacura CI	Investments	CI	NA	C Corporation				Yes	
(4) Agricola Duramen Limitada Avenida Santa Maria 6350 Piso 3 Vitacura CI	Investments	CI	NA	C Corporation				Yes	
(5) Agricola E Inversiones Pampa Alegre SA Avenida Santa Maria 6350 Piso 3 Vitacura CI	Investments	CI	NA	C Corporation				Yes	
(6) Agricola El Cardonal Limitada Lo Fontecilla No 2014 Suite 834 Las Condes CI 98-1204153	Investments	CI	NA	C Corporation				Yes	
(7) Agricola Fundo Bucalemu Limitada Del Inca 4446 Office 1007 Las Condes CI 98-0639220	Investments	CI	NA	C Corporation				Yes	
(8) Agricola Los Rios SpA Avenida Santa Maria 6350 Oficina 3 Vitacura CI 98-1209592	Investments	CI	NA	C Corporation				Yes	
(9) Agricola Rapel Limitada Ave Isidora Goyenechea No 2939 1 Las Condes CI 98-0639218	Investments	CI	NA	C Corporation				Yes	
(10) Agricola Retiro Limitada Del Inca 4446 Office 1007 Las Condes CI	Investments	CI	NA	C Corporation				Yes	
(11) Agricola Ribera Limitada	Investments	CI	NA	C Corporation				Yes	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Del Inca 4446 Office 1007 Las Condes CI									
(12)Agroflorestal Verde Sul SA Rodovia RS-473 km 22 Rincao so Sa District Matarazzo Pedro Osorio 96360-000 BR	Investments	BR	NA	C Corporation				Yes	
(13)Aquila Inc c/o Walkers SPV Ltd PO Box 908GT George Town CJ 98-0532782	Investments	CJ	NA	C Corporation				Yes	
(14)AR II REIT Inc 11990 San Vicente BoulevardSuite 20 Los Angeles, CA 90049 82-1624121	Investments	DE	NA	C Corporation				Yes	
(15)AR Legacy REIT Inc 11990 San Vicente BoulevardSuite 20 Los Angeles, CA 90049 81-5332102	Investments	DE	NA	C Corporation				Yes	
(16)Ara Inc c/o Walkers SPV Ltd PO Box 908GT George Town CJ 98-0543813	Investments	CJ	NA	C Corporation				Yes	
(17)ASH R One LLC 230 Park Avenue 12th Floor New York, NY 10169 30-0949766	Investments	DE	NA	C Corporation				Yes	
(18)Asia Alpha Secretaries Limited Commence Chambers PO Box 2208 Roa Tortola VI	Investments	VI	NA	C Corporation				Yes	
(19)Asia Landmark Special Fund Ltd c/o Ogier Fiduciary Services Cayma Camana Bay KY1-9007 CJ	Investments	CJ	NA	C Corporation				Yes	
(20)Atlantic Avenue Realty Ltd C/O Maples Calder Corp Services George Town CJ 98-0533323	Investments	CJ	NA	C Corporation				Yes	
(21)Atlantic Bridge REIT Inc C/O Bain Capital Real Estate LP200 Boston, MA 02116 81-0810982	Investments	DE	NA	C Corporation				Yes	
(22)Atlantic Cayman Limited C/O Maples and Calder PO Box 309 George Town KY1-1104 CJ 98-1219940	Investments	CJ	NA	C Corporation				Yes	
(23)Atlantic DV Holdings Ltd C/O Maples and Calder PO Box 309 George Town KY1-1104 CJ 98-1196247	Investments	CJ	NA	C Corporation				Yes	
(24)Atlantic Europe Investments GP Limited C/O Burness LLP 50 Lothian RoadFes Edinburgh EH39WJ UK	Investments	UK	NA	C Corporation				Yes	
(25)Atlantic Europe Investments LP C/O Burness LLP 50 Lothian RoadFes Edinburgh EH39WJ UK 98-0670648	Investments	UK	NA	C Corporation				Yes	
(26)Atlantic FM Ltd C/O Maples and Calder PO Box 309 George Town KY1-1104 CJ 98-1249059	Investments	CJ	NA	C Corporation				Yes	
(27)Atlantic King Blocker Limited IFS Court Bank St Twenty-Eight Ebene 72201 MP 98-1461264	Investments	MP	NA	C Corporation				Yes	
(28)Atlantic NBS Limited C/O Crestbridge Corp Services Ltd St Helier JE1 OBD JE 98-1220176	Investments	JE	NA	C Corporation				Yes	
(29)Atlantic NREP II Ltd C/O Maples and Calder Services Ltd George Town KY1-1104 CJ 98-1273705	Investments	CJ	NA	C Corporation				Yes	
(30)Atlantic P3 Program REIT Inc 4380 LaJolla Village DriveSuite 230 San Diego, CA 92122 47-2704934	Investments	DE	NA	C Corporation				Yes	
(31)Atlantic P3 TRS LLC	Investments	DE	NA	C Corporation				Yes	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
4380 LaJolla Village DriveSuite 230 San Diego, CA 92122 81-1202899									
(32) Atlantic Regent REIT Inc 11990 San Vicente BoulevardSuite 20 Los Angeles, CA 90049 32-0464661	Investments	DE	NA	C Corporation				Yes	
(33) Atlantic Self Storage II REIT LLC C/O Bain Capital Real Estate LP200 Boston, MA 02116 83-1037881	Investments	DE	NA	C Corporation				Yes	
(34) Atlantic Southeast Industrial II REIT L C/O Bain Capital Real Estate LP200 Boston, MA 02116 83-1037950	Investments	DE	NA	C Corporation				Yes	
(35) Atlantic Toronto 365 Church Street Gener 355 Burrard Street Ste 1900 Vancouver V6C 2G8 CA	Investments	CA	NA	C Corporation				Yes	
(36) Atlantic Toronto A-P General Partner Inc 355 Burrard Street Ste 1900 Vancouver V6C 2G8 CA 98-0668180	Investments	CA	NA	C Corporation				Yes	
(37) Atlantic Toronto Grenville General Partn 355 Burrard Street Ste 1900 Vancouver V6C 2G8 CA	Investments	CA	NA	C Corporation				Yes	
(38) Atlantic Toronto Holdings Inc 355 Burrard Street Ste 1900 Vancouver V6C 2G8 CA 98-0668178	Investments	CA	NA	C Corporation				Yes	
(39) Atlantic Urban Retail Inc C/O Bain Capital Real Estate LP200 Boston, MA 02116 32-6261983	Investments	DE	NA	C Corporation				Yes	
(40) Atlantic WLS II REIT LLC C/O Bain Capital Real Estate LP200 Boston, MA 02116 83-1037881	Investments	DE	NA	C Corporation				Yes	
(41) Bain Capital Special Situations Europe (Ugland House South Church St PO Grand Cayman KY1-1104 CJ 98-1422541	Investments	CJ	NA	C Corporation				Yes	
(42) BainBridge CC Urbana Apartments REIT In 12765 West Forest Hill BlvdSuite 13 Wellington, FL 33414 47-1171921	Investments	DE	NA	C Corporation				Yes	
(43) BCC Cambridge (Cayman GP Loans) LP Maples Corp Services Ltd PO Box 30 Grand Cayman KY1-1104 CJ 98-1495663	Investments	CJ	NA	C Corporation				Yes	
(44) BCC Cambridge (Cayman GP Revolvers) LP Maples Corp Services Ltd PO Box 30 Grand Cayman KY1-1104 CJ 98-1495639	Investments	CJ	NA	C Corporation				Yes	
(45) BCC Cambridge (GP Loans) SARL 6D Route De Treves Senningerberg L-2633 LU 98-1422127	Investments	LU	NA	C Corporation				Yes	
(46) BCC Cambridge (GP Revolvers) SARL 6D Route De Treves Senningerberg L-2633 LU 98-1422143	Investments	LU	NA	C Corporation				Yes	
(47) Black Kite Pty Ltd C/O DLA Philips Fox Level 38 201 Sydney NSW 2000 AS	Investments	AS	NA	C Corporation				Yes	
(48) Black Kite Trust C/O DLA Philips Fox Level 38 201 Sydney NSW 2000 AS 98-6063158	Investments	AS	NA	C Corporation				Yes	
(49) BLC Fund B LP PO Box 309 Ugland House George Town KY1-1104 CJ 98-1251361	Investments	CJ	NA	C Corporation				Yes	
(50) BLC II Fund B LP PO Box 309 Ugland House Grand Cayman KY1-1104 CJ 98-1386349	Investments	CJ	NA	C Corporation				Yes	
(51) Blue Atlantic Investors II Inc	Investments	DE	NA	C Corporation				Yes	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
353 North Clark Street Suite 730 Chicago, IL 60654 46-1452116									
(52)Blue Atlantic Investors Inc 353 North Clark Street Suite 730 Chicago, IL 60654 45-1022813	Investments	MD	NA	C Corporation				Yes	
(53)Blue Atlantic Shuttle II LLC 353 North Clark Street Suite 730 Chicago, IL 60654 36-4851337	Investments	DE	NA	C Corporation				Yes	
(54)Bramshill Tactical Fixed Income Fund Ltd Cayman Corp Centre 27 Hospital Roa Grand Cayman KY1-9008 CJ	Investments	CJ	NA	Trust				Yes	
(55)Brodiaea Inc 444 Higuera Street Suite 202 San Luis Obispo, CA 93401 90-0862085	Investments	DE	NA	Trust				Yes	
(56)Cambridge Square Institutional Fund LP Elian Fiduciary Services Cayman L Grand Cayman KY1-9007 CJ 98-1370452	Investments	CJ	NA	C Corporation				Yes	
(57)Cantuta Ltd c/o Maples Corporate Services Ltd KY1-1104 CJ	Investments	CJ	NA	C Corporation				Yes	
(58)Caracara Ltd C/O Maples and Calder PO Box 309 Grand Cayman KY1-1104 CJ 98-1098610	Investments	CJ	NA	C Corporation				Yes	
(59)Caracol Agropecuaria Ltda Av Carlos Gomes 1200 Sala 502 Au Centro Rio Grande do Sul CEP 90480 BR 98-0642730	Investments	BR	NA	C Corporation				Yes	
(60)CC VII Holdings LLC IFS Court Bank Street Twenty Eight Ebene 72201 MP 98-1261217	Investments	MP	NA	C Corporation				Yes	
(61)CENTRO HARVARD DAVID ROCKEFELLER PARA ES EDIF BALMORI ORIZABA 101-102 COL MEXICO CITY DF MX	FACULTY AND STUDE	MX	NA	C Corporation				Yes	
(62)CHARITABLE LEAD TRUSTS (44)	CHARITABLE TRUST	MA	NA	C Corporation				Yes	
(63)CHARITABLE REMAINDER TRUSTS (792)	CHARITABLE TRUST	MA	NA	C Corporation				Yes	
(64)Cheval SP Participacoes Ltda Rua do Forum S/N Sala A Centro CEP 64840-000 BR	Investments	BR	NA	C Corporation				Yes	
(65)Clag (Chile) SpA Lo Fontecilla 201 Office 834 Las Condes CI 98-0650099	Investments	CI	NA	C Corporation				Yes	
(66)Composition Capital Europe Fund CV Strawinskylaan 1749 World Trade Ce Amsterdam 1077 XX NL 98-0459793	Investments	NL	NA	C Corporation				Yes	
(67)Composition Capital Europe II Feeder CV Strawinskylaan 1749 World Trade Ce Amsterdam 1077 XX NL 98-0569903	Investments	NL	NA	C Corporation				Yes	
(68)Composition Feeder GmbH Borsenstrasse 2-4 Frankfurt am Main 60313 GM	Investments	GM	NA	C Corporation				Yes	
(69)Copayapu SpA 2939 Avenida Isidora Goyenechea 11 Las Condes CI 98-1112517	Investments	CI	NA	C Corporation				Yes	
(70)Coral Living V REIT LLC C/O Bain Capital Real Estate LP200 Boston, MA 02116 82-5178416	Investments	DE	NA	C Corporation				Yes	
(71)CSH Program REIT II Inc 1275 Pennsylvania Avenue North West Washington, DC 20004	Investments	DE	NA	C Corporation				Yes	

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								Yes	No
30-0783361									
(72) CSH Program REIT III Inc 1275 Pennsylvania Avenue North West Washington, DC 20004 47-0981643	Investments	DE	NA	C Corporation				Yes	
(73) CSH Program REIT IV Inc 1275 Pennsylvania Avenue North West Washington, DC 20004 81-4646057	Investments	DE	NA	C Corporation				Yes	
(74) CSH TRS Holding III LLC 1275 Pennsylvania Avenue North West Washington, DC 20004 32-0410113	Investments	DE	NA	C Corporation				Yes	
(75) CSH TRS Holding IV LLC 1275 Pennsylvania Avenue North West Washington, DC 20004 35-2508708	Investments	DE	NA	C Corporation				Yes	
(76) CSH TRS Holding V LLC 1275 Pennsylvania Avenue North West Washington, DC 20004 81-5203398	Investments	DE	NA	C Corporation				Yes	
(77) Dairy Farms Partnership 113 Rutherford Rd Pukekohe E POB Pukekohe NZ 98-0594944	Investments	NZ	NA	C Corporation				Yes	
(78) DG Participants Ltd c/o Maples Corp Svcs PO Box 30 George Town KY1-1104 CJ 98-1167777	Investments	CJ	NA	C Corporation				Yes	
(79) EAE Atlantic II Inc C/O AE Real Estate Holdings LLC106 New York, NY 10018 80-0954229	Investments	DE	NA	C Corporation				Yes	
(80) EAE Atlantic III Inc C/O AE Real Estate Holdings LLC106 New York, NY 10018 30-0835462	Investments	DE	NA	C Corporation				Yes	
(81) EAE Atlantic IV Inc C/O AE Real Estate Holdings LLC106 New York, NY 10018 36-4797540	Investments	DE	NA	C Corporation				Yes	
(82) EAE Atlantic TRS LLC C/O AE Real Estate Holdings LLC106 New York, NY 10018 38-3978612	Investments	DE	NA	C Corporation				Yes	
(83) Eastern Rosella Trust Level 25 20 Bond Street Sydney NSW 2000 AS 98-1131698	Investments	AS	NA	C Corporation				Yes	
(84) Eco Cebaco SA Calle 52 Y Elvira Mendez PO Box 08 PM	Investments	PM	NA	C Corporation				Yes	
(85) Ecuador Timber LP Maples Corporate Services Ltd PO B Grand Cayman KY1-1104 CJ 98-0458318	Investments	CJ	NA	C Corporation				Yes	
(86) El Maria SA Villa Fintana Del Club Terraza 2 C Managua NU	Investments	NU	NA	C Corporation				Yes	
(87) Emerald Catastrophe Fund Ltd c/o Nephila Capital Ltd Victoria P Hamilton HM 10 BD 98-1194784	Investments	BD	NA	C Corporation				Yes	
(88) Empresa Ecologica Del Orinoco SAS Cra 9 No 77 - 67 Ofc 804 Bogota CO	Investments	CO	NA	C Corporation				Yes	
(89) Empresas Verdes Argentina SA Suipacha 1111 18th Floor Ciudad A C1008 AR	Investments	AR	NA	C Corporation				Yes	
(90) Estancia Celina SA Suipacha 1111 Piso 18 Buenos Aires C1008AAW AR	Investments	AR	NA	C Corporation				Yes	
(91) Evolution Credit Partners I (Cayman) L 125 High Street High Street Tower2 Boston, MA 02210 98-1418348	Investments	CJ	NA	Trust				Yes	

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								Yes	No
(92) Evolution Credit Partners I SLP LLC C/O CO Services Cayman Ltd PO Box Grand Cayman KY1-1001 CJ 98-1427934	Investments	CJ	NA	C Corporation				Yes	
(93) Exportadora Clag Chile SpA Del Inca 4446 Office 1007 Las Condes CI	Investments	CI	NA	C Corporation				Yes	
(94) Flamenco SpA 2939 Avenida Isidora Goyenechea 11 Las Condes CI 98-1120387	Investments	CI	NA	C Corporation				Yes	
(95) Florestas do Sul Agroflorestal Ltda Av Carlos Gomes 1200 Sala 502 Au Centro 90480-001 BR 98-0493906	Investments	BR	NA	C Corporation				Yes	
(96) Forestal Bosquepalm Cia Ltda Avenida Patria E4-69 y Amazonas Ed Quito EC	Investments	EC	NA	C Corporation				Yes	
(97) Forestal Foresvergal Cia Ltda Avenida Patria E4-69 y Amazonas Ed Quito EC	Investments	EC	NA	C Corporation				Yes	
(98) Fortaleza Agroindustrial Ltda Fazenda Fortaleza s/n - Zona Rural Santa Filomena CEP 64945 BR	Investments	BR	NA	C Corporation				Yes	
(99) Francolin PO Box 309 Ugland House KY1-1104 CJ 98-1006384	Investments	CJ	NA	C Corporation				Yes	
(100) FRIENDS OF HARVARD HONG KONG TRUST 114 MOUNT AUBURN ST 5TH FL CAMBRIDGE, MA 02138 47-7237666	TRUST FOR CONTRIB	HK	NA	C Corporation				Yes	
(101) FSP-Marlboro Lessee LLC 178 South Main Street Suite 375 Alparetta, GA 30009 38-3976284	Investments	DE	NA	C Corporation				Yes	
(102) Galileia Agroindustrial Ltda Fazenda Galileia s/n - Zona Rural- Grande Do Ribeiro BR	Investments	BR	NA	C Corporation				Yes	
(103) Gateway Real Estate Fund III - TE LP Cricket Square Hutchins Drive PO Grand Cayman KY1-1111 CJ 98-0669480	Investments	CJ	NA	C Corporation				Yes	
(104) Gavea Investment Fund II B LP PO Box 309 George Town KY1-1104 CJ 98-0537951	Investments	CJ	NA	C Corporation				Yes	
(105) Gavea Jus Brazilian Government Liabiliti PO Box 309 Ugland House George Town KY1-1104 CJ 98-0702067	Investments	CJ	NA	C Corporation				Yes	
(106) GAXL (HMPEC) Ltd c/o Clarendon House 2 Church Stree Hamilton HM 11 BD 98-1309328	Investments	BD	NA	C Corporation				Yes	
(107) GBE Development I Ltd Maples Corporate Services Ltd PO B George Town CJ	Investments	CJ	NA	C Corporation				Yes	
(108) GBE Development II Ltd Maples Corporate Services Ltd PO B George Town CJ	Investments	CJ	NA	C Corporation				Yes	
(109) GBE Development III Ltd Maples Corporate Services Ltd PO B George Town CJ	Investments	CJ	NA	C Corporation				Yes	
(110) GBE Development IV Ltd Maples Corporate Services Ltd PO B George Town CJ	Investments	CJ	NA	C Corporation				Yes	
(111) GBE Development V Ltd Maples Corporate Services Ltd PO B George Town CJ	Investments	CJ	NA	C Corporation				Yes	

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								Yes	No
(112) GBE Development VI Ltd Ugland House South Church Street George Town KY1-1104 CJ	Investments	CJ	NA	C Corporation				Yes	
(113) GBE Fazendas Ltda Av das Americas 700 Bl 5 Salas Barra da Tijuca BR	Investments	BR	NA	C Corporation				Yes	
(114) GBE Holdings Ltd Maples Corporate Services Ltd PO B George Town KY1-1104 CJ	Investments	CJ	NA	C Corporation				Yes	
(115) GBE Investments Limited Maples Corporate Services Ltd PO B George Town CJ	Investments	CJ	NA	C Corporation				Yes	
(116) GBE Participacoes Imobiliarias Ltda Avenue of Americas No 700 Office CEP 22640-100 BR	Investments	BR	NA	C Corporation				Yes	
(117) GBE Projetos Agricolas II Ltda Av das Americas 700 Bl 5 Salas Barra da Tijuca BR	Investments	BR	NA	C Corporation				Yes	
(118) GBE Properties I Ltd Maples Corporate Services Ltd PO B George Town CJ	Investments	CJ	NA	C Corporation				Yes	
(119) GBE Properties II Ltd Maples Corporate Services Ltd PO B George Town CJ	Investments	CJ	NA	C Corporation				Yes	
(120) GBE Properties III Ltd Maples Corporate Services Ltd PO B George Town CJ	Investments	CJ	NA	C Corporation				Yes	
(121) GBE Properties IV Ltd Maples Corporate Services Ltd PO B George Town CJ	Investments	CJ	NA	C Corporation				Yes	
(122) GBE Properties V Ltd Maples Corporate Services Ltd PO B George Town CJ	Investments	CJ	NA	C Corporation				Yes	
(123) GBE Properties VI Ltd Ugland House South Church Street George Town KY1-1104 CJ	Investments	CJ	NA	C Corporation				Yes	
(124) GBE Properties VII Ltd Suite 3212 53 Market Street Caman Grand Cayman KY1-1203 CJ	Investments	CJ	NA	C Corporation				Yes	
(125) GBE Propriedades e Empreendimentos Imobi Av das Americas 700 Bloco 5 Sala Barra da Tijuca BR	Investments	BR	NA	C Corporation				Yes	
(126) GBE Propriedades e Empreendimentos Imobi Av das Americas 700 Bloco 5 Sala Barra da Tijuca BR	Investments	BR	NA	C Corporation				Yes	
(127) GBE Propriedades e Empreendimentos Imobi Avenue of Americas No 700 Office CEP 22640-100 BR	Investments	BR	NA	C Corporation				Yes	
(128) GBE Propriedades e Empreendimentos Imobi Av das Americas 700 Bloco 5 Sala Barra da Tijuca BR	Investments	BR	NA	C Corporation				Yes	
(129) GBE Propriedades e Empreendimentos Imobi Av das Americas 700 Bloco 5 Sala Barra da Tijuca BR	Investments	BR	NA	C Corporation				Yes	
(130) GBE Propriedades e Empreendimentos Imobi Av das Americas 700 Bloco 5 Sala Barra da Tijuca BR	Investments	BR	NA	C Corporation				Yes	
(131) GBE Propriedades Holdings Bahia Ltda Avenue of Americas No 700 Office CEP 22640-100 BR	Investments	BR	NA	C Corporation				Yes	

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								Yes	No
(132) GBE Propiedades Holdings Guadalupe Ltda Avenue of Americas No 700 Office CEP 22640-100 BR	Investments	BR	NA	C Corporation				Yes	
(133) GBE Propiedades Holdings Maranhao Ltda Avenue of Americas No 700 Office CEP 22640-100 BR	Investments	BR	NA	C Corporation				Yes	
(134) GBE Propiedades Holdings Tocantins Ltda Avenue of Americas No 700 Office CEP 22640-100 BR	Investments	BR	NA	C Corporation				Yes	
(135) GBE Propiedades Participacoes Piaui Ltd Avenue of Americas No 700 Office CEP 22640-100 BR	Investments	BR	NA	C Corporation				Yes	
(136) Gerrity Atlantic Retail Partners Inc 973 Lomas Santa Fe Drive Solana Beach, CA 92075 27-4802513	Investments	DE	NA	C Corporation				Yes	
(137) Gerrity Retail Fund 2 Inc 973 Lomas Santa Fe Drive Solana Beach, CA 92075 46-4417545	Investments	DE	NA	C Corporation				Yes	
(138) Granary Normandien (Proprietary) Limited 18 Fricker Road Illovo Johannesburg 2196 SF 98-0610461	Investments	SF	NA	C Corporation				Yes	
(139) Green Rosella Trust Level 25 20 Bond Street Sydney NSW 2000 AS 98-1126908	Investments	AS	NA	C Corporation				Yes	
(140) Greengold Agrirom SRL 24 Constantin Noica Street Room 2 Sibiu RO 98-1091760	Investments	RO	NA	C Corporation				Yes	
(141) Greengold European Capital SA 15 Boulevard F W Raffeisen L-2411 LU	Investments	LU	NA	C Corporation				Yes	
(142) Greengold Future Trees SRL 14 Bihorului Street Block 21 Apt Sibiu RO 98-1206286	Investments	RO	NA	C Corporation				Yes	
(143) GreenGold Value Forests Lithuania UAB Jogailos G9 Vilnius LT-01116 LH 98-1117259	Investments	LH	NA	C Corporation				Yes	
(144) Guanare AARL Mones Roses 6937 Montevideo 11000 UY 98-0641951	Investments	UY	NA	C Corporation				Yes	
(145) Guanare SA Juncal 1327 Floor 22 Montevideo 11000 UY	Investments	UY	NA	C Corporation				Yes	
(146) Harbour Offshore Fund IV LP PO Box 309 Ugland House Grand Cayman KY1-1104 CJ 98-1414548	Investments	CJ	NA	C Corporation				Yes	
(147) HARVARD ARASTIRMA VE EGITIM MERKEZI ISTA KORU SOKAK ZORLU CTR APT 2/D INSTANBUL 34340 TU	RESEARCH SUPPORT/	TU	NA	C Corporation				Yes	
(148) HARVARD BUSINESS SCHOOL PUBLISHING ASIA 80 RAFFLES PL 25-01 UOB PLAZA SN	SALES SUPPORT	SN	NA	C Corporation				Yes	
(149) HARVARD BUSINESS SCHOOL PUBLISHING AUSTR C/O PWC ONE INTERNATIONAL TOWERS WATERMANS QUAY NSW 2000 AS	SALES SUPPORT	AS	NA	C Corporation				Yes	
(150) HARVARD BUSINESS SCHOOL PUBLISHING DE ME BOSQUE DE CIRUELOS 180 PP101 BOSQUES DE LAS LOMAS DEL MIGUEL HI MX	SALES SUPPORT	MX	NA	C Corporation				Yes	
(151) HARVARD BUSINESS SCHOOL PUBLISHING EUROP 23 SICILIAN AVE London UK	SALES SUPPORT	UK	NA	C Corporation				Yes	
(152) HARVARD BUSINESS SCHOOL PUBLISHING FRANC	SALES SUPPORT	FR	NA	C Corporation				Yes	

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								Yes	No
23 RUE DU ROULE PARIS FR									
(153)HARVARD BUSINESS SCHOOL PUBLISHING INDIA PIRAMAL TOWER 7TH FL PENINSULA C MUMBAI 400013 IN	PUBLISHING SUPPOR	IN	NA	C Corporation				Yes	
(154)HARVARD CENTER SHANGHAI CO LTD 5TH FL INTL FIN CTR 8 CENT AVE SHANGHAI 200120 CH	RESEARCH SUPPORT/	CH	NA	C Corporation				Yes	
(155)Harvard Private Capital Properties II I 600 Atlantic Avenue Boston, MA 02210 04-3140558	Investments	DE	NA	C Corporation				Yes	
(156)Harvard Private Capital Properties III 600 Atlantic Avenue Boston, MA 02210 76-0254935	Investments	DE	NA	C Corporation				Yes	
(157)HARVARD UNIVERSITY PRESS OF NEW YORK HU PRESS 79 GARDEN ST CAMBRIDGE, MA 02138 13-3784301	PUBLISHING	NY	NA	C Corporation				Yes	
(158)HARVARD UNIVERSITY PRESS LTD VERNON HOUSE 23 SICILIAN AVE London UK	BOOK DISTRIBUTION	UK	NA	C Corporation				Yes	
(159)HB Cayman Limited PO Box 309 GT BWI CJ CJ	Investments	CJ	NA	C Corporation				Yes	
(160)HG GULF FZ LLC MAKTOUM ACADMED CTR 2 FL DUBAI AE	EDUCATION AND RES	AE	NA	C Corporation				Yes	
(161)HIP Bermuda Reinsurance I Limited 141 Front Street 3rd Floor Hamilton HM11 BD	Investments	BD	NA	C Corporation				Yes	
(162)HITE MLP Advantage Caymans Ltd Cayman Corp Centre 27 Hospital Roa Grand Cayman KY1-9008 CJ	Investments	CJ	NA	C Corporation				Yes	
(163)HMC Beefeater Inc 1209 Orange Street Wilmington, DE 19801 82-0888543	Investments	DE	NA	C Corporation				Yes	
(164)HMC Juweel Investors LP Maples Corporate Services Ltd PO B George Town KY1-1104 CJ 98-1196788	Investments	CJ	NA	C Corporation				Yes	
(165)Hound Partners Long Fund Ltd Elian Fiduciary Services Cayman L Grand Cayman KY1-9007 CJ	Investments	CJ	NA	C Corporation				Yes	
(166)Huequi SpA c/o Aninat Schwencke Cia Av Lo CI	Investments	CI	NA	C Corporation				Yes	
(167)Hunter Patton Ltd c/o Maples Corp Svcs PO Box 30 George Town KY1-1104 CJ 98-1395917	Investments	CJ	NA	C Corporation				Yes	
(168)HZ Co-Investments Limited PO Box 309 Ugland House Grand Cayman KY1-1104 CJ 98-1465106	Investments	CJ	NA	C Corporation				Yes	
(169)Ichu Ltd c/o Maples Corporate Services Ltd KY1-1104 CJ	Investments	CJ	NA	C Corporation				Yes	
(170)ILS Property & Casualty Feeder Fund II C/O Credit Suisse Asset Mgmt LLCOn New York, NY 100103629	Investments	CJ	NA	C Corporation				Yes	
(171)Insolo Agroindustrial SA Av Dr Cardoso De Melo 1340-11 Andar Sao Paulo CJ 111 BR	Investments	BR	NA	C Corporation				Yes	
(172)Inversiones Catival SA Villa Fintana Del Club Terraza 2 C	Investments	NU	NA	C Corporation				Yes	

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								Yes	No
Managua NU									
(173) Inversiones Hefei SAC Av Pardo Y Aliaga 695 Dpto 11 Urb San Isidoro PE 98-1111292	Investments	PE	NA	C Corporation				Yes	
(174) Inversiones Lefkada SAC Av Pardo Y Aliaga 695 Dpto 11 Urb San Isidoro PE 98-1110859	Investments	PE	NA	C Corporation				Yes	
(175) Inversiones Mosqueta SAC Av Pardo Y Aliaga 695 Dpto 11 Urb San Isidoro PE 98-1110734	Investments	PE	NA	C Corporation				Yes	
(176) Inversiones Pirona SAC Av Pardo Y Aliaga 695 Dpto 11 Urb San Isidoro PE 98-1111636	Investments	PE	NA	C Corporation				Yes	
(177) Inversiones Santa Rita SA Villa Fintana Del Club Terraza 2 C Managua NU	Investments	NU	NA	C Corporation				Yes	
(178) Inversiones Tres Cumbres Ltda Roger de Flor 2736 dp 8 Comuna Las Condes CI 98-0446986	Investments	CI	NA	C Corporation				Yes	
(179) IPE Agroindustrial Ltda Fazenda IPE s/n - Zona Rural-Baixa Grande Do Ribeiro BR	Investments	BR	NA	C Corporation				Yes	
(180) Jade Retail Inc PO Box 309 Ugland House KY1-1104 CJ 98-1401548	Investments	CJ	NA	C Corporation				Yes	
(181) Jus BG I - Feeder LP PO Box 309 Ugland House George Town KY1-1104 CJ 98-1018586	Investments	CJ	NA	C Corporation				Yes	
(182) La Jacaranda SA Villa Fintana Del Club Terraza 2 C Managua NU	Investments	NU	NA	C Corporation				Yes	
(183) La Mora SA Villa Fintana Del Club Terraza 2 C Managua NU	Investments	NU	NA	C Corporation				Yes	
(184) La Zarza SA Villa Fintana Del Club Terraza 2 C Managua NU	Investments	NU	NA	C Corporation				Yes	
(185) Las Acacias SA Villa Fintana Del Club Terraza 2 C Managua NU	Investments	NU	NA	C Corporation				Yes	
(186) Las Misiones SA Suipacha 1111 Piso 18 Buenos Aires C1008AAW AR	Investments	AR	NA	C Corporation				Yes	
(187) LaSalle Asia Opportunity Cayman I Ltd Walker House 87 Mary Street George Town CJ 98-0447511	Investments	CJ	NA	C Corporation				Yes	
(188) Lifetime Centrecourt Grenville Limited P 22 St Clair Avenue East Suite 101 Toronto M4T 2S3 CA 98-0684331	Investments	CA	NA	C Corporation				Yes	
(189) Lindene Ltd Maples Corporate Services Ltd PO B George Town KY1-1104 CJ	Investments	CJ	NA	C Corporation				Yes	
(190) Longfellow Atlantic REIT II Inc 260 Franklin Street Suite 1520 Boston, MA 02110 81-2156530	Investments	DE	NA	C Corporation				Yes	
(191) Longfellow Atlantic REIT Inc 260 Franklin Street Suite 1520 Boston, MA 02110 46-4628691	Investments	DE	NA	C Corporation				Yes	
(192) Longfellow Atlantic TRS LLC 260 Franklin Street Suite 1520	Investments	DE	NA	C Corporation				Yes	

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								Yes	No
Boston, MA 02110 37-1791658									
(193) Longstocking Investment Corporation 600 Atlantic Avenue Boston, MA 02210 52-2116455	Investments	MA	NA	C Corporation				Yes	
(194) Longterm Forest Partners Cia Ltda Avenida Patria E4-69 y Amazonas Ed Quito EC	Investments	EC	NA	C Corporation				Yes	
(195) Los Arrayanes SA Villa Fintana Del Club Terraza 2 C Managua NU	Investments	NU	NA	C Corporation				Yes	
(196) Los Laureles SA Villa Fintana Del Club Terraza 2 C Managua NU	Investments	NU	NA	C Corporation				Yes	
(197) Luxco Lending Fund II Sarl 6D Route De Treves Senningerberg L-2633 LU	Investments	LU	NA	C Corporation				Yes	
(198) LuxCo Lending Fund SARL 6D Route De Treves Senningerberg L-2633 LU 98-1422156	Investments	LU	NA	C Corporation				Yes	
(199) Maguari Ltd C/O Maples and Calder PO Box 309 Grand Cayman KY1-1104 CJ 98-1097957	Investments	CJ	NA	C Corporation				Yes	
(200) Masdevallia Ltd C/O Maples and Calder PO Box 309 Grand Cayman KY1-1104 CJ 98-1083311	Investments	CJ	NA	C Corporation				Yes	
(201) MCRB Real Estate Investment Trust Inc 1503 LBJ Freeway Suite 300 Dallas, TX 75234 46-1195422	Investments	DE	NA	C Corporation				Yes	
(202) MCRB Tenant Holdco LLC 1503 LBJ Freeway Suite 300 Dallas, TX 75234 46-1195591	Investments	DE	NA	C Corporation				Yes	
(203) MDH Atlantic Development REIT II Inc 3715 Northside Parkway NWBuilding 4 Atlanta, GA 30327 82-2117419	Investments	DE	NA	C Corporation				Yes	
(204) MDH Atlantic REIT II Inc 3715 Northside Parkway NWBuilding 4 Atlanta, GA 30327 82-1589729	Investments	DE	NA	C Corporation				Yes	
(205) MDH Atlantic REIT Inc 3715 Northside Parkway NWBuilding 4 Atlanta, GA 30327 46-5247314	Investments	DE	NA	C Corporation				Yes	
(206) Mirabilis SA Calle Las begonias No 475 Dpto 7 San Isidoro PE	Investments	PE	NA	C Corporation				Yes	
(207) Nazare Agroindustrial Ltda Fazenda Nazare s/n - Zona Rural-Sa Filomena BR	Investments	BR	NA	C Corporation				Yes	
(208) NCH Investors Fund (HU) Corp C/O Maples and Calder PO Box 309 KY1-1104 CJ	Investments	CJ	NA	C Corporation				Yes	
(209) Nicarao I Ltd Maples Corporate Services Ltd PO B Grand Cayman KY1-1104 CJ 98-0643167	Investments	CJ	NA	C Corporation				Yes	
(210) Nicarao II Ltd Maples Corporate Services Ltd PO B Grand Cayman KY1-1104 CJ 98-0643169	Investments	CJ	NA	C Corporation				Yes	
(211) Nicarao Ltd Maples Corporate Services Ltd PO B KY1-1104 CJ 98-0643164	Investments	CJ	NA	C Corporation				Yes	
(212) Nicateca Inc C/O Walkers SPV Limited Walker Hou	Investments	CJ	NA	C Corporation				Yes	

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								Yes	No
George Town KY1-1104 CJ 98-0520487									
(213) Nicateca SA Villa Fintana Del Club Terraza 2 C Managua NU	Investments	NU	NA	C Corporation				Yes	
(214) Nomina (No 1253) Limited 40 Gracechurch Street 5th Floor London EC3V 0BT UK	Investments	UK	NA	C Corporation				Yes	
(215) Northern Rosella Trust Level 25 20 Bond Street Sydney NSW 2000 AS 98-6081350	Investments	AS	NA	C Corporation				Yes	
(216) OAK-Mosser REIT II Inc 220 Montgomery St 20th Floor San Francisco, CA 94104 82-2028032	Investments	DE	NA	C Corporation				Yes	
(217) OAK-Mosser REIT Inc 220 Montgomery Street 20th Floor San Francisco, CA 94104 81-3362816	Investments	DE	NA	C Corporation				Yes	
(218) Opera SA Villa Fintana Del Club Terraza 2 C Managua NU	Investments	NU	NA	C Corporation				Yes	
(219) PAG Asia Alpha Feeder Limited PO Box 472 2nd Floor Harbor Place George Town KY1-1106 CJ	Investments	CJ	NA	C Corporation				Yes	
(220) Parfen SRL Juncal 1392 Montevideo 11000 UY	Investments	UY	NA	C Corporation				Yes	
(221) Pearl Retail Inc C/O Maples and Calder PO Box 309 George Town KY1-1104 CJ 98-1048757	Investments	CJ	NA	C Corporation				Yes	
(222) Pinares AARL Juncal 1327 Floor 22 Montevideo 11000 UY 98-0641950	Investments	UY	NA	Trust				Yes	
(223) POOLED INCOME FUNDS (3)	CHARITABLE TRUST	MA	NA	C Corporation				Yes	
(224) Pradaria Agroflorestal Ltda Avenida Alfonso Pena 3504 Room 7 Campo Grande CEP 79002 BR 98-0642732	Investments	BR	NA	C Corporation				Yes	
(225) Premier A-1 Services LLC 3519 Fee Fee Rd 221 Bridgeton, MO 63044 82-1435302	Investments	DE	NA	C Corporation				Yes	
(226) PSI Atlantic Services LLC 530 Oak Court Drive Suite 185 Memphis, TN 38117 82-1423777	Investments	DE	NA	C Corporation				Yes	
(227) Pular SpA c/o Aninat Schwencke Cia Av Lo CI	Investments	CI	NA	C Corporation				Yes	
(228) Regent Office Fund II REIT 11990 San Vicente BoulevardSuite 20 Los Angeles, CA 90049 47-2081357	Investments	MD	NA	C Corporation				Yes	
(229) Represa Properties Ltd Ugland House South Church Street George Town KY1-1104 CJ	Investments	CJ	NA	Trust				Yes	
(230) RETIREMENT PLAN TRUST FOR EMPLOYEES OF H 1033 MASS AVE 3RD FL CAMBRIDGE, MA 02138 04-2636388	RETIREMENT TRUST	MA	NA	C Corporation				Yes	
(231) Rio Mira Participacoes Ltda Av das Americas 700 Bloco 5 Sala Barra da Tijuca BR	Investments	BR	NA	C Corporation				Yes	
(232) Rosella Hold TC Pty Ltd Level 25 20 Bond Street Sydney NSW 2000 AS 98-1126654	Investments	AS	NA	C Corporation				Yes	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(233) Rosella Ltd Maples Corporate Services Ltd PO B Grand Cayman KY1-1104 CJ 98-1120479	Investments	CJ	NA	C Corporation				Yes	
(234) Rosella Sub TC Pty Ltd Level 25 20 Bond Street Sydney NSW 2000 AS 98-1126678	Investments	AS	NA	C Corporation				Yes	
(235) Scolopax SRL 8 Victoriei Street B1 42 Bis Apt Brasov RO	Investments	RO	NA	C Corporation				Yes	
(236) SLP Ltd PO Box 309 Ugland House Grand Cayman KY1-1104 CJ	Investments	CJ	NA	C Corporation				Yes	
(237) Sobralia Ltd C/O Maples and Calder PO Box 309 Grand Cayman KY1-1104 CJ 98-1084076	Investments	CJ	NA	C Corporation				Yes	
(238) Sociedad Explotadora Agricola SpA Ave Isidora Goyenechea No 2939 1 Las Condes CI 98-0632838	Investments	CI	NA	C Corporation				Yes	
(239) Sora Ltd C/O Maples and Calder PO Box 309 Grand Cayman KY1-1104 CJ 98-1098256	Investments	CJ	NA	C Corporation				Yes	
(240) Star Asia Japan Special Situations IV Bl 125 Gaither Drive Suite L Mount Laurel, NJ 08054	Investments	CJ	NA	C Corporation				Yes	
(241) Stelis Ltd C/O Maples and Calder PO Box 309 Grand Cayman KY1-1104 CJ 98-1083800	Investments	CJ	NA	C Corporation				Yes	
(242) Sustainable Teak Participacoes Ltda Av Castelo Branco 272 Room 3 Sa Caceres 78200-000 BR 98-0639215	Investments	BR	NA	C Corporation				Yes	
(243) Tacora SpA c/o Aninat Schwencke Cia Av Lo CI	Investments	CI	NA	C Corporation				Yes	
(244) Tagua SpA 2939 Avenida Isidora Goyenechea 11 Las Condes CI 98-1120143	Investments	CI	NA	C Corporation				Yes	
(245) TDCA REIT Inc 5130 South Alston Avenue Suite 210 Durham, NC 27713 47-5575876	Investments	DE	NA	C Corporation				Yes	
(246) Terena SA Mones Roses 6937 Montevideo 11000 UY	Investments	UY	NA	C Corporation				Yes	
(247) Terracal Alimentos e Bioenergia - Unidat Av das Americas 700 Bl 5 Salas Barra da Tijuca BR	Investments	BR	NA	C Corporation				Yes	
(248) Terracal Alimentos e Bioenergia - Unidat Fazenda Santo Anonio da Manga S/N BR	Investments	BR	NA	C Corporation				Yes	
(249) Terracal Alimentos e Bioenergia - Unidat Fazenda Flexas S/N Zona Rural Sao Romao CEP 39290-000 BR	Investments	BR	NA	C Corporation				Yes	
(250) Terracal Alimentos e Bioenergia - Unidat Av das Americas 700 Bl 5 Salas Barra da Tijuca BR	Investments	BR	NA	C Corporation				Yes	
(251) Terracal Alimentos e Bioenergia - Unidat Fazenda Oiteiros S/N Zona Rural CEP 64840-000 BR	Investments	BR	NA	C Corporation				Yes	
(252) Terracal Alimentos e Bioenergia - Unidat Fazenda Oiteiros S/N Zona Rural CEP 64840-000 BR	Investments	BR	NA	C Corporation				Yes	
(253) Terracal Alimentos e Bioenergia - Unidat	Investments	BR	NA	C Corporation				Yes	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
CJ									
(274) Western Rosella Trust Level 25 20 Bond Street Sydney NSW 2000 AS 98-1126861	Investments	AS	NA	C Corporation				Yes	
(275) Wood Village Sub III GARP LLC 973 Lomas Santa Fe Drive Solana Beach, CA 92075 90-0906261	Investments	DE	NA	C Corporation				Yes	
(276) Wood Village Sub IV GARP LLC 973 Lomas Santa Fe Drive Solana Beach, CA 92075 35-2459520	Investments	DE	NA	C Corporation				Yes	
(277) Yanteles SpA c/o Aninat Schwencke Cia Av Lo CI	Investments	CI	NA	C Corporation				Yes	

Schedule R (Form 990) 2018

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.

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p		No
1q		No
1r		No
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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference**Explanation**

Schedule R (Form 990) 2018

Additional Data**Return to Form****Software ID:****Software Version:**