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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 20 12

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: HARVARD NEURODISCOVERY CENTER, INC.

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 25 SHATTUCK STREET

Room/suite:

City or town, state or country, and ZIP + 4: BOSTON, MA 02115

D Employer identification number: 31-1745145

E Telephone number: (617) 432-1142

G Gross receipts $ 2,802,231.

F Name and address of principal officer: ADRIAN IVINSON
25 SHATTUCK STREET, BOSTON, MA 02115

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

If "No," attach a list (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ WWW.HCNR.MED.HARVARD.EDU

H(c) Group exemption number ▶ N/A

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 2000 M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
NEUROSCIENCE-RELATED RESEARCH

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1.
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	1.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,928,237.	1,874,310.
9	Program service revenue (Part VIII, line 2g)	711,585.	730,734.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	175,739.	197,187.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,815,561.	2,802,231.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,098,834.	2,281,328.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 229,982.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,177,726.	2,122,784.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,276,560.	4,404,112.
19	Revenue less expenses Subtract line 18 from line 12	-3,460,999.	-1,601,881.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,750,250.	11,545,773.
21	Total liabilities (Part X, line 26)	1,334,335.	989,784.
22	Net assets or fund balances Subtract line 21 from line 20	12,415,915.	10,555,989.

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Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 14 May '13

▶ ADRIAN J. IVINSON DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: GWEN SPENCER	Preparer's signature	Date: 5-13-13	Check [ ] if self-employed	PTIN: P00641463
Firm's name ▶ PRICEWATERHOUSECOOPERS LLP			Firm's EIN ▶ 13-4008324	
Firm's address ▶ 125 HIGH STREET BOSTON, MA 02110			Phone no 617-530-5000	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2011)

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Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

NEUROSCIENCE-RELATED RESEARCH

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 3,494,524 including grants of $ 2,281,328) (Revenue $ 730,734)

MEDICAL RESEARCH PROGRAMS, INCLUDING, BUT NOT LIMITED TO, THE LABORATORY FOR DRUG DISCOVERY NEURODEGENERATION PROGRAM, THE 3T MRI AND PET PROGRAM, THE BIOMARKER PROGRAM, ETC.

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 ▶ 3,494,524.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MICHAEL F. HARTY LANDMARK CTR, STE 23 W, 401 PARK DR. BOSTON, MA 02115 617-998-6881

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH B MARTIN, MD, PHD DIRECTOR/TRUSTEE	1.00	X						0	316,312.	38,887.
(2) DENNIS J SELKOE, MD DIRECTOR/TRUSTEE	1.00	X						0	92,368.	9,284.
(3) ADRIAN J IVINSON, PHD DIR OF HNDC/DIRECTOR/TRUSTEE	40.00	X		X				0	213,923.	50,356.
(4) JEFFREY S FLIER, MD PRESIDENT/TRUSTEE	1.00	X		X				0	570,662.	50,711.
(5) JUDITH GLAVEN DIRECTOR/TRUSTEE	1.00	X						0	226,325.	39,664.
(6) MICHAEL GREENBERG DIRECTOR/TRUSTEE	1.00	X						0	419,110.	31,770.
(7) BRADLEY HYMAN, MD, PHD DIRECTOR/TRUSTEE	1.00	X						0	0	0
(8) PATTI STOLL DIR OF RESOURCE DEVELOPMENT	35.00					X		0	178,449.	46,297.
(9) DEIRDRE B PHILLIPS EXEC DIR, AUTISM CONSORTIUM	35.00					X		0	213,733.	34,519.
(10) STEPHANIE LORANGER ASSOC. DIR. AUTISM CONSORTIUM	35.00					X		0	79,872.	30,415.
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
1b Sub-total ▶								0	2,310,754.	331,903.
c Total from continuation sheets to Part VII, Section A ▶								0	0	0
d Total (add lines 1b and 1c) ▶								0	2,310,754.	331,903.

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

		Yes	No
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*	3		X
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*	4	X	
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*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,874,310			
	g	Noncash contributions included in lines 1a-1f $ 18,350					
	h	**Total.** Add lines 1a-1f		1,874,310			
Program Service Revenue			**Business Code**				
	2a	LAB SERVICES	541700	155,820	155,820		
	b	ACADEMIC SUPPORT ASSESSMENT	541700	19,501	19,501		
	c	REIMBURSEMENT PAYMENTS	541700	555,413	555,413		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		730,734			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		197,187			197,187
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	**Business Code**				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		0			
	12	**Total revenue.** See instructions		2,802,231.	730,734.		197,187.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,201,040.	2,201,040.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	2,599.	2,599.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	77,689.	77,689.		
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	7,983.		7,983.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	701.		701.	
12 Advertising and promotion	0			
13 Office expenses	405,635.	361,439.	36,411.	7,785.
14 Information technology	32,938.	10,938.	20,382.	1,618.
15 Royalties	0			
16 Occupancy	232,077.		232,077.	
17 Travel	22,586.	5,699.	9,021.	7,866.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	31,568.	14,694.	14,689.	2,185.
20 Interest	19,858.		19,858.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	250,275.	250,275.		
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 TAXES	500.		500.	
b PERSONNEL CHARGEBACK	1,118,663.	570,151.	337,984.	210,528.
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	4,404,112.	3,494,524.	679,606.	229,982.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		4,026,423.	3	3,392,896.
	4	Accounts receivable, net		0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		68,219.	9	17,198.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,690,474.			
	b	Less accumulated depreciation	10b 2,900,631.	994,564.	10c	789,843.
	11	Investments - publicly traded securities		4,160,051.	11	1,902,005.
	12	Investments - other securities See Part IV, line 11		0	12	0
	13	Investments - program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		4,500,993.	15	5,443,831.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,750,250.	16	11,545,773.
Liabilities	17	Accounts payable and accrued expenses		878,274.	17	258,314.
	18	Grants payable		0	18	0
	19	Deferred revenue		300,000.	19	300,000.
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		156,061.	25	431,470.
	26	**Total liabilities.** Add lines 17 through 25		1,334,335.	26	989,784.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,541,946.	27	3,406,703.
	28	Temporarily restricted net assets		8,873,969.	28	7,149,286.
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		12,415,915.	33	10,555,989.
	34	Total liabilities and net assets/fund balances		13,750,250.	34	11,545,773.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,802,231.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,404,112.
3	Revenue less expenses Subtract line 2 from line 1	3	-1,601,881.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,415,915.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-258,045.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,555,989.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
HARVARD NEURODISCOVERY CENTER, INC.	31-1745145

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		X
(ii) A family member of a person described in (i) above? 11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		X

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									313,940.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10 . .						

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organzation meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **331/3% support tests - 2011** If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **331/3% support tests - 2010** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

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

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

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
PRESIDENT & FELLOWS OF HARVARD COLLEGE	04-2103580	02	X			313,940
TOTAL AMOUNT OF SUPPORT						313,940

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number

31-1745145

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,801,202.	9,007,407.	8,514,824.	9,889,001.	
b Contributions					
c Net investment earnings, gains, and losses	-2,055,581.	793,795.	492,583.	-1,374,177.	
d Grants or scholarships					
e Other expenditures for facilities and programs	5,723,555.				
f Administrative expenses					
g End of year balance	2,022,066.	9,801,202.	9,007,407.	8,514,824.	

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

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

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

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)	X	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	X	

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		3,690,474.	2,900,631.	789,843.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				789,843.

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

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

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

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

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

(a) Description	(b) Book value
(1) DUE FROM HARVARD UNIVERSITY	5,443,831.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	5,443,831.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTIES	431,470.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	431,470.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

SCHEDULE D, PART V, LINE 4

THE HARVARD NEURODISCOVERY CENTER'S QUASI-ENDOWMENT FUNDS WILL BE USED TO FURTHER SCIENTIFIC PROGRAMS IN ACCORDANCE WITH ITS MISSION: TO DRAW THE BEST INVESTIGATORS INTO A COLLABORATIVE AND COORDINATED EFFORT TO UNDERSTAND THE CAUSES OF NEURODEGENERATIVE DISEASES; TO BRING TO THIS EFFORT A FOCUS ON TRANSLATIONAL RESEARCH; AND TO DEVELOP A MULTI-DISEASE EXPERTISE WHEREBY INSIGHTS, EXPERIMENTAL APPROACHES, TOOLS, AND TECHNIQUES DEVELOPED IN RESPONSE TO ONE DISEASE ARE RELEVANT TO OTHER NEURODEGENERATIVE DISEASES.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number

31-1745145

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)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE			GRANTMAKING		77,689
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					77,689
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					77,689

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000 Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Part II can be duplicated if additional space is needed

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RSRCH PRGRMS	77,689	CHECK		N/A	N/A
(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 . . . . . ▶ 1.

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)								
(2)								
(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**

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

PART I, LINE 2

GRANT PAYMENTS ARE MANAGED BY THE HARVARD NEURODISCOVERY CENTER, INC. ("HNDC") OFFICE, INCLUDING REVIEWING AND APPROVING THE SUBMITTED INVOICES AND SUPPORT ACCOUNTING BACK-UP. HNDC REQUIRES THE PERIODIC REPORTS TO BE REVIEWED. FOR EXAMPLE, THE RECIPIENTS OF HNDC'S PILOT GRANTS ARE REQUIRED TO SUBMIT FINAL REPORTS WHEN THEIR GRANT PERIODS CONCLUDE. EXPENSES ASSOCIATED WITH FOREIGN ACTIVITIES ARE SEPERATELY IDENTIFIED ON THE ORGANIZATION'S LEDGER.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number

31-1745145

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? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	1,433,503		N/A	N/A	GRANTS FOR RESEARCH PROGRAMS
(2) MASSACHUSETTS GENERAL HOSPITAL 54 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	417,694		N/A	N/A	GRANTS FOR RESEARCH PROGRAMS
(3) PRESIDENT & FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	313,940		N/A	N/A	GRANTS FOR RESEARCH PROGRAMS
(4) UNIVERSITY OF CALIFORNIA SAN FRANCISCO 3333 CALIFORNIA ST SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	8,423		N/A	N/A	GRANTS FOR RESEARCH PROGRAMS
(5) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501(C)(3)	6,920		N/A	N/A	GRANTS FOR RESEARCH PROGRAMS
(6) CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	20,560		N/A	N/A	GRANTS FOR RESEARCH RSRCH PRGRMS
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6.

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

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

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

SCHEDULE I, PART I, LINE 2

GRANT PAYMENTS ARE MANAGED BY THE HARVARD NEURODISCOVERY CENTER, INC. ("HNDC") OFFICE, INCLUDING REVIEWING AND APPROVING THE SUBMITTED INVOICES AND SUPPORT ACCOUNTING BACK-UP. HNDC REQUIRES THE PERIODIC REPORTS TO BE REVIEWED. FOR EXAMPLE, THE RECIPIENTS OF HNDC'S PILOT GRANTS ARE REQUIRED TO SUBMIT FINAL REPORTS WHEN THEIR GRANT PERIODS CONCLUDE.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990 ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number
31-1745145

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSEPH B MARTIN, MD, PH	(i)	0	0	0	0	0	0	0
	(ii)	301,724.	0	14,588.	31,410.	7,477.	355,199.	0
2 ADRIAN J IVINSON, PHD	(i)	0	0	0	0	0	0	0
	(ii)	212,946.	0	977.	27,987.	22,369.	264,279.	0
3 JEFFREY S FLIER, MD	(i)	0	0	0	0	0	0	0
	(ii)	561,730.	0	8,932.	31,410.	19,301.	621,373.	
4 JUDITH GLAVEN	(i)	0	0	0	0	0	0	0
	(ii)	216,156.	10,000.	169.	29,384.	10,280.	265,989.	0
5 MICHAEL GREENBERG	(i)	0	0	0	0	0	0	0
	(ii)	411,860.	0	7,250.	31,410.	360.	450,880.	0
6 PATTI STOLL	(i)	0	0	0	0	0	0	0
	(ii)	178,221.	0	228.	22,929.	23,368.	224,746.	0
7 DEIRDRE B PHILLIPS	(i)	0	0	0	0	0	0	0
	(ii)	203,459.	10,000.	274.	27,056.	7,463.	248,252.	0
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART II

OFFICERS AND DIRECTORS/TRUSTEES ARE NOT COMPENSATED IN THEIR CAPACITY AS OFFICERS AND/OR DIRECTORS/TRUSTEES OF HARVARD NEURODISCOVERY CENTER, INC. ("HNDC"). HOWEVER, THE INDIVIDUALS LISTED WERE ALSO EMPLOYEES OF THE PRESIDENT & FELLOWS OF HARVARD COLLEGE ("COLLEGE"), POSITIONS FOR WHICH THEY RECEIVED COMPENSATION. THEY SERVED AS OFFICERS AND/OR DIRECTORS/TRUSTEES OF HNDC AS PART OF THEIR DUTIES TO THE COLLEGE. DURING 2011, THE COLLEGE COMPENSATED THESE INDIVIDUALS AS DESCRIBED IN PART II.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number
31-1745145

FORM 990, PART V, LINE 2A

HARVARD NEURODISCOVERY CENTER, INC. ("HNDC") HAS NO EMPLOYEES. HNDC REIMBURSES PRESIDENT AND FELLOWS OF HARVARD COLLEGE FOR PERSONNEL EXPENSES RELATED TO SERVICES PERFORMED ON BEHALF OF HNDC.

FORM 990, PART VI, LINE 4

AS A RESULT OF FAILURE TO FILE ANNUAL REPORTS THE ORGANIZATION'S CORPORATE STATUS WAS REVOKED BY THE MASSACHUSETTS SECRETARY OF STATE EFFECTIVE JUNE 18, 2012. THE ORGANIZATION FILED FOR REVIVAL OF THE ORGANIZATION ON MARCH 21, 2013. A COPY OF THE CERTIFICATE OF REVIVAL IS ATTACHED.

FORM 990, PART VI, LINE 11A

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

FORM 990, PART VI, LINES 12C, 13 & 14

HARVARD NEURODISCOVERY CENTER, INC. ("HNDC") HAS NO SEPARATE WRITTEN POLICIES. AS AN AFFILIATED ENTITY OF THE PRESIDENT & FELLOWS OF HARVARD COLLEGE ("COLLEGE"), HNDC ADHERES TO THE COLLEGE'S, AND MORE SPECIFICALLY, HARVARD MEDICAL SCHOOL'S ("HMS"), CONFLICT OF INTEREST POLICY, DOCUMENT RETENTION POLICY, AND WHISTLEBLOWER POLICY. OFFICERS, DIRECTORS, AND TRUSTEES ARE REQUIRED TO DISCLOSE INTERESTS THAT COULD

Name of the organization: HARVARD NEURODISCOVERY CENTER, INC.
Employer identification number: 31-1745145

GIVE RISE TO CONFLICTS. MONITORING TAKES PLACE WITHIN THE FRAMEWORK OF HMS.

FORM 990, PART VI, LINE 15

OFFICERS AND DIRECTORS/TRUSTEES ARE NOT COMPENSATED IN THEIR CAPACITY AS OFFICERS AND DIRECTORS/TRUSTEES OF HARVARD NEURODISCOVERY CENTER, INC. ("HNDC"). HOWEVER, THE INDIVIDUALS LISTED WERE ALSO EMPLOYEES OF THE PRESIDENT & FELLOWS OF HARVARD COLLEGE ("COLLEGE"), POSITIONS FOR WHICH THEY RECEIVED COMPENSATION. THEREFORE, THEIR COMPENSATION AND BENEFITS ARE DETERMINED BY THE COLLEGE.

FORM 990, PART VI, LINE 19

GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC. HNDC FOLLOWS THE CONFLICT OF INTEREST POLICY OF PRESIDENT & FELLOWS OF HARVARD COLLEGE, AND MORE SPECIFICALLY, HARVARD MEDICAL SCHOOL, WHICH IS AVAILABLE ON THE INSTITUTION'S WEBSITE. HNDC'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, IN ACCORDANCE WITH FEDERAL REGULATIONS.

FORM 990, PART VII, COLUMN (B)

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

JOSEPH B. MARTIN, MD, PHD - 35

JEFFREY S. FLIER, MD - 35

JUDITH GLAVEN - 35

MICHAEL GREENBERG - 35

Name of the organization: HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number: 31-1745145

DENNIS J. SELKOE, M.D. - 4

FORM 990, PART XI, LINE 5

UNREALIZED LOSS ON INVESTMENTS	($258,045)

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number
31-1745145

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) AMERICAN REPERTORY THEATRE COMPANY, INC 04-2665867 62 BRATTLE ST CAMBRIDGE, MA 02138	PERFORMING AR	MA	501(C)(3)	9	HPF	X	
(2) ASSOC D ROCKEFELLER CTR DE UNIV DE HVD N/A AVENIDA PAULISTA, 1337, 17 AND SAO PAULO, BR	EDUCATION	BR	FOREIGN	N/A	HPF	X	
(3) BLUE MARBLE HOLDINGS CORP 23-7014581 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENT MA	MA	501(C)(3)	11,TYPE I	HPF	X	
(4) CENTRE RECHERCHE EUROPEEN DE LA HBS N/A 62 RUE FRANCOIS 1ER PARIS, FR	RESEARCH SUPP	FR	FOREIGN	N/A	HPF	X	
(5) DEMETER HOLDINGS CORP 04-3044742 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENT MA	MA	501(C)(3)	11,TYPE I	HPF	X	
(6) DOYUKAI FUND FOR HARVARD, INC. 04-3478889 C/O ROPES & GRAY LLP, 800 BOYL BOSTON, MA 02199	RESEARCH SUPP	MA	501(C)(3)	11,TYPE I	N/A		X
(7) DUBAI HARVARD FND FOR MED RSCH, INC. 52-2446955 401 PARK DR BOSTON, MA 02215	EDUCATION AND	MA	501(C)(3)	11,TYPE I	HPF	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

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HARVARD NEURODISCOVERY CENTER, INC.

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(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	(g) No
(1) ENDOWMENT FOR RESEARCH IN HUMAN BIOLOGY, 04-2702030 160 FEDERAL ST BOSTON, MA 02115	RESEARCH	MA	501(C)(3)	11,TYPE III	HPF	X	
(2) FUNDACION CENTRO DE INVESTIGACION DE LA N/A CERRITO 1320, PISO 11 BUENOS AIRES, AR	RESEARCH SUPP	AR	FOREIGN	N/A	HPF	X	
(3) GIOVANNI ARMENISE-HVD FDN FOR SCI RSCH 04-3293162 HMS, C/O DEAN OF FAC OF MED. BOSTON, MA 02115	RESEARCH SUPP	MA	501(C)(3)	11,TYPE I	HPF	X	
(4) HARVARD BUSINESS SCHOOL INTERACTIVE, INC 04-3395140 C/O HBS SOLDIERS FIELD RD BOSTON, MA 02163	EXECUTIVE EDU	MA	501(C)(3)	11,TYPE I	HPF	X	
(5) HARVARD BUSINESS SCHOOL PUBLISHING CORP 04-3177990 300 NORTH BEACON ST WATERTOWN, MA 02474	PUBLISHING	MA	501(C)(3)	11,TYPE I	HPF	X	
(6) HARVARD DEDICATED ENERGY, LTD 03-0425512 1033 MASS. AVE CAMBRIDGE, MA 02138	ELECTRICITY P	MA	501(C)(3)	11,TYPE I	HPF	X	
(7) HARVARD GLOBAL RSCH AND SUPPORT SVCS , 45-4535664 1033 MASS AVE. CAMBRIDGE, MA 02138	GLOBAL SUPPOR	MA	501(C)(3)	11,TYPE I	HPF	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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OMB No 1545-0047
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(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	(g) Section 512(b)(13) controlled entity? No
(1) HARVARD MAGAZINE, INC 04-6112308 7 WARE ST CAMBRIDGE, MA 02138	PUBLISHING	MA	501(C)(3)	11,TYPE III	HPF	X	
(2) HARVARD MANAGEMENT COMPANY, INC. 23-7361259 600 ATLANTIC AVE BOSTON, MA 02210	MANAGEMENT CO	MA	501(C)(3)	11,TYPE I	HPF	X	
(3) HARVARD MANAGEMENT PRIVATE EQUITY CORP 04-3070522 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENT MA	MA	501(C)(3)	11,TYPE I	HPF	X	
(4) HARVARD MEDICAL CENTER 04-2213292 25 SHATTUCK ST BOSTON, MA 02115	MEDICAL EDUCA	MA	501(C)(3)	11,TYPE I	N/A		X
(5) HARVARD MEDICAL COLLABORATIVE, INC 04-3476764 25 SHATTUCK ST BOSTON, MA 02115	MEDICAL EDUCA	MA	501(C)(3)	11,TYPE I	N/A		X
(6) HARVARD PRIVATE CAPITAL HOLDINGS, INC 04-3070519 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENT MA	MA	501(C)(3)	11,TYPE I	HPF	X	
(7) HARVARD PRIVATE CAPITAL REALTY, INC 22-3138409 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENT MA	MA	501(C)(3)	11,TYPE I	HPF	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number
31-1745145

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) HARVARD REAL ESTATE - ALLSTON, INC. 04-3373410 1033 MASS AVE CAMBRIDGE, MA 02138	TITLE HOLDING	MA	501(C)(25)	N/A	HPF	X	
(2) HARVARD REAL ESTATE, INC. 04-2649303 1033 MASS. AVE CAMBRIDGE, MA 02138	REAL ESTATE B	MA	501(C)(3)	11,TYPE I	HPF	X	
(3) HARVARD-YENCHING INSTITUTE 04-2062394 VANSERG HALL, STE 20, 25 FRAN CAMBRIDGE, MA 02138	EDUCATION	MA	501(C)(3)	11,TYPE I	N/A		X
(4) ION, INC 22-3032677 C/O HARVARD UNIVERSITY, 1350 M CAMBRIDGE, MA 02138	RESEARCH	MA	501(C)(3)	11,TYPE I	HPF	X	
(5) MASSACHUSETTS GREEN HIGH PERFORMANCE COM 27-3014805 100 BIGELOW ST HOLYOKE, MA 01040	RESEARCH	MA	501(C)(3)	11,TYPE I	N/A		X
(6) MGHPCC HOLYOKE, INC 45-2257442 100 BIGELOW ST HOLYOKE, MA 01040	RESEARCH	MA	501(C)(3)	11,TYPE I	N/A		X
(7) PHEMUS CORP. 04-2997367 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENT MA	MA	501(C)(3)	11,TYPE I	HPF	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number
31-1745145

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) PRESIDENT AND FELLOWS OF HARVARD COLLEGE 04-2103580 1033 MASS AVE CAMBRIDGE, MA 02138	EDUCATION AND	MA	501(C)(3)	2	N/A		X
(2) PUTNAM SQUARE APARTMENTS, INC 04-6251287 C/O HRES, 1350 MASS AVE CAMBRIDGE, MA 02138	REAL ESTATE	MA	501(C)(3)	9	HPF	X	
(3) RED TOP, INC 51-0189788 1033 MASS. AVE CAMBRIDGE, MA 02138	ATHLETICS	CT	501(C)(3)	11,TYPE I	HPF	X	
(4) SHIPPING VENTURE CORP 04-3263656 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENT MA	MA	501(C)(3)	11,TYPE I	HPF	X	
(5) STUDENT CLUBS OF HBS, INC 57-1152691 SOLDIERS FIELD RD BOSTON, MA 02163	STUDENT SUPPO	MA	501(C)(3)	11,TYPE I	HPF	X	
(6) THE CARL J SHAPIRO INSTITUTE 04-3326928 330 BROOKLINE AVE BOSTON, MA 02215	MEDICAL EDUCA	MA	501(C)(3)	11,TYPE I	N/A		X
(7) TRUSTEES FOR HARVARD UNIVERSITY 53-0199180 1033 MASS AVE. CAMBRIDGE, MA 02138	EDUCATION	DC	501(C)(3)	11,TYPE II	HPF	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ALCION REAL ESTATE PARTNERS II ONE POST OFF SQ , STE 4100	INVESTMENTS	DE	N/A	N/A								
(2) ALCION REAL ESTATE PARTNERS, L ONE POST OFF. SQ , STE 4100	INVESTMENTS	DE	N/A	N/A								
(3) AMERRA AGRI OPPORTUNITY FUND, 1185 AVENUE OF THE AMERICAS, 1	INVESTMENTS	DE	N/A	N/A								
(4) ATLANTIC TORONTO, LP 35-238478 C/O HARVARD MGMT CO , 600 ATL	INVESTMENTS	DE	N/A	N/A								
(5) BAYNORTH HPCH, LLC 20-5305576 ONE FINANCIAL CTR , FL 23	INVESTMENTS	DE	N/A	N/A								
(6) BAYNORTH REALTY FUND V, LP 04-200 CLARENDON ST , 54TH FL	INVESTMENTS	MA	N/A	N/A								
(7) B-BROOK-B, S A R L 98-0558809 20 RUE DE LA POSTE L-2346	INVESTMENTS	LU	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) 2226081 ONTARIO, LTD N/A 333 BAY ST , STE 3400 TORONTO, CA	INVESTMENTS	CA	N/A	C			
(2) 365 CHURCH ST , LP N/A 4711 YONGE ST , STE. 1400 TORONTO, CA	INVESTMENTS	CA	N/A	C			
(3) ADELAIDE-PETER DEVELOPMENTS 98-0684328 4711 YONGE ST , STE 1400 TORONTO, CA	INVESTMENTS	CA	N/A	C			
(4) AGRICOLA BRINZAL, LTDA N/A AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C			
(5) AGRICOLA CRECER, LTDA N/A AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C			
(6) AGRICOLA DURAMEN, LTDA N/A AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C			
(7) AGRICOLA E INVERSIONES PAMPA ALEGRE, S A N/A AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) BLUE ATLANTIC ACQUISITION GROU 111 SOUTH WACKER DR , STE 330	INVESTMENTS	DE	N/A	N/A								
(2) BPR CO-INVESTOR, LLC 20-837634 645 MADISON AVE , 18TH FL	INVESTMENTS	DE	N/A	N/A								
(3) CAPITAL PARTNERS (2) US TAX EX 88 PHILLIP ST	INVESTMENTS	DE	N/A	N/A								
(4) CHARLESBANK EQUITY FUND IV, LP 200 CLARENDON ST , 54TH FL	INVESTMENTS	MA	N/A	N/A								
(5) CHARLESBANK REALTY FUND IV, LP 200 CLARENDON ST , 54TH FL	INVESTMENTS	MA	N/A	N/A								
(6) CHEROKEE INVEST PTNRS III PA 111 E HARGETT ST	INVESTMENTS	DE	N/A	N/A								
(7) COMPOSITION CAPITAL ASIA FUND WORLD TRADE CTR , TOWER H - 15	INVESTMENTS	NL	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) AGRICOLA FUNDO BUCALEMU, LTDA 98-0639220 DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C			
(2) AGRICOLA RAPEL, LTDA 98-0639218 DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C			
(3) AGRICOLA RETIRO, LTDA N/A DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C			
(4) AGRICOLA RIBERA, LTDA N/A DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C			
(5) AGROFLORESTAL VERDE SUL, S A N/A RODOVIA RS-473, KM 22, RINCAO SO SA DISTRICT MATARAZZO,	INVESTMENTS	BR	N/A	C			
(6) AQUILA, INC 98-0532782 WALKER HOUSE, MARY ST , PO BOX 908G GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(7) ARA, INC 98-0543813 WALKER HOUSE, MARY ST , PO BOX 908G GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) COMTEL TELECOM ASSETS, LP 20-3 200 CLARENDON ST	INVESTMENTS	TX	N/A	N/A								
(2) CORAL SENIOR HOUSING, LLC 27-3 975 F ST , NW, 9TH FL	INVESTMENTS	DE	N/A	N/A								
(3) CROSSPOINT TECHNOLOGY HOLDINGS 300 THIRD AVE , STE 2	INVESTMENTS	DE	N/A	N/A								
(4) CYPRESS REALTY IV, LP 74-30001 301 CONGRESS AVE , STE 500	INVESTMENTS	DE	N/A	N/A								
(5) DENHAM COMMODITY PARTNERS FUND 200 CLARENDON ST , 25TH FL	INVESTMENTS	DE	N/A	N/A								
(6) DENHAM COMMODITY PARTNERS FUND 200 CLARENDON ST , 25TH FL	INVESTMENTS	DE	N/A	N/A								
(7) DENHAM COMMODITY PARTNERS FUND 200 CLARENDON ST , 25TH FL	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ATLANTIC AVENUE REALTY, LTD 98-0533323 WALKER HOUSE, MARY ST , PO BOX 908G GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(2) ATLANTIC EUROPE INVESTMENTS GP, LTD N/A 50 LOTHIAN RD , FESTIVAL SQUARE EDINBURGH, UK	INVESTMENTS	UK	N/A	C			
(3) ATLANTIC EUROPE INVESTMENTS, LP 98-0670648 50 LOTHIAN RD , FESTIVAL SQUARE EDINBURGH, UK	INVESTMENTS	UK	N/A	C			
(4) ATLANTIC PACIFIC REALTY, INC 13-4283871 1301 SHOREWAY RD , STE 250 BELMONT, MA	INVESTMENTS	MD	N/A	C			
(5) ATLANTIC TORONTO 365 CHURCH ST , GP, INC N/A 355 BURRARD ST , STE 1900 VANCOUVER, CA	INVESTMENTS	CA	N/A	C			
(6) ATLANTIC TORONTO A-P GP, INC 98-0668180 355 BURRARD ST , STE 1900 VANCOUVER, CA	INVESTMENTS	CA	N/A	C			
(7) ATLANTIC TORONTO GRENVILLE GP, INC N/A 355 BURRARD ST , STE 1900 VANCOUVER, CA	INVESTMENTS	CA	N/A	C			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) DEVON/CB, LLC 73-1665198 2000 POWELL ST , STE 1240	INVESTMENTS	DE	N/A	N/A								
(2) DEVONIAN, LLC 90-0721046 C/O HMC, INC , 600 ATLANTIC AV	INVESTMENTS	DE	N/A	N/A								
(3) EMBARCADERO CAPITAL INVESTORS, 1301 SHOREWAY RD , STE 250	INVESTMENTS	DE	N/A	N/A								
(4) EMERGING COUNTRIES OPPORT MAS 68 FORT ST	INVESTMENTS	CJ	N/A	N/A								
(5) GBE INVESTMENTS, LP N/A PO BOX 309GT, S CHURCH ST	INVESTMENTS	CJ	N/A	N/A								
(6) GERRITY ATLANTIC RETAIL PARTNE 977 LOMAS SANTA FE DR., STE A	INVESTMENTS	DE	N/A	N/A								
(7) GREENFIELD BLR FINANCE PARTNER 50 NORTH WATER ST	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ATLANTIC TORONTO HOLDINGS, INC 98-0668178 355 BURRARD ST , STE 1900 VANCOUVER, CA	INVESTMENTS	CA	N/A	C			
(2) BLACK KITE PTY, LTD N/A LEVEL 38, 201 ELIZABETH ST SYDNEY, AS	INVESTMENTS	AS	N/A	C			
(3) BLACK KITE TRUST 98-6063158 LEVEL 38, 201 ELIZABETH ST SYDNEY, AS	INVESTMENTS	AS	N/A	C			
(4) BLUE ATLANTIC INVESTORS, INC. 45-1022813 111 SOUTH WACKER DR , STE 3300 CHICAGO, IL	INVESTMENTS	DE	N/A	C			
(5) BLUE ATLANTIC SHUTTLE, LLC 45-2542872 111 SOUTH WACKER DR , STE 3300 CHICAGO, IL	INVESTMENTS	DE	N/A	C			
(6) BRASIL TIMBER, LTDA 98-0645399 AVENIDA CANDIDO DE ABREU, 776, SALA CANTRO CIVICO, BR	INVESTMENTS	BR	N/A	C			
(7) BRODIAEA, INC 90-0862085 5757 PACIFIC AVE , STE 222 STOCKTON, CA	INVESTMENTS	DE	N/A	C			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) GREENFIELD BLR PARTNERS, LP 20 50 NORTH WATER ST	INVESTMENTS	DE	N/A	N/A								
(2) GREENHAVEN APARTMENTS, LLC 27- 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(3) HARVARD COMMINGLED ACCOUNT 04- C/O HMC, INC , 600 ATLANTIC AV	INVESTMENTS	MA	N/A	N/A								
(4) HARVARD CV, LLC 80-0641747 1033 MASS AVE	REAL ESTATE	MA	N/A	N/A								
(5) HARVARD INVESTMENT ASSOCIATES C/O HMC, INC , 600 ATLANTIC AV	INVESTMENTS	DE	N/A	N/A								
(6) HB INSTITUTIONAL, LP 04-342568 10 ST JAMES AVE , STE 1700	INVESTMENTS	MA	N/A	N/A								
(7) HELIOS ROYALTY PARTNERS I, LP 5910 N CENTRAL EXPRESSWAY, ST	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CAMPO GRANDE, S A N/A AVDA SANTA MARIA NO 6350, PISO 3 VITACURA, CI	INVESTMENTS	CI	N/A	C			
(2) CARACOL AGROPECUARIA, LTDA 98-0642730 RUA SETE DE SETEMBRO 730, 11TH FL., PORTO ALEGRE, BR	INVESTMENTS	BR	N/A	C			
(3) CCA JAPAN INVESTMENT, B V N/A WORLD TRADE CTR , TOWER H - 15TH FL AMSTERDAM, NL	INVESTMENTS	NL	N/A	C			
(4) CHENNAI 2007 98-0644770 IFS COURT, 28 CYBERCITY EBENE, MP	INVESTMENTS	MP	N/A	C			
(5) CHEVAL SP PARTICIPACOES, LTDA N/A RUA DO FORUM, S/N, SALA B CENTRO, BR	INVESTMENTS	DE	N/A	C			
(6) CLAG (CHILE), SPA 98-0650099 DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	TX	N/A	C			
(7) COMPOSITION CAPITAL ASIA FUND, C V 98-0469927 WORLD TRADE CTR , TOWER H - 15TH FL AMSTERDAM, NL	INVESTMENTS	NL	N/A	C			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) IEC ATLANTIC I, LLC 27-3609237 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(2) IEC ATLANTIC II, LLC 37-165736 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(3) IEC BREAKWATER, LLC 45-4447102 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(4) IEC HIDDEN CREEK, LLC 45-30830 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(5) IEC JEFFERSON 2, LLC 45-546616 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(6) IEC JEFFERSON, LLC 45-3679129 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(7) IEC NINTH AVENUE, LLC 45-54662 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) COMPOSITION CAPITAL ASIA II FEEDER, C V 98-0563995 WORLD TRADE CTR , TOWER H - 15TH FL AMSTERDAM, NL	INVESTMENTS	NL	N/A	C			
(2) COMPOSITION CAPITAL EUROPE FUND, C.V 98-0459793 WORLD TRADE CTR , TOWER H - 15TH FL AMSTERDAM, NL	INVESTMENTS	NL	N/A	C			
(3) COMPOSITION CAPITAL EUROPE II FEEDER, C 98-0569903 WORLD TRADE CTR , TOWER H - 15TH FL AMSTERDAM, NL	INVESTMENTS	NL	N/A	C			
(4) COMPOSITION FEEDER, GMBH N/A BORSENSTRASSE 2-4 60313 FRANKFURT AM MAIN, GM	INVESTMENTS	GM	N/A	C			
(5) COMTEL ASSETS CORP. 20-3239161 433 E LAS CALINAS BL IRVING, TX	INVESTMENTS	DE	N/A	C			
(6) COMTEL ASSETS, INC 20-3239269 433 E LAS CALINAS BL IRVING, TX	INVESTMENTS	DE	N/A	C			
(7) COOPERATIE CC ASIA KOREA FEEDER, U A N/A WORLD TRADE CTR , TOWER H - 15TH FL AMSTERDAM, NL	INVESTMENTS	MD	N/A	C			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) IRON POINT CO-INVESTMENT I, LL 201 MAIN ST	INVESTMENTS	DE	N/A	N/A								
(2) IRON POINT REAL ESTATE PTRS - 201 MAIN ST	INVESTMENTS	TX	N/A	N/A								
(3) IRON POINT REAL ESTATE PTRS I 201 MAIN ST	INVESTMENTS	DE	N/A	N/A								
(4) ISLA VISTA ACQUISITION GROUP, 111 SOUTH WACKER DR , STE 330	INVESTMENTS	DE	N/A	N/A								
(5) KLEINER PERKINS CAUFIELD & BYE 2750 SAND HILL RD	INVESTMENTS	CA	N/A	N/A								
(6) LIQUID REALTY PTRS IV (PFI), 199 E LINDA MESA AVE	INVESTMENTS	DE	N/A	N/A								
(7) LIQUID REALTY PTRS IV INVEST 199 E LINDA MESA AVE	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CSH PROGRAM REIT, INC 27-4280903 975 F ST , NW, 9TH FL WASHINGTON, WA	INVESTMENTS	DE	N/A	C			
(2) CSH TRS HOLDING, LLC 27-4286092 975 F ST., NW, 9TH FL WASHINGTON, WA	INVESTMENTS	DE	N/A	C			
(3) DAIRY FARMS PARTNERSHIP 98-0594944 113 RUTHERFORD RD , PUKEKOHE E, POB PUKEKOHE, NZ	INVESTMENTS	NZ	N/A	C			
(4) ECO CEBACO, SOCIEDAD ANONIMA N/A CALLE 52 Y ELVIRA MENDEZ, PO BOX 08 PANAMA, PM	INVESTMENTS	PM	N/A	C			
(5) ECONOMIZA AGROPECUARIA, LTDA N/A ESTADA GERAL CONDOMINIO BOA ESPERAN S/N GRANDE DO RIBEIRO	INVESTMENTS	BR	N/A	C			
(6) ECUADOR TIMBER, LP 98-0492706 PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C			
(7) EGRET INVESTMENTS, LTD 98-0650989 C/O MAPLES & CALDER, PO BOX 309, UG GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) LIQUID REALTY PTRS IV INVEST 199 E LINDA MESA AVE	INVESTMENTS	DE	N/A	N/A								
(2) LIQUID REALTY PTRS IV TAX EXE 199 E. LINDA MESA AVE	INVESTMENTS	DE	N/A	N/A								
(3) LUBERT ADLER CAPITAL REAL ESTA 2929 ARCH ST	INVESTMENTS	DE	N/A	N/A								
(4) LUBERT-ADLER CAPITAL REAL ESTA 2929 ARCH ST.	INVESTMENTS	DE	N/A	N/A								
(5) MCRS, LLC 27-3637201 152 WEST 57TH ST , 46TH FL	INVESTMENTS	MA	N/A	N/A								
(6) NORTH IDAHO APARTMENTS, LLC 27 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(7) OLD LANE HMA MASTER FUND, LP 9 PO BOX 309, S CHURCH ST	INVESTMENTS	CJ	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) EL MARIA, S A N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(2) EMBARCADERO CAPITAL INVESTORS II REIT, I 37-1508503 1301 SHOREWAY RD , STE 250 BELMONT, CA	INVESTMENTS	MD	N/A	C			
(3) EMERALD CATASTROPHE FUND, LTD N/A STE. 193, 48 PAR-LA-VILLE RD HAMILTON, BD	INVESTMENTS	BD	N/A	C			
(4) EMERGING COUNTRIES OPPORTUNITY FUND, LTD N/A 68 FORT ST , PO BOX 705GT CAYMAN ISLANDS, CJ	INVESTMENTS	CJ	N/A	C			
(5) EMPRESA ECOLOGICA DEL ORINOCO, S A S. N/A CRA 9 NO 77 - 67 OFC 804 BOGOTA D C, CO	INVESTMENTS	CO	N/A	C			
(6) EMPRESAS VERDES ARGENTINA, S A N/A CARLOS PELLEGRINI 1138 PISO 1 CORRIENTES, AR	INVESTMENTS	AR	N/A	C			
(7) ENKI HOLDINGS CORP 98-0540586 WALKER HOUSE, MARY ST , PO BOX 908G GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) OXFORD HPC INVESTMENT COMPANY, 350 WEST HUBBARD, STE 450	INVESTMENTS	DE	N/A	N/A								
(2) PATIO GARDENS, LLC 45-5311665 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(3) PINO, LLC 32-0302061 AVDA SANTA MARIA NO. 6350, PIS	INVESTMENTS	DE	N/A	N/A								
(4) PUTNAM SQUARE APTS CO., LP 04 C/O HRES, 1350 MASS AVE	REAL ESTATE	MA	N/A	N/A								
(5) ROUND TABLE ASSET RECVRY MSTR WINDWARD I, W BAY RD	INVESTMENTS	CJ	N/A	N/A								
(6) ROUND TABLE GLOBAL MACRO MSTR WINDWARD I, W BAY RD	INVESTMENTS	CJ	N/A	N/A								
(7) SOIL INNOVATIONS, LLC 90-05384 AV DR CARDOSO DE MELO, 1340-	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ESTANCIA CELINA, S A N/A SUIPACHA 1111 - PISO 18 BUENOS AIRES, AR	INVESTMENTS	AR	N/A	C			
(2) FLORESTAS DO SUL AGROFLORESTAL, LTDA 98-0493906 RUA TAQUARY, 335 DRISTAL PORTO ALEGRE, BR	INVESTMENTS	BR	N/A	C			
(3) FORESTAL BOSQUEPALM CIA, LTDA N/A AVENIDA PATRIA, FL 5, OFFICE 5 QUITO, EC	INVESTMENTS	EC	N/A	C			
(4) FORESTAL DEL RIO, S A N/A SUIPACHA 1111 - PISO 18 BUENOS AIRES, AR	INVESTMENTS	AR	N/A	C			
(5) FORESTAL FORESVERGAL CIA, LTDA N/A AVENIDA PATRIA, FL 5, OFFICE 5 QUITO, EC	INVESTMENTS	EC	N/A	C			
(6) FRANCOLIN 98-1006384 PO BOX 309, UGLAND HOUSE CAYMAN ISLANDS, CJ	INVESTMENTS	CJ	N/A	C			
(7) GALILEIA AGROINDUSTRIAL, LTDA N/A AV PEDPOSO DE MORAES, 1201, 2 ANDA PINHEIROS, BR	INVESTMENTS	BR	N/A	C			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SOUTHWOOD GARDENS, LLC 45-4154 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(2) STOLBERG, MEEHAN & SCANO II-A, 370 17TH ST , STE 3650	INVESTMENTS	DE	N/A	N/A								
(3) TFO CO-INVESTOR, LLC 06-176264 645 MADISON AVE , 18TH FL	INVESTMENTS	DE	N/A	N/A								
(4) THE BREITHORN FUND, LP 98-0549 PO BOX 1234 GT, S CHURCH ST	INVESTMENTS	CJ	N/A	N/A								
(5) THE ECO PRODUCTS FUND 26-13299 400 MADISON AVE , SUITE 14A	INVESTMENTS	DE	N/A	N/A								
(6) THE TRITON FUND II NO 2, LP N 22 GRENVILLE ST	INVESTMENTS	JE	N/A	N/A								
(7) THE VILLAGE 1 AT LAWRENCE STAT 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) GATEWAY REAL ESTATE FUND III-TE, LP N/A CRICKET SQUARE, HUTCHINS DR , PO BO GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(2) GAVEA INVESTMENT FUND II B, LP 98-0537951 PO BOX 986, GARDENIA COURT, STE 33 CAMANA BAY, CJ	INVESTMENTS	CJ	N/A	C			
(3) GBE DEVELOPMENT I, LTD N/A PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(4) GBE DEVELOPMENT II, LTD N/A PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(5) GBE DEVELOPMENT III, LTD N/A PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(6) GBE DEVELOPMENT IV, LTD N/A PO BOX 309GT, UGLAND HOUSE, S. CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(7) GBE DEVELOPMENT V, LTD N/A PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) THE VILLAGE 2 AT LAWRENCE STAT 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(2) THE WILDHORN FUND, LP 98-05272 PO BOX 1234 GT, S CHURCH ST	INVESTMENTS	CJ	N/A	N/A								
(3) TRAVIS COAL RESTRUCTURED HOLDI 200 CLARENDON ST	INVESTMENTS	DE	N/A	N/A								
(4) USRA ATLANTIC CAPITAL PARTNERS 1370 AVE OF AMERICAS	INVESTMENTS	DE	N/A	N/A								
(5) VERBENA, LLC DBA PURPLE VERBEN 5700 WILSHIRE BLVD , STE 330	INVESTMENTS	DE	N/A	N/A								
(6) WBH KIRBY HILL CO-INVESTMENT, 645 MADISON AVE , 18TH FL	INVESTMENTS	DE	N/A	N/A								
(7) WILLIAMSON ROYALTY VENTURES, L 200 CLARENDON ST	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) GBE DEVELOPMENT VI, LTD N/A PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(2) GBE FAZENDAS, LTDA N/A AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO,	INVESTMENTS	BR	N/A	C			
(3) GBE HOLDINGS, LTD N/A PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(4) GBE INVESTMENTS, LTD N/A PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(5) GBE PROJETOS AGRICOLAS II, LTDA N/A AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO,	INVESTMENTS	BR	N/A	C			
(6) GBE PROPERTIES I, LTD N/A PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(7) GBE PROPERTIES II, LTD N/A PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) WORLDWIDE BEAUTY ONSHORE, LP 2 630 FIFTH AVE , 27TH FL	INVESTMENTS	DE	N/A	N/A								
(2)												
(3)												
(4)												
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Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) GBE PROPERTIES III, LTD N/A PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(2) GBE PROPERTIES IV, LTD N/A PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(3) GBE PROPERTIES V, LTD N/A PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(4) GBE PROPERTIES VI, LTD N/A PO BOX 309GT, UGLAND HOUSE, S. CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(5) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBI N/A AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO,	INVESTMENTS	BR	N/A	C			
(6) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBI N/A AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO,	INVESTMENTS	BR	N/A	C			
(7) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBI N/A AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO,	INVESTMENTS	BR	N/A	C			

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBI N/A AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO,	INVESTMENTS	MA	N/A	C			
(2) GERRITY ATLANTIC RETAIL PARTNERS, INC 27-4802513 977 LOMAS SANTA FE DR , STE A SOLANA BEACH, CA	INVESTMENTS	DE	N/A	C			
(3) GLOBAL MARITIME INVESTMENTS, LTD N/A WALKER HOUSE, 87 MARY ST GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(4) GRANARY INVESTMENTS 98-0607880 IFS COURT, 28 CYBERCITY CYBERCITY, MP	INVESTMENTS	MP	N/A	C			
(5) GUANARE, A A R L 98-0641951 JUNCAL 1327, FL 21 MONTEVIDEO, UY	INVESTMENTS	MA	N/A	C			
(6) GUANARE, S A N/A JUNCAL 1327, FL 21 MONTEVIDEO, UY	INVESTMENTS	DE	N/A	C			
(7) GULF ATLANTIC OPERATIONS, LLC 20-2386722 200 CLARENDON ST BOSTON, MA	INVESTMENTS	DE	N/A	C			

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) HARVARD BUSINESS SCHOOL PUBLISHING EUROP N/A 23 SICILIAN AVE LONDON, UK	SALES SUPPORT	MA	N/A	C			
(2) HARVARD BUSINESS SCHOOL PUBLISHING FRANC N/A 23 RUE DU ROULE PARIS, FR	SALES SUPPORT	FR	N/A	C			
(3) HARVARD BUSINESS SCHOOL PUBLISHING INDIA N/A UNIT #423, GRAND HYATT MUMBAI MUMBAI, IN	PUBLISHING SUPPOR	NY	N/A	C			
(4) HARVARD CENTER SHANGHAI CO , LTD N/A 5TH FL HSBC BLDG , INTL FIN CTR , N SHANGHAI, CH	RESEARCH SUPPORT	CH	N/A	C			
(5) HARVARD MANAGEMENT COMPANY ADVISOR, LTD 98-1069444 21ST FL , THE LANDMARK, 15 QUEEN'S HONG KONG, HK	INVESTMENTS	DE	N/A	C			
(6) HARVARD MASTER TRUST 04-2636388 1033 MASS AVE CAMBRIDGE, MA	INVESTMENTS	MA	N/A	T			
(7) HARVARD PRIVATE CAPITAL PROPERTIES II, I 04-3140558 C/O HMC, INC , 600 ATLANTIC AVE BOSTON, MA	INVESTMENTS	DE	N/A	C			

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) HARVARD PRIVATE CAPITAL PROPERTIES III, 76-0254935 C/O HMC, INC , 600 ATLANTIC AVE BOSTON, MA	INVESTMENTS	DE	N/A	C			
(2) HARVARD REAL ESTATE CV, INC 61-1627962 1033 MASS AVE CAMBRIDGE, MA	REAL ESTATE	MA	N/A	C			
(3) HARVARD UNIVERSITY PRESS OF NEW YORK 13-3784301 C/O HU PRESS, 79 GARDEN ST CAMBRIDGE, MA	PUBLISHING	NY	N/A	C			
(4) HARVARD UNIVERSITY PRESS, LTD N/A VERNON HOUSE, 23 SICILIAN AVE LONDON, UK	BOOK DISTRIBUTION	UK	N/A	C			
(5) HB CAYMAN, LTD N/A PO BOX 309GT, UGLAND HOUSE, S CHUR CAYMAN ISLANDS, CJ	INVESTMENTS	CJ	N/A	C			
(6) HMC ADAGE MANAGER, INC 04-3567988 C/O HMC, INC , 600 ATLANTIC AVE BOSTON, MA	INVESTMENTS	MA	N/A	S			
(7) HPC PATRON SCOTLAND, LP 98-0438748 50 LOTHIAN RD , FESTIVAL SQUARE EDINBURGH, UK	INVESTMENTS	UK	N/A	C			

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

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)	INDIA CAPITAL OPPORTUNITIES 1, LTD N/A IFS COURT, 28 CYBERCITY EBENE, MP	INVESTMENTS	MP	N/A	C			
(2)	INSOLO AGROINDUSTRIAL, S A N/A AV. PEDROSO DE MORAES, 1201, 2 ANDA PINHEIROS, BR	INVESTMENTS	BR	N/A	C			
(3)	INVERSIONES ANAY Y ASOCIADOS, S A. N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(4)	INVERSIONES BRASIL, S A N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(5)	INVERSIONES CATIVAL, S A. N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(6)	INVERSIONES CORAL, S A N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(7)	INVERSIONES SANTA RITA, S A N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			

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

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)	INVERSIONES TRES CUMBRES, LTDA 98-0446986 ROGER DE FLOR 2736 DP 8 COMUNA LAS CONDES, CI	INVESTMENTS	CI	N/A	C			
(2)	IPE AGROINDUSTRIAL, LTDA N/A AV PEDROSO DE MORAES, 1201, 2 ANDA PINHEIROS, BR	INVESTMENTS	BR	N/A	C			
(3)	ISLA VISTA FOOD SERVICES, LLC 27-3070185 111 EAST WAYNE ST , STE 500 FORT WAYNE, TX	INVESTMENTS	DE	N/A	C			
(4)	ISLA VISTA INVESTORS, LLC 27-3070148 111 SOUTH WACKER DR , STE 3300 CHICAGO, IL	INVESTMENTS	MD	N/A	C			
(5)	KAINGAROA TIMBERLANDS 98-0412394 GROUND FL , 1243 RANOLF ST NEW ZEALAND, NZ	INVESTMENTS	NZ	N/A	C			
(6)	KTR, LTD N/A PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ	INVESTMENTS	DE	N/A	C			
(7)	KUPE SHIPPING, LTD N/A PO BOX 160, 209 QUEEN ST AUCKLAND, NZ	INVESTMENTS	NZ	N/A	C			

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) LA ARENOSA, S A N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(2) LA JACARANDA, S A N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(3) LA MORA, S A N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(4) LA ZARZA, S A N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(5) LABELLE SP PARTICIPACOES, LTDA N/A RUA DO FORUM, S/N, SALA B CENTRO, BR	INVESTMENTS	BR	N/A	C			
(6) LAS ACACIAS, S A N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(7) LAS MISIONES, S A N/A SUIPACHA 1111 - PISO 18 BUENOS AIRES, AR	INVESTMENTS	AR	N/A	C			

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) LASALLE ASIA OPPORTUNITY CAYMAN I, LTD 98-0447511 WALKER HOUSE, 87 MARY ST GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(2) LIFETIME CENTRECOURT GRENVILLE, LP 98-0684331 ANDREW HOFFMAN, 1010-22 ST. CHAIR A TORONTO, CA	INVESTMENTS	CA	N/A	C			
(3) LINDENE, LTD N/A PO BOX 309, UGLAND HOUSE GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(4) LONGSTOCKING INVESTMENT CORP 52-2116455 C/O HMC, INC , 600 ATLANTIC AVE BOSTON, MA	INVESTMENTS	MA	N/A	S			
(5) LONGTERM FOREST PARTNERS CIA , LTDA N/A AVENIDA PATRIA, FL 5, OFFICE 5 QUITO, EC	INVESTMENTS	EC	N/A	C			
(6) LOS ALMENDROS, S A N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	DE	N/A	C			
(7) LOS AROMOS, S A. N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	OK	N/A	C			

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

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)	LOS ARRAYANES, S A N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(2)	LOS BOLDOS, S A N/A AVDA SANTA MARIA NO 6350, PISO 3 VITACURA, CI	INVESTMENTS	CI	N/A	C			
(3)	LOS LAURELES, S A N/A AVDA SANTA MARIA NO 6350, PISO 3 VITACURA, CI	INVESTMENTS	CI	N/A	C			
(4)	LOS LAURELES, S A N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(5)	LRP IV TAX EXEMPT (PF1) II, LP 98-0560775 199 E LINDA MESA AVE , #10 DANVILLE, CA	INVESTMENTS	JE	N/A	C			
(6)	LRP IV TAX EXEMPT (PF1), LTD 98-0555927 199 E LINDA MESA AVE , #10 DANVILLE, CA	INVESTMENTS	JE	N/A	C			
(7)	MCRS REAL ESTATE INVESTMENT TRUST, INC 27-3605599 152 WEST 57TH ST , 46TH FL NEW YORK, NY	INVESTMENTS	MD	N/A	C			

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) MCRS TENANT HOLDCO, LLC 27-3869467 152 WEST 57TH ST , 46TH FL NEW YORK, NY	INVESTMENTS	DE	N/A	C			
(2) MIRABILIS, S A N/A CALLE LAS BEGONIAS NO 475, DPTO 7 SAN ISIDRO, PE	INVESTMENTS	MA	N/A	C			
(3) NAZARE AGROINDUSTRIAL, LTDA N/A AV PEDROSO DE MORAES, 1201, 2 ANDA PINHEIROS, BR	INVESTMENTS	MA	N/A	C			
(4) NCH AGRIBUSINESS INVESTORS CORP. 98-0559097 PO BOX 309, UGLAND HOUSE, S CHURCH GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(5) NEANDERTHAL INVESTMENTS 98-0607884 IFS COURT, 28 CYBERCITY CYBERCITY, MP	INVESTMENTS	MP	N/A	C			
(6) NEW VERNON INDIA (CAYMAN) FUND, LP 20-1577934 2330 PLAZA FIVE JERSEY CITY, CJ	INVESTMENTS	CJ	N/A	C			
(7) NGL HOLDINGS, INC. 33-1101243 200 CLARENDON ST BOSTON, MA	INVESTMENTS	DE	N/A	C			

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

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)	NICA TECA, S.A N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(2)	NICARAO I, LTD 98-0643167 PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C			
(3)	NICARAO II, LTD 98-0643169 PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C			
(4)	NICARAO, LTD 98-0643164 PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C			
(5)	NICATECA, INC 98-0520487 WALKER HOUSE, 87 MARY ST GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(6)	OLD LANE HMAFF, LP 98-0487312 PO BOX 309, UGLAND HOUSE GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(7)	OPERA, S A. N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) PARFEN, S A N/A JUNCAL 1305, FL 21 MONTEVIDEO, UY	INVESTMENTS	UY	N/A	C			
(2) PATRIOT INTEREST HOLDINGS, INC 01-0938844 200 CLARENDON ST BOSTON, MA	INVESTMENTS	DE	N/A	C			
(3) PEARL RETAIL, INC. 98-1048757 C/O MAPLES & CALDER, PO BOX 309, UG GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(4) PERMIAN MIDSTREAM CORP 01-0938834 200 CLARENDON ST BOSTON, MA	INVESTMENTS	TX	N/A	C			
(5) PINARES, A.A R L 98-0641950 JUNCAL 1327, FL 21 MONTEVIDEO, UY	INVESTMENTS	UY	N/A	C			
(6) POLARIS WINES, INC N/A 855 BORDEAUX WAY, STE 260A NAPA, CA	INVESTMENTS	DE	N/A	C			
(7) PRADARIA AGROFLORESTAL, LTDA 98-0642732 RUA LUIZ DODERO 28 SALA 3 CAMPO GRANDE, BR	INVESTMENTS	BR	N/A	C			

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) QUEBRADA HONDA, S A N/A AVDA SANTA MARIA NO 6350, PISO 3 VITACURA, CI	INVESTMENTS	CI	N/A	C			
(2) QUETZAL BLUE, S A N/A CALLE 52,Y ELVIRA MENDEZ PANAMAN, PM	INVESTMENTS	PM	N/A	C			
(3) REPRES A PROPERTIES, LTD N/A PO BOX 309GT, UGLAND HOUSE, S CHUR GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C			
(4) RIO MIRA PARTICIPACOES, LTDA N/A AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO,	INVESTMENTS	BR	N/A	C			
(5) ROMPLY MEROPS, S R L. 98-0646095 28-C, C-TIN BUDISTEANUI ST , 3RD FL BUCHAREST, RO	INVESTMENTS	RO	N/A	C			
(6) ROUND TABLE ASSET RECOVERY INTERMEDIATE N/A WINDWARD I, REGATTA OFF. PARK, WEST CAYMAN ISLANDS, CJ	INVESTMENTS	CJ	N/A	C			
(7) ROUND TABLE ASSET RECOVERY FUND, LTD N/A WINDWARD I, REGATTA OFF PARK, WEST CAYMAN ISLANDS, CJ	INVESTMENTS	CJ	N/A	C			

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ROUND TABLE GLOBAL MACRO FUND, LTD N/A WINDWARD I, REGATTA OFF PARK, WEST CAYMAN ISLANDS, CJ	INVESTMENTS	MA	N/A	C			
(2) ROUND TABLE GLOBAL MACRO INTERMEDIATE FU N/A WINDWARD I, REGATTA OFF PARK, WEST CAYMAN ISLANDS, CJ	INVESTMENTS	MA	N/A	C			
(3) S A NTA FILOMENA AGROINDUSTRIAL, LTDA N/A AV PEDROSO DE MORAES, 1201, 2 ANDA PINHEIROS, BR	INVESTMENTS	BR	N/A	C			
(4) SCOLOPAX, S R L N/A BRASOV, 8 VICTORIEI ST , Bl 42 BIS BRASOV COUNTY, RO	INVESTMENTS	RO	N/A	C			
(5) SERRA GRANDE AGROINDUSTRIAL, LTDA N/A AV PEDROSO DE MORAES, 1201, 2 ANDA PINHEIROS, BR	INVESTMENTS	BR	N/A	C			
(6) SIA EMPETRUM 98-0648693 KULDIGAS RAJONS, KURMALES PAGASTS PRIEDAINE, LG	INVESTMENTS	LG	N/A	C			
(7) SOCIEDAD EXPLOTADORA AGRICOLA, SPA 98-0632838 DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C			

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) SOROTIVO AGROPECUARIA, LTDA N/A AV PEDROSO DE MORAES, 1201, 2 ANDA PINHEIROS, BR	INVESTMENTS	BR	N/A	C			
(2) SUSTAINABLE TEAK PARTCIPACOES, LTDA 98-0639215 AVENIDA GOVERNADOR PONCE DE ARRUDA, VAREZEA GRANDE, BR	INVESTMENTS	BR	N/A	C			
(3) SUSTAINABLE TIMBERS, S A N/A AVE JUSTO AROSEMANA & 32 ST E CORREGIMIENTO DE CALIDONIA	INVESTMENTS	PM	N/A	C			
(4) TDR SCOTLAND, L P 98-0471766 ONE STANHOPE GATE LONDON, UK	INVESTMENTS	UK	N/A	C			
(5) TERENA, S A N/A JUNCAL 1327, FL 21 MONTEVIDEO, UY	INVESTMENTS	UY	N/A	C			
(6) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD N/A FAZENDA BOQUEIRAO, S/N ZONA RURAL, BR	INVESTMENTS	BR	N/A	C			
(7) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD N/A FAZENDA SANTO ANTONIO DA MANGA, S/N ZONA RURAL, BR	INVESTMENTS	BR	N/A	C			

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD N/A FAZENDA FLEXAS, S/N ZONA RURAL, BR	INVESTMENTS	BR	N/A	C			
(2) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD N/A FAZENDA OITEIROS, S/N ZONA RURAL, BR	INVESTMENTS	BR	N/A	C			
(3) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD N/A FAZENDA ESPIANADA, RODOVIA ESTADUAL PEIXE, BR	INVESTMENTS	BR	N/A	C			
(4) TERRACAL ALIMENTOS E BIOENERGIA, LTDA N/A AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO,	INVESTMENTS	BR	N/A	C			
(5) TERRACAL PARTICIPACOES, LTDA N/A AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO,	INVESTMENTS	BR	N/A	C			
(6) TERRACAL PROPRIEDADES, LTDA N/A AV DAS AMERICAS, 700, BLOCO 5 CIDADE DO RIO DE JANEIRO,	INVESTMENTS	BR	N/A	C			
(7) TINAMOU 98-1014421 PO BOX 309, UGLAND HOUSE CAYMAN ISLANDS, CJ	INVESTMENTS	CJ	N/A	C			

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) TOUCANET, S A N/A PLAZA 2000, 16TH FL , 50TH ST REPUBLIC OF PANAMA, PM	INVESTMENTS	PM	N/A	C			
(2) TUNUYAN, S A N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C MANAGUA, NU	INVESTMENTS	NU	N/A	C			
(3) UNITECA AGROFLORESTAL, S.A. N/A AVENIDA GOVERNADOR PONCE DE ARRUDA, VAREZEA GRANDE, BR	INVESTMENTS	BR	N/A	C			
(4) USRA ATLANTIC NET LEASE CAPITAL CORP 45-2732642 1370 AVE OF AMERICAS NEW YORK, NY	INVESTMENTS	DE	N/A	C			
(5) VALHOLL, LTD 98-0668673 PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C			
(6) VERIWASTE, L P 98-0656246 20-22 BEDFORD ROW LONDON, UK	INVESTMENTS	UK	N/A	C			
(7) VISTA VERDE AGROINDUSTRIAL, LTDA N/A AV. PEDROSO DE MORAES, 1201, 2 ANDA PINHEIROS, BR	INVESTMENTS	BR	N/A	C			

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHARITABLE LEAD TRUSTS (53) N/A	CHARITABLE TRUST	MA	N/A	T			
(2) CHARITABLE REMAINDER TRUSTS (730) N/A	CHARITABLE TRUST	MA	N/A	T			
(3) POOLED INCOME FUNDS (4) N/A	CHARITABLE TRUST	MA	N/A	T			
(4)							
(5)							
(6)							
(7)							

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

			Yes	No
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	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Sale of assets to related organization(s)	1f		X
g	Purchase of assets from related organization(s)	1g		X
h	Exchange of assets with related organization(s)	1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		X
n	Sharing of paid employees with related organization(s)	1n	X	
o	Reimbursement paid to related organization(s) for expenses	1o		X
p	Reimbursement paid by related organization(s) for expenses	1p		X
q	Other transfer of cash or property to related organization(s)	1q		X
r	Other transfer of cash or property from related organization(s)	1r		X

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
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(15)													
(16)													

Part VII **Supplemental Information**

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

MA SOC Filing Number 201330555950 Date: 3/21/2013 4:32 00 PM

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

March 21, 2013 04:32 PM

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

A TRUE COPY ATTEST

WILLIAM FRANCIS GALVIN
SECRETARY OF THE COMMONWEALTH
DATE 4/16/13 CLERK

NO. 31-174514S
Fee: $40.00

Examiner

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

APPLICATION FOR REVIVAL

(General Laws, Chapter 180, Section 10C)

1. Exact name of corporation is: HARVARD NEURODISCOVERY CENTER, INC.

2. Name of applicant is: ADRIAN J. IVINSON

3. Address of applicant is: 220 LONGWOOD AVE., BOSTON, MA 02115

4. State fully the applicant's relationship to, or interest in, the corporation:

ADRIAN IVINSON IS DIRECTOR AND TRUSTEE OF THE HARVARD NEURODISCOVERY CENTER. INC.

5. Date of dissolution *or* revocation of charter of the corporation is: 06/18/2012

6. The corporation was dissolved or the charter was revoked under the provisions of General Laws, Chapter 180, Section 26A .

7. Describe fully the circumstances leading to the dissolution or revocation:

Annual reports were not submitted for 2009, 2010, 2011 or 2012.

P.C.

8. Describe fully the activities, if any, of the corporation since dissolution or revocation of the charter:

Since the revocation in June 2012, business has continued as usual.

9 Does the applicant seek a limited or general revival? If limited, state fully the reason(s) therefore, and period of time (not exceeding one year) sought for the revival:

General revival

SIGNED UNDER THE PENALTIES OF PERJURY, this 21st day of March, 2013,

_____, Signature of Applicant.

I hereby approve the within Application for Revival and, the filing fee in the amount of $_____ having been paid, said application is deemed to have been filed with me this _____ day of _____, 20 _____.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

Form **8868**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Type or print
File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions: Employer identification number (EIN) or
HARVARD NEURODISCOVERY CENTER, INC.	[X] 31-1745145
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
C/O DANIEL ENNIS, 25 SHATTUCK STREET	[ ]
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
BOSTON, MA 02115	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

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

Telephone No. ▶ 617 432-3289 FAX No. ▶

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year 20 ____ or
▶ [X] tax year beginning 07/01, 2011, and ending 06/30, 20 12.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

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

Type or print / File by the due date for filing your return See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions. Employer identification number (EIN) or
	HARVARD NEURODISCOVERY CENTER, INC.	[X] 31-1745145
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O DANIEL ENNIS, 25 SHATTUCK STREET	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02115	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

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

- The books are in the care of ▶ MICHAEL F. HARTY
  Telephone No. ▶ 617 432-3289 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box . . . . . ▶ [ ]. If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 20 13.

5 For calendar year ____, or other tax year beginning 07/01, 20 11, and ending 06/30, 20 12.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO FILE AND COMPLETE AN ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification must be completed for Part II only.

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

Signature ▶ [signature] Title ▶ CPA Date ▶ 2-5-13