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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 20 13

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) | Room/suite
25 SHATTUCK STREET

City, town or post office, state, and ZIP code
BOSTON, MA 02115

D Employer identification number
31-1745145

E Telephone number
(617) 432-1142

G Gross receipts $ 6,390,655.

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 ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ N/A

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HCNR.MED.HARVARD.EDU

K Form of organization: ☒ 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 2012 (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)	1,874,310.	5,566,408.
9	Program service revenue (Part VIII, line 2g)	730,734.	774,933.
10	Investment income (Part VIII, column (A) lines 3, 4 and 7d)	197,187.	49,314.
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)	2,802,231.	6,390,655.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,281,328.	5,946,440.
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) ▶ 558.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,122,784.	1,459,481.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,404,112.	7,405,921.
19	Revenue less expenses Subtract line 18 from line 12	-1,601,881.	-1,015,266.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	11,545,773.	10,650,607.
21	Total liabilities (Part X, line 26)	989,784.	955,648.
22	Net assets or fund balances Subtract line 21 from line 20	10,555,989.	9,694,959.

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 5/13/14

▶ JEFFREY S. FLIER DEAN, FACULTY OF MEDICINE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GWEN SPENCER		5-7-14		P00641463

Firm's name ▶ PRICEWATERHOUSECOOPERS LLP — Firm's EIN ▶ 13-4008324

Firm's address ▶ 125 HIGH STREET BOSTON, MA 02110 — Phone no 617-530-5000

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

For Paperwork Reduction Act Notice, see the separate instructions.

JSA
2E1010 1 000
SD9013 7377

Form **990** (2012)

617 14me

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 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 $ 6,882,638 including grants of $ 5,946,440.) (Revenue $ 774,933.)

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** ▶ 6,882,638.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *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, Part II, III, or IV, and Part 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	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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 11b 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 X

				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 as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	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	1a 7		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 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 ☒ Other *(explain in Schedule O)*

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH B MARTIN, MD, PHD	1.00									
DIRECTOR/TRUSTEE	35.00	X						0	324,073.	38,201.
(2) DENNIS J SELKOE, MD	1.00									
DIRECTOR/TRUSTEE	4.00	X						0	95,568.	9,646.
(3) ADRIAN J IVINSON, PHD	40.00									
DIR OF HNDC/DIRECTOR/TRUSTEE	0	X		X				0	217,654.	51,325.
(4) JEFFREY S FLIER, MD	1.00									
PRESIDENT/TRUSTEE	35.00	X		X				0	582,243.	51,850.
(5) JUDITH GLAVEN	1.00									
DIRECTOR/TRUSTEE	35.00	X						0	221,270.	38,593.
(6) MICHAEL GREENBERG	1.00									
DIRECTOR/TRUSTEE	35.00	X						0	426,972.	32,252.
(7) BRADLEY HYMAN, MD, PHD	1.00									
DIRECTOR/TRUSTEE	0	X						0	0	0
(8) PATTI STOLL	35.00									
DIR OF RES DEV (UNTIL 02/2013)	0					X		0	173,597.	42,656.
(9) DEIRDRE B PHILLIPS	35.00									
EXEC DIR. AUTISM CONSORTIUM	0					X		0	208,026.	35,160.
(10)										
(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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								0	2,249,403.	299,683.
c Total from continuation sheets to Part VII, Section A ▶								0	0	0
d Total (add lines 1b and 1c) ▶								0	2,249,403.	299,683.

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*		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*	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*		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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,566,408			
	g Noncash contributions included in lines 1a-1f: $		19,720			
	h Total. Add lines 1a-1f		5,566,408			
Program Service Revenue		Business Code				
	2a LAB SERVICES	541700	332,739.	332,739.		
	b ACADEMIC SUPPORT ASSESSMENT	541700	5,689.	5,689.		
	c REIMBURSEMENT PAYMENTS	541700	436,505.	436,505.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		774,933.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		49,314			49,314.
	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		6,390,655	774,933.		49,314.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	5,849,292.	5,849,292.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	32,085.	32,085.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	65,063.	65,063.		
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	8,200.		8,200.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,307.	22,097.	210.	
12 Advertising and promotion	0			
13 Office expenses	251,150.	115,363.	135,298.	489.
14 Information technology	5,789.	1,703.	4,017.	69.
15 Royalties	0			
16 Occupancy	253,797.		253,797.	
17 Travel	16,569.	10,586.	5,983.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	25,405.	6,066.	19,339.	
20 Interest	702.		702.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	144,858.	144,858.		
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	730,204.	635,525.	94,679.	
c				
d				
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	7,405,921.	6,882,638.	522,725.	558.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		3,392,896.	3	1,996,969.
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		17,198.	9	48,063.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 3,786,678.			
	b	Less: accumulated depreciation	10b 3,072,972.	789,843.	10c	713,706.
	11	Investments - publicly traded securities		1,902,005.	11	656,241.
	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		5,443,831.	15	7,235,628.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,545,773.	16	10,650,607.
Liabilities	17	Accounts payable and accrued expenses		258,314.	17	433,991.
	18	Grants payable		0	18	0
	19	Deferred revenue		300,000.	19	423,142.
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		431,470.	25	98,515.
	26	**Total liabilities.** Add lines 17 through 25		989,784.	26	955,648.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,406,703.	27	-1,412,050.
	28	Temporarily restricted net assets		7,149,286.	28	11,107,009.
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		10,555,989.	33	9,694,959.
	34	Total liabilities and net assets/fund balances		11,545,773.	34	10,650,607.

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	6,390,655.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,405,921.
3	Revenue less expenses Subtract line 2 from line 1	3	-1,015,266.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,555,989.
5	Net unrealized gains (losses) on investments	5	154,236.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,694,959.

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
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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

2012

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-Non-functionally integrated

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

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

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

		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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col. (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									2,347,644.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

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			2,347,644
TOTAL AMOUNT OF SUPPORT						2,347,644

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,022,066.	9,801,202.	9,007,407.	8,514,824.	9,889,001.
b Contributions					
c Net investment earnings, gains, and losses	-102,626.	-2,055,581.	793,795.	492,583.	-1,374,177.
d Grants or scholarships					
e Other expenditures for facilities and programs	500,000.	5,723,555.			
f Administrative expenses					
g End of year balance	1,419,440.	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 XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		3,786,678.	3,072,972.	713,706.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				713,706.

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	7,235,628.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	7,235,628.

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	98,515.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	98,515.

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

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

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

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

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

Part XIII Supplemental Information

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

SEE PAGE 5

Part XIII 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

2012

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		65,063.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total.					65,063.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					65,063.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RSRCH PRGRMS	65,063.	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 F, PART I, LINE 3, COLUMN (F):

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

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

2012

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. 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)	1,428,160		N/A	N/A	GRANTS FOR RESEARCH PROGRAMS
(2) MASSACHUSETTS GENERAL HOSPITAL 54 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	183,114.		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)	2,347,644.		N/A	N/A	GRANTS FOR RESEARCH PROGRAMS
(4) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501(C)(3)	29,780		N/A	N/A	GRANTS FOR RESEARCH PROGRAMS
(5) JOHN HUSSMAN INST FOR HUMAN GENOMICS UNIV 1501 NW 10TH AVE MIAMI, FL 33136	59-0624458	501(C)(3)	1,860,594		N/A	N/A	GRANTS FOR RESEARCH
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5.

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	FELLOWSHIP PROGRAM	1	32,085.		N/A	N/A
2						
3						
4						
5						
6						
7						

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

SCHEDULE I, PART I, LINE 2

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

2012

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, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JOSEPH B MARTIN, MD, PH DIRECTOR/TRUSTEE	(i)	0	0	0	0	0	0	0
		(ii)	309,176.	0	14,897.	31,995.	6,206.	362,274.	0
2	ADRIAN J IVINSON, PHD DIR OF HNDC/DIRECTOR/TRUSTEE	(i)	0	0	0	0	0	0	0
		(ii)	216,659.	0	995.	28,405.	22,920.	268,979.	0
3	JEFFREY S FLIER, MD PRESIDENT/TRUSTEE	(i)	0	0	0	0	0	0	0
		(ii)	572,911.	0	9,332.	31,995.	19,855.	634,093.	0
4	JUDITH GLAVEN DIRECTOR/TRUSTEE	(i)	0	0	0	0	0	0	0
		(ii)	220,803.	0	467.	28,383.	10,210.	259,863.	0
5	MICHAEL GREENBERG DIRECTOR/TRUSTEE	(i)	0	0	0	0	0	0	0
		(ii)	420,206.	0	6,766.	31,995.	257.	459,224.	0
6	PATTI STOLL DIR OF RES DEV (UNTIL 02/2013)	(i)	0	0	0	0	0	0	0
		(ii)	155,000.	18,400.	197.	19,236.	23,420.	216,253.	0
7	DEIRDRE B PHILLIPS EXEC DIR. AUTISM CONSORTIUM	(i)	0	0	0	0	0	0	0
		(ii)	205,742.	2,000.	284.	26,232.	8,928.	243,186.	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 2013, 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

2012

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 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 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

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

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 18

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

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.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) AMERICAN REPERTORY THEATRE COMPANY, INC. 04-2665867 62 BRATTLE ST. CAMBRIDGE, MA 02138	PERFORM. ARTS	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/EXE	N/A	HPF	X	
(3) BLUE MARBLE HOLDINGS CORP. 23-7014581 600 ATLANTIC AVE. BOSTON, MA 02210	INVEST. MGMT.	MA	501(C)(3)	11,TYPE I	HPF	X	
(4) CENTRE RECHERCHE EUROPEEN DE LA HBS N/A 62 RUE FRANCOIS 1ER PARIS,	RESEARCH SUPP	FR	FOREIGN/EXE	N/A	HPF	X	
(5) DEMETER HOLDINGS CORPORATION 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 02210	RESEARCH SUPP	MA	501(C)(3)	11,TYPE I	HPF	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	MA	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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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) EDX, INC. 46-0807740 141 PORTLAND ST., 9TH FL CAMBRIDGE, MA 02139	EDUCATION	MA	501(C)(3)	11,TYPE I	HPF	X	
(2) ENDOWMENT FOR RESEARCH IN HUMAN BIOLOGY, 04-2702030 160 FEDERAL ST. BOSTON, MA 02139	RESEARCH	MA	501(C)(3)	11,TYPE III	HPF	X	
(3) FUNDACION CENTRO DE INVESTIGACION DE LA N/A CERRITO 1320, PISO 11 BUENOS AIRES, AR	RESEARCH SUPP	0	FOREIGN/EXE	N/A	HPF	X	
(4) GIOVANNI ARMENISE-HVD. FDN FOR SCI. RSCH 04-3293162 HMS, C/O DEAN OF FAC. OF MED BOSTON, MA 02474	RESEARCH SUPP	MA	501(C)(3)	11, TYPE I	HPF	X	
(5) HANSJORG WYSS INST. FOR BIOLOGICALLY INS 30-0773387 3 BLACKFAN CIRCLE 5TH FL. BOSTON, MA 02115	RESEARCH	MA	501(C)(3)	11,TYPE I	HPF	X	
(6) HARVARD BUSINESS SCHOOL INTERACTIVE, INC 04-3395140 C/O HBS SOLDIERS FIELD RD. BOSTON, MA 02115	EXECUTIVE EDU	MA	501(C)(3)	11,TYPE I	HPF	X	
(7) HARVARD BUSINESS SCHOOL PUBLISHING CORP 04-3177990 300 NORTH BEACON ST. WATERTOWN, MA 02163	PUBLISHING	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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(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) HARVARD DEDICATED ENERGY, LTD 03-0425512 1033 MASS. AVE., 3RD FL CAMBRIDGE, MA 02472	ELECTRICITY	MA	501(C)(3)	11,TYPE I	HPF	X	
(2) HARVARD GLOBAL RSCH. AND SUPPORT SVCS., 45-4535664 14 STORY ST., 3RD FL. CAMBRIDGE, MA 02138	GLOBAL SUPP	MA	501(C)(3)	11,TYPE I	HPF	X	
(3) HARVARD MAGAZINE, INC 04-6112308 7 WARE ST. CAMBRIDGE, MA 02138	PUBLISHING	MA	501(C)(3)	11,TYPE III	HPF	X	
(4) HARVARD MANAGEMENT COMPANY, INC. 23-7361259 600 ATLANTIC AVE. BOSTON, MA 02138	INVEST. MGMT	MA	501(C)(3)	11,TYPE I	HPF	X	
(5) HARVARD MANAGEMENT PRIVATE EQUITY CORPOR 04-3070522 600 ATLANTIC AVE. BOSTON, MA 02210	INVEST. MGMT	MA	501(C)(3)	11,TYPE I	HPF	X	
(6) HARVARD PRIVATE CAPITAL HOLDINGS, INC. 04-3070519 600 ATLANTIC AVE BOSTON, MA 02115	INVEST. MGMT	MA	501(C)(3)	11,TYPE I	HPF	X	
(7) HARVARD PRIVATE CAPITAL REALTY, INC. 22-3138409 600 ATLANTIC AVE. BOSTON, MA 02210	INVEST. MGMT	MA	501(C)(3)	11,TYPE I	HPF	X	

SCHEDULE R (Form 990)

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Related Organizations and Unrelated Partnerships

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

SCHEDULE R (Form 990)

Department of the Treasury
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Related Organizations and Unrelated Partnerships

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(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
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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) Section 512(b)(13) controlled entity? No
(1) SHIPPING VENTURE CORPORATION 04-3263656 600 ATLANTIC AVE. BOSTON, MA 02163	INVEST. MGMT.	MA	501(C)(3)	11,TYPE I	HPF	X	
(2) STUDENT CLUBS OF HBS, INC. 57-1152691 SOLDIERS FIELD RD. BOSTON, MA 02210	STUDENT SUPPO	MA	501(C)(3)	11,TYPE I	HPF	X	
(3) TRUSTEES FOR HARVARD UNIVERSITY 53-0199180 1033 MASS. AVE., 3RD FL. CAMBRIDGE, MA 02215	EDUCATION	MA	501(C)(3)	11,TYPE II	HPF	X	
(4)							
(5)							
(6)							
(7)							

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 OFFICE SQ STE 4100	INVESTMENTS	DE	N/A	N/A								
(2) ALCION REAL ESTATE PARTNERS LP ONE POST OFFICE SQ STE 4100	INVESTMENTS	DE	N/A	N/A								
(3) ALPINE APARTMENTS LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(4) AMERRA AGRI OPPORTUNITY FUND, 1185 AVENUE OF THE AMERICAS, 1	INVESTMENTS	DE	N/A	N/A								
(5) ATLANTIC EAE LLC C/O A&E REAL ESTATE HOLDINGS L	INVESTMENTS	DE	N/A	N/A								
(6) ATLANTIC TORONTO LP C/O HMC, INC. 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(7) BAYNORTH HPCH LLC ONE FINANCIAL CENTER, FL 23	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) 2226081 ONTARIO LTD N/A 333 BAY ST, STE 3400 TORONTO, CA	INVESTMENTS	CA	N/A	C				X	
(2) 365 CHURCH STREET LIMITED PARTNERSHIP N/A 4711 YONGE ST, STE 1400 M2N 7E4 TORONTO, CA	INVESTMENTS	CA	N/A	C				X	
(3) ADELAIDE-PETER DEVELOPMENTS 98-0684328 4711 YONGE ST, STE 1400 M2N 7E4 TORONTO, CA	INVESTMENTS	CA	N/A	C				X	
(4) AGRICOLA BRINZAL LIMITADA N/A AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C				X	
(5) AGRICOLA CRECER LIMITADA N/A AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C				X	
(6) AGRICOLA DURAMEN LIMITADA N/A AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C				X	
(7) AGRICOLA E INVERSIONES PAMPA ALEGRE S.A N/A AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C				X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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) BAYNORTH REALTY FUND IV GP, L. 200 CLARENDON ST, 54TH FL	INVESTMENTS	MA	N/A	N/A								
(2) BAYNORTH REALTY FUND IV, LP 200 CLARENDON ST, 54TH FL	INVESTMENTS	MA	N/A	N/A								
(3) BAYNORTH REALTY FUND V, L.P. 200 CLARENDON ST, 54TH FL	INVESTMENTS	MA	N/A	N/A								
(4) B-BROOK-B SARL 20 RUE DE LA POSTE L-2346	INVESTMENTS	MA	N/A	N/A								
(5) BH INVESTMENTS FUND LLC 655 THIRD AVENUE - 11TH FL	INVESTMENTS	MA	N/A	N/A								
(6) BLUE ATLANTIC ACQUISITION GROU 111 SOUTH WACKER DR, STE 3300	INVESTMENTS	DE	N/A	N/A								
(7) BLUE ATLANTIC ACQUISITION GROU 111 SOUTH WACKER DR, STE 3300	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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) AGRICOLA FUNDO BUCALEMU LIMITADA 98-0639220 DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C				X	
(2) AGRICOLA LOS RIOS SPA N/A AVENIDA SANTA MARIA 6350, OFICINA 3 VITACURA, CI	INVESTMENTS	CI	N/A	C				X	
(3) AGRICOLA RAPEL LIMITADA 98-0639218 DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C				X	
(4) AGRICOLA RETIRO LIMITADA N/A DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C				X	
(5) AGRICOLA RIBERA LIMITADA N/A DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C				X	
(6) AGROFLORESTAL VERDE SUL S.A. N/A RODOVIA RS-473, KM 22, RINCAO SO SA DISTRICT MATARAZZO,	INVESTMENTS	BR	N/A	C				X	
(7) AQUILA INC. 98-0532782 WALKER HOUSE; MARY ST, PO BOX 908GT GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C				X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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) BPR CO-INVESTOR, LLC 645 MADISON AVENUE, 18TH FL	INVESTMENTS	DE	N/A	N/A								
(2) BUCKINGHAM ATLANTIC, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(3) CAPITAL PARTNERS (2) US TAX EX LEVEL 8 AURORA PLACE, 88 PHILL	INVESTMENTS	DE	N/A	N/A								
(4) CARMEL HOUSE APARTMENTS LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(5) CHEROKEE INVESTMENT PARTNERS I 111 E. HARGETT ST. STE 300	INVESTMENTS	DE	N/A	N/A								
(6) COMPOSITION CAPITAL ASIA FUND WORLD TRADE CENTER AMSTERDAM,	INVESTMENTS	DE	N/A	N/A								
(7) COMTEL TELECOM ASSETS, LP 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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) ARA INC. 98-0543813 WALKER HOUSE; MARY ST, PO BOX 908GT GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C				X	
(2) ARACARI S.A. N/A P.H. PLAZA 2000 BLDG. 50TH ST REPUBLIC OF PANAMA, PM	INVESTMENTS	PM	N/A	C				X	
(3) ATLANTIC AVENUE REALTY, LTD. 98-0533323 MARY ST; PO BOX 908GT GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C				X	
(4) ATLANTIC EUROPE INVESTMENTS GP LIMITED N/A 50 LOTHIAN ROAD, FESTIVAL SQUARE EDINBURGH, UK	INVESTMENTS	UK	N/A	C				X	
(5) ATLANTIC EUROPE INVESTMENTS LP 98-0670648 50 LOTHIAN ROAD, FESTIVAL SQUARE EDINBURGH, UK	INVESTMENTS	UK	N/A	C				X	
(6) ATLANTIC PACIFIC REALTY, INC. 13-4283871 1301 SHOREWAY RD, STE. 250 94002 BELMONT, CA N/	INVESTMENTS	MD	N/A	C				X	
(7) ATLANTIC TORONTO 365 CHURCH STREET GENER N/A 355 BURRARD ST, STE 1900 94002 VANCOUVER, CA CA	INVESTMENTS	CA	N/A	C				X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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) CORAL SENIOR HOUSING LLC 975 F ST, NW, 9TH FL	INVESTMENTS	TX	N/A	N/A								
(2) CORE EM DIVERSIFIED EQUITY FUN C/O HMC, INC. 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(3) CREEKSIDE GLEN APARTMENTS LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(4) CROSSPOINT TECHNOLOGY HOLDINGS 300 THIRD AVENUE, STE 2	INVESTMENTS	DE	N/A	N/A								
(5) CYPRESS CREEK APARTMENTS LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(6) CYPRESS REALTY IV LIMITED PART 301 CONGRESS AVE STE 500	INVESTMENTS	DE	N/A	N/A								
(7) DENHAM COMMODITY PARTNERS FUND 200 CLARENDON ST. 25TH FL	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) ATLANTIC TORONTO A-P GENERAL PARTNER INC 98-0668180 355 BURRARD ST, STE 1900 V6C 2G8 VANCOUVER, CA	INVESTMENTS	CA	N/A	C				X	
(2) ATLANTIC TORONTO GRENVILLE GENERAL PARTN N/A 355 BURRARD ST, STE 1900 V6C 2G8 VANCOUVER, CA	INVESTMENTS	CA	N/A	C				X	
(3) ATLANTIC TORONTO HOLDINGS INC. 98-0668178 355 BURRARD ST, STE 1900 V6C 2G8 VANCOUVER, CA	INVESTMENTS	CA	N/A	C				X	
(4) ATLANTIC URBAN RETAIL, INC. 32-6261983 C/O HMC, INC. 600 ATLANTIC AVENUE 02210 BOSTON, MA N/	INVESTMENTS	DE	N/A	C				X	
(5) BLACK KITE PTY LTD N/A LEVEL 38, 201 ELIZABETH ST 2210 SYDNEY, MA AS	INVESTMENTS	AS	N/A	C				X	
(6) BLACK KITE TRUST 98-6063158 LEVEL 38, 201 ELIZABETH ST NSW 2000 SYDNEY, AS	INVESTMENTS	AS	N/A	C				X	
(7) BLUE ATLANTIC INVESTORS, INC. 45-1022813 111 SOUTH WACKER DRIVE, STE 3300 60606 CHICAGO, IL N/	INVESTMENTS	DE	N/A	C				X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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) DENHAM COMMODITY PARTNERS FUND 200 CLARENDON ST. 25TH FL	INVESTMENTS	DE	N/A	N/A								
(2) DENHAM COMMODITY PARTNERS FUND 200 CLARENDON ST. 25TH FL	INVESTMENTS	DE	N/A	N/A								
(3) DEVONIAN, LLC C/O HMC, INC. 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(4) DS CO-INVESTORS, LLC C/O WESTBROOK PARTNERS, 3300 P	INVESTMENTS	DE	N/A	N/A								
(5) EMBARCADERO CAPITAL INVESTORS, 1301 SHOREWAY RD, STE. 250	INVESTMENTS	DE	N/A	N/A								
(6) EMERGING COUNTRIES OPPORTUNITY 68 FORT ST, PO BOX 705GT	INVESTMENTS	DE	N/A	N/A								
(7) GBE INVESTMENTS, L.P. PO BOX 309GT, UGLAND HOUSE, S	INVESTMENTS	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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) BLUE ATLANTIC SHUTTLE, LLC 45-2542872 111 SOUTH WACKER DRIVE, STE 3300 60606 CHICAGO, IL N/	INVESTMENTS	DE	N/A	C				X	
(2) BRASIL TIMBER LIMITADA 98-0645399 AVENIDA CANDIDO DE ABREU, 776, SALA N/A CANTRO CIVICO, N/	INVESTMENTS	BR	N/A	C				X	
(3) BRODIAEA, INC. 90-0862085 5757 PACIFIC AVE. STE. 222 95207 STOCKTON, CA N/	INVESTMENTS	DE	N/A	C				X	
(4) CAMPO GRANDE, S.A. N/A AVDA. SANTA MARIA NO 6350, PISO 3 N/A VITACURA, N/A CI	INVESTMENTS	CI	N/A	C				X	
(5) CARACARA LTD. 98-1098610 C/O MAPLES AND CALDER PO BOX 309, U N/A GRAND CAYMAN, N/A	INVESTMENTS	CJ	N/A	C				X	
(6) CARACOL AGROPECUARIA LTDA 98-0642730 AV. CARLOS GOMES 1200, SALA 502, AU KY1- PORTO ALEGRE, N/	INVESTMENTS	BR	N/A	C				X	
(7) CCA JAPAN INVESTMENT B.V. N/A WORLD TRADE CENTER AMSTERDAM, ZUIDP CEP AMSTERDAM, N/A NL	INVESTMENTS	NL	N/A	C				X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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) GERRITY ATLANTIC RETAIL PARTNE 977 LOMAS SANTA FE DR, STE A	INVESTMENTS	DE	N/A	N/A								
(2) GREENFIELD BLR FINANCE PARTNER 50 NORTH WATER ST	INVESTMENTS	DE	N/A	N/A								
(3) GREENFIELD BLR PARTNERS, L.P. 50 NORTH WATER ST	INVESTMENTS	DE	N/A	N/A								
(4) GREENHAVEN APARTMENTS, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(5) HARVARD COMMINGLED ACCOUNT C/O HMC, INC., 600 ATLANTIC AV	INVESTMENTS	DE	N/A	N/A								
(6) HARVARD CV, LLC 1033 MASS AVE , 3RD FL.	REAL ESTATE	MA	N/A	N/A								
(7) HARVARD INVESTMENT ASSOCIATES C/O HMC, INC. 600 ATLANTIC AVE	INVESTMENTS	MA	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) CHARITABLE LEAD TRUSTS (50) N/A	CHARITABLE TRUST	MA	N/A	T				X	
(2) CHARITABLE REMAINDER TRUSTS (757) N/A	CHARITABLE TRUST	MA	N/A	T				X	
(3) CHENNAI 2007 98-0644770 IFS COURT, 28 CYBERCITY N/A EBENE, N/A MP	INVESTMNETS	MP	N/A	C				X	
(4) CHEVAL SP PARTICIPACOES LTDA N/A RUA DO FORUM, S/N, SALA B N/A CENTRO, N/A BR	INVESTMENTS	BR	N/A	C				X	
(5) CLAG (CHILE) SPA 98-0650099 DEL INCA N$ 4446, OFICINA 1007 CEP 64840 LAS CONDES, N/A	INVESTMENTS	CI	N/A	C				X	
(6) COMPOSITION CAPITAL ASIA FUND C.V. 98-0469927 WORLD TRADE CENTER AMSTERDAM, ZUIDP N/A AMSTERDAM, N/A NL	INVESTMENTS	NL	N/A	C				X	
(7) COMPOSITION CAPITAL ASIA II FEEDER C.V. 98-0563995 WORLD TRADE CENTER AMSTERDAM, ZUIDP 1077 AMSTERDAM, N/A N	INVESTMENTS	MD	N/A	C				X	

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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) HB INSTITUTIONAL LIMITED PARTN 10 ST. JAMES AVE., STE. 1700	INVESTMENTS	DE	N/A	N/A								
(2) HFMM 770 BAY LP 250 YONGE ST, STE 2400	INVESTMENTS	MA	N/A	N/A								
(3) HFMM LP 4711 YONGE STM STE 1400	INVESTMENTS	CA	N/A	N/A								
(4) IEC ATLANTIC I, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	CA	N/A	N/A								
(5) IEC ATLANTIC II, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(6) IEC ATLANTIC III, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(7) IEC BREAKWATER, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) COMPOSITION CAPITAL EUROPE FUND C.V. 98-0459793 WORLD TRADE CENTER AMSTERDAM, ZUIDP 1077 AMSTERDAM, N/A N	INVESTMENTS	NL	N/A	C				X	
(2) COMPOSITION CAPITAL EUROPE II FEEDER C.V 98-0569903 WORLD TRADE CENTER AMSTERDAM, ZUIDP 1077 AMSTERDAM, N/A N	INVESTMENTS	NL	N/A	C				X	
(3) COMPOSITION FEEDER GMBH N/A BORSENSTRASSE 2-4 60313 1077 XV FRANKFURT AM MAIN, N/A GM	INVESTMENTS	GM	N/A	C				X	
(4) COMTEL ASSETS CORP 20-3239161 433 E LAS CALINAS BL 75039 IRVING, TX N/	INVESTMENTS	DE	N/A	C				X	
(5) COMTEL ASSETS INC. 20-3239269 433 E. LAS CALINAS BL 75039 IRVING, TX N/	INVESTMENTS	DE	N/A	C				X	
(6) COOPERATIE CC ASIA KOREA FEEDER U.A. N/A WORLD TRADE CENTER AMSTERDAM, ZUIDP N/A AMSTERDAM, N/A NL	INVESTMENTS	NL	N/A	C				X	
(7) COPAYAPU SPA 98-1112517 2939 AVENIDA ISIDORA GOYENECHEA, 11 1077 LAS CONDES, N/A	INVESTMENTS	CI	N/A	C				X	

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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) IEC HIDDEN CREEK, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(2) IEC JEFFERSON 2, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(3) IEC JEFFERSON, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(4) IEC NINTH AVENUE, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(5) IRON POINT CO-INVESTMENT I, LL 201 MAIN ST, STE 2300	INVESTMENTS	DE	N/A	N/A								
(6) IRON POINT REAL ESTATE PARTNER 201 MAIN ST, STE. 2300	INVESTMENTS	DE	N/A	N/A								
(7) IRON POINT REAL ESTATE PARTNER 201 MAIN ST, STE 2300	INVESTMENTS	TX	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) CSH PROGRAM REIT, INC. 27-4280903 975 F ST, NW, 9TH FL 20004 WASHINGTON, DC N/	INVESTMENTS	DE	N/A	C				X	
(2) CSH TRS HOLDING, LLC 27-4286092 975 F ST, NW, 9TH FL 20004 WASHINGTON, DC N/	INVESTMENTS	DE	N/A	C				X	
(3) DAIRY FARMS PARTNERSHIP 98-0594944 113 RUTHERFORD RD, PUKEKOHE E, POB N/A PUKEKOHE, N/A NZ	INVESTMENTS	NZ	N/A	C				X	
(4) ECO CEBACO, SOCIEDAD ANONIMA N/A CALLE 52 Y ELVIRA MENDEZ, PO BOX 08 N/A N/A, N/A PM	INVESTMENTS	PM	N/A	C				X	
(5) ECONOMIZA AGROPECUARIA LTDA. N/A ESTADA GERAL CONDOMINIO BOA ESPERAN N/A S/N GRANDE DO RIB	INVESTMENTS	BR	N/A	C				X	
(6) ECUADOR TIMBER, LP 98-0492706 PO BOX 309 UGLAND HOUSE N/A N/A, N/A CJ	INVESTMENTS	CJ	N/A	C				X	
(7) EGRET INVESTMENTS LTD. 98-0650989 C/O MAPLES & CALDER, PO BOX 309, UG KY1- GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	

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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) ISLA VISTA ACQUISITION GROUP, 111 SOUTH WACKER DR, STE 3300	INVESTMENTS	DE	N/A	N/A								
(2) KLEINER PERKINS CAUFIELD & BYE 2750 SAND HILL ROAD	INVESTMENTS	DE	N/A	N/A								
(3) LIQUID REALTY PARTNERS IV (PF1 199 E. LINDA MESA AVE, #10	INVESTMENTS	CA	N/A	N/A								
(4) LIQUID REALTY PARTNERS IV INVE 199 E. LINDA MESA AVE, #10	INVESTMENTS	DE	N/A	N/A								
(5) LIQUID REALTY PARTNERS IV INVE 199 E. LINDA MESA AVE, #10	INVESTMENTS	DE	N/A	N/A								
(6) LIQUID REALTY PARTNERS IV TAX 199 E. LINDA MESA AVE, #10	INVESTMENTS	DE	N/A	N/A								
(7) LUBERT ADLER CAPITAL REAL ESTA 2929 ARCH ST, CIRA CENTRE	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) EL MARIA, S.A. N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C KY1- MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C				X	
(2) EMBARCADERO CAPITAL INVESTORS II REIT, I 37-1508503 1301 SHOREWAY ROAD, STE 250 94002 BELMONT, CA N/	INVESTMENTS	MD	N/A	C				X	
(3) EMERALD CATASTROPHE FUND, LTD. N/A STE 193, 48 PAR-LA-VILLE ROAD 94002 HAMILTON, CA BD	INVESTMENTS	BD	N/A	C				X	
(4) EMERGING COUNTRIES OPPORTUNITY FUND, LTD N/A 68 FORT ST, PO BOX 705GT HM 11 N/A, N/A CJ	INVESTMENTS	CJ	N/A	C				X	
(5) EMPRESA ECOLOGICA DEL ORINOCO S.A.S. N/A CRA 9 NO 77 - 67 OFC 804 N/A BOGOTÁ D.C, N/A CO	INVESTMENTS	CO	N/A	C				X	
(6) EMPRESAS VERDES ARGENTINA, S.A. N/A CARLOS PELLEGRINI 1138 PISO 1 N/A CORRIENTES, N/A AR	INVESTMENTS	AR	N/A	C				X	
(7) ENKI HOLDINGS CORP. 98-0540586 WALKER HOUSE; MARY ST, PO BOX 908GT W340 GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	

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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) LUBERT ADLER CAPITAL REAL ESTA 2929 ARCH ST, CIRA CENTRE	INVESTMENTS	DE	N/A	N/A								
(2) LUBERT-ADLER CAPITAL REAL ESTA 2929 ARCH ST, CIRA CENTRE	INVESTMENTS	DE	N/A	N/A								
(3) MCRB LLC 152 WEST 57TH ST, 46TH FL	INVESTMENTS	DE	N/A	N/A								
(4) MCRS LLC 152 WEST 57TH ST, 46TH FL	INVESTMENTS	DE	N/A	N/A								
(5) NORTH IDAHO APARTMENTS, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	MA	N/A	N/A								
(6) OLD LANE HMA MASTER FUND, L.P. PO BOX 309, UGLAND HOUSE, S. C	INVESTMENTS	DE	N/A	N/A								
(7) PATIO GARDENS, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) ESTANCIA CELINA S.A. N/A SUIPACHA 1111 -PISO 18 KY1-1104 BUENOS AIRES, N/A AR	INVESTMENTS	AR	N/A	C				X	
(2) FLAMENCO SPA N/A 2939 AVENIDA ISIDORA GOYENECHEA, 11 C100 LAS CONDES, N/A	INVESTMENTS	CI	N/A	C				X	
(3) FLORESTAS DO SUL AGROFLORESTAL LTDA 98-0493906 RUA TAQUARY, 335 DRISTAL N/A PORTO ALEGRE, N/A BR	INVESTMENTS	BR	N/A	C				X	
(4) FORESTAL BOSQUEPALM CIA LTDA. N/A AVENIDA PATRIA E4-41 Y AVENIDA AM CEP QUITO, N/A EC	INVESTMENTS	EC	N/A	C				X	
(5) FORESTAL DEL RIO S.A. N/A SUIPACHA 1111 - PISO 18 N/A BUENOS AIRES, N/A AR	INVESTMENTS	AR	N/A	C				X	
(6) FORESTAL FORESVERGAL CIA LTDA. N/A AVENIDA PATRIA E4-41 Y AVENIDA AM C100 QUITO, N/A EC	INVESTMENTS	EC	N/A	C				X	
(7) FORTALEZA AGROINDUSTRIAL LTDA. N/A FAZENDA FORTALEZA, S/N - ZONA RURAL N/A SANTA FILOMENA, N	INVESTMENTS	BR	N/A	C				X	

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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) PINO, LLC AVDA SANTA MARIA NO 6350, PIS	INVESTMENTS	DE	N/A	N/A								
(2) PM CO-INVESTORS LLC C/O WESTBROOK PARTNERS, 3300 P	INVESTMENTS	DE	N/A	N/A								
(3) PUTNAM SQUARE APTS. CO., LP C/O HRES, 1350 MASS. AVE.	REAL ESTATE	DE	N/A	N/A								
(4) ROUND TABLE ASSET RECOVERY MAS WINDWARD I, 2ND FL, REGATTA OF	INVESTMENTS	MA	N/A	N/A								
(5) SILK ROAD HOLDING PTE LTD 6 BATTERY ROAD #112-01	INVESTMENTS	DE	N/A	N/A								
(6) SOIL INNOVATIONS, LLC AV. DR CARDOSO DE MELO, 1340-	INVESTMENTS	DE	N/A	N/A								
(7) SOUTHWOOD GARDENS, LLC 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) FRANCOLIN 98-1006384 PO BOX 309, UGLAND HOUSE N/A N/A, N/A CJ	INVESTMENTS	CJ	N/A	C				X	
(2) GALILEIA AGROINDUSTRIAL LTDA. N/A AV. PEDROSO DE MORAES, 1201, 2 ANDA KY1- PINHEIROS, N/A B	INVESTMENTS	BR	N/A	C				X	
(3) GATEWAY REAL ESTATE FUND III-TE, LP N/A CRICKET SQUARE, HUTCHINS DRIVE, PO N/A GEORGE TOWN, N/A C	INVESTMENTS	CJ	N/A	C				X	
(4) GAVEA INVESTMENT FUND II B L.P. 98-0537951 PO BOX 986, GARDENIA COURT, STE 330 KY1- CAMANA BAY, N/A	TRADING	CJ	N/A	C				X	
(5) GAVEA JUS BRAZILIAN GOVERNMENT LIABILITI 98-0702067 C/O GS, PO BOX 896GT, GARDENIA COUR KY1- CAMANA BAY, N/A	INVESTMENTS	CJ	N/A	C				X	
(6) GBE DEVELOPMENT I LTD N/A PO BOX 309GT, UGLAND HOUSE, S CHURC KY1- GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	
(7) GBE DEVELOPMENT II LTD. N/A PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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) STOLBERG, MEEHAN & SCANO II-A 370 17TH ST STE 3650	INVESTMENTS	DE	N/A	N/A								
(2) THE ECO PRODUCTS FUND 400 MADISON AVE, STE 14A	INVESTMENTS	DE	N/A	N/A								
(3) THE TRITON FUND II NO. 2 L.P. 22 GRENVILLE ST	INVESTMENTS	DE	N/A	N/A								
(4) THE VILLAGE 1 AT LAWRENCE STAT 4970 EL CAMINO REAL, STE 220	INVESTMENTS		N/A	N/A								
(5) THE VILLAGE 2 AT LAWRENCE STAT 4970 EL CAMINO REAL, STE 220	INVESTMENTS	DE	N/A	N/A								
(6) THE WILDHORN FUND L.P. PO BOX 1234 GT, QUEENSGATE HOU	INVESTMENTS	DE	N/A	N/A								
(7) TRAVIS COAL RESTRUCTURED HOLDI 200 CLARENDON ST	INVESTMENTS		N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) GBE DEVELOPMENT III LTD. N/A PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	
(2) GBE DEVELOPMENT IV. LTD. N/A PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	
(3) GBE DEVELOPMENT V LTD. N/A PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	
(4) GBE DEVELOPMENT VI LTD. N/A PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	
(5) GBE FAZENDAS LTDA. N/A AV. DAS AMERICAS, 700, BLOCO 5 N/A CIDADE DO RIO DE JANEI	INVESTMENTS	BR	N/A	C				X	
(6) GBE HOLDINGS LTD. N/A PO BOX 309GT, UGLAND HOUSE, S CHURC CEP GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	
(7) GBE INVESTMENTS LIMITED N/A PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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)	USRA ATLANTIC CAPITAL PARTNERS 1370 AVENUE OF AMERICAS	INVESTMENTS	DE	N/A	N/A								
(2)	VERBENA, LLC DBA PURPLE VERBEN C/O HMC, INC. 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(3)	WBH KIRBY HILL CO-INVESTMENT L 645 MADISON AVENUE, 18TH FL	INVESTMENTS	DE	N/A	N/A								
(4)	WILLIAMSON ROYALTY VENTURES, L 200 CLARENDON ST	INVESTMENTS	DE	N/A	N/A								
(5)	WORLDWIDE BEAUTY ONSHORE L.P. 630 FIFTH AVENUE - 27TH FL	INVESTMENTS	DE	N/A	N/A								
(6)													
(7)													

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	GBE PROJETOS AGRICOLAS II LTDA. N/A AV. DAS AMERICAS, 700, BLOCO 5 N/A CIDADE DO RIO DE JANEI	INVESTMENTS	MA	N/A	C				X	
(2)	GBE PROJETOS AGRICOLAS VII LTDA. N/A RUA DO FORUM, S/N, SALA B CEP 22640 CENTRO, N/A BR	INVESTMENTS	BR	N/A	C				X	
(3)	GBE PROPERTIES I LTD N/A PO BOX 309GT, UGLAND HOUSE, S CHURC CEP GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	
(4)	GBE PROPERTIES II LTD. N/A PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	
(5)	GBE PROPERTIES III LTD. N/A PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	
(6)	GBE PROPERTIES IV LTD. N/A PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	
(7)	GBE PROPERTIES V LTD. N/A PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) GBE PROPERTIES VI LTD. N/A PO BOX 309GT, UGLAND HOUSE, S CHURC N/A GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	
(2) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBI N/A AV. DAS AMERICAS, 700, BLOCO 5 N/A CIDADE DO RIO DE JANEI	INVESTMENTS	BR	N/A	C				X	
(3) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBI N/A AV. DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C				X	
(4) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBI N/A AV. DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C				X	
(5) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBI N/A AV. DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C				X	
(6) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBI N/A RUA DO FORUM, S/N, SALA B CEP 22640 CENTRO, N/A BR	INVESTMENTS	BR	N/A	C				X	
(7) GERRITY ATLANTIC RETAIL PARTNERS, INC. 27-4802513 977 LOMAS SANTA FE DRIVE, STE A 92075 SOLANA BEACH, CA N/	INVESTMENTS	DE	N/A	C				X	

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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)													
(2)													
(3)													
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	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	GRANARY INVESTMENTS 98-0607880 IFS COURT, TWENTY EIGHT N/A CYBERCITY, N/A MP	INVESTMENTS	MP	N/A	C				X	
(2)	GREENGOLD AGRIROM SRL N/A 24 CONSTANTIN NOICA ST, ROOM 2 SIBI N/A N/A, N/A RO	INVESTMENTS	RO	N/A	C				X	
(3)	GREENGOLD EUROPEAN CAPITAL S.A. 98-1091994 5, RUE GUILLAUME KROLL N/A N/A, N/A LU	INVESTMENTS	LU	N/A	C				X	
(4)	GREENGOLD VALUE FORESTS LITHUANIA, UAB N/A JOGAILOS G. 9 L-1882 VILNIUS, N/A LH	INVESTMENTS	LH	N/A	C				X	
(5)	GREENGOLD VALUE FORESTS SRL N/A 24 CONSTANTIN NOICA ST, ROOM 2 SIBI LT-0 N/A, N/A RO	INVESTMENTS	RO	N/A	C				X	
(6)	GUANARE A.A.R.L. 98-0641951 JUNCAL 1327, FL 21 N/A MONTEVIDEO, N/A UY	INVESTMENTS	UY	N/A	C				X	
(7)	GUANARE S.A N/A JUNCAL 1327, FL 21 11000 MONTEVIDEO, N/A UY	INVESTMENTS	UY	N/A	C				X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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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(1) GULF ATLANTIC OPERATIONS LLC 20-2386722 200 CLARENDON ST 02116 BOSTON, MA N/	INVESTMENTS	TX	N/A	C				X	
(2) HARVARD BUSINESS SCHOOL PUBLISHING ASIA N/A 80 RAFFLES PL , #25-01, UOB PLAZA 2116 SINGAPORE, N/A SN	SALES SUPPORT	SN	N/A	C				X	
(3) HARVARD BUSINESS SCHOOL PUBLISHING EUROP N/A 23 SICILIAN AVE. N/A LONDON, N/A UK	SALES SUPPORT	UK	N/A	C				X	
(4) HARVARD BUSINESS SCHOOL PUBLISHING FRANC N/A 23 RUE DU ROULE N/A PARIS, N/A FR	SALES SUPPORT	FR	N/A	C				X	
(5) HARVARD BUSINESS SCHOOL PUBLISHING INDIA N/A UNIT #423, GRAND HYATT MUMBAI N/A MUMBAI, N/A IN	PUBLISHING SUPPOR	IN	N/A	C				X	
(6) HARVARD CENTER SHANGHAI CO., LTD N/A 5TH FL HSBC BLDG., INTL FIN CTR., N N/A SHANGHAI, N/A CH	RESEARCH SUPPORT	CH	N/A	C				X	
(7) HARVARD MANAGEMENT COMPANY ADVISOR LIMIT 98-1069444 21ST FL, EDINBURGH TOWER, THE LANDM 2001 N/A, N/A HK	INVESTMENTS	HK	N/A	C				X	

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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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) HARVARD MASTER TRUST 04-2636388 1033 MASS. AVE., 3RD FL. 02138 CAMBRIDGE, MA N/	INVESTMENTS	MA	N/A	T				X	
(2) HARVARD PRIVATE CAPITAL PROPERTIES II, I 04-3140558 C/O HMC, INC. 600 ATLANTIC AVENUE 02110 BOSTON, MA N/	INVESTMENTS	DE	N/A	C				X	
(3) HARVARD PRIVATE CAPITAL PROPERTIES III, 76-0254935 C/O HMC, INC. 600 ATLANTIC AVENUE 02110 BOSTON, MA N/	INVESTMENTS	DE	N/A	C				X	
(4) HARVARD REAL ESTATE CV, INC. 61-1627962 1033 MASS. AVE., 3RD FL. 02138 CAMBRIDGE, MA N/	REAL ESTATE	MA	N/A	C				X	
(5) HARVARD UNIVERSITY PRESS OF NEW YORK 13-3784301 C/O HU PRESS, 79 GARDEN ST. 02138 CAMBRIDGE, MA N/	PUBLISHING	NY	N/A	C				X	
(6) HARVARD UNIVERSITY PRESS, LTD N/A VERNON HOUSE, 23 SICILIAN AVE. LONDON, N/A UK	BOOK DISTRIBUTION	UK	N/A	C				X	
(7) HB CAYMAN A LIMITED N/A PO BOX 309 GT N/A N/A, N/A CJ	INVESTMENTS	CJ	N/A	C				X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) HB CAYMAN LIMITED N/A PO BOX 309 GT N/A N/A, N/A CJ	INVESTMENTS	CJ	N/A	C				X	
(2) HMC ADAGE MANAGER, INC. 04-3567988 C/O HMC, INC. 600 ATLANTIC AVENUE 02110 BOSTON, MA N/	INVESTMENTS	DE	N/A	C				X	
(3) HPC PATRON SCOTLAND LP 98-0438748 50 LOTHIAN ROAD, FESTIVAL SQUARE 2110 EDINBURGH, N/A UK	INVESTMENTS	UK	N/A	C				X	
(4) INDIA CAPITAL OPPORTUNITIES 1 LIMITED N/A IFS COURT, TWENTYEIGHT CYBERCITY N/A EBENE, N/A MP	INVESTMENTS	MP	N/A	C				X	
(5) INSOLO AGROINDUSTRIAL, SA N/A AV. PEDROSO DE MORAES, 1201, 2 ANDA N/A PINHEIROS, N/A BR	INVESTMENTS	BR	N/A	C				X	
(6) INVERSIONES CATIVAL, S.A. N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C N/A MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C				X	
(7) INVERSIONES HEFEI SAC N/A LAS BEGONIAS 475, 6TH FL N/A SAN ISIDORO, N/A PE	INVESTMENTS	PE	N/A	C				X	

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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)													
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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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	INVERSIONES LEFKADA SAC N/A LAS BEGONIAS 475, 6TH FL N/A SAN ISIDORO, N/A PE	INVESTMENTS	PE	N/A	C				X	
(2)	INVERSIONES MOSQUETA SAC N/A LAS BEGONIAS 475, 6TH FL N/A SAN ISIDORO, N/A PE	INVESTMENTS	PE	N/A	C				X	
(3)	INVERSIONES PIRONA SAC N/A LAS BEGONIAS 475, 6TH FL N/A SAN ISIDORO, N/A PE	INVESTMENTS	PE	N/A	C				X	
(4)	INVERSIONES SANTA RITA, SA N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C N/A MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C				X	
(5)	INVERSIONES TRES CUMBRES LTDA. 98-0446986 ROGER DE FLOR 2736 DP. 8 7311 COMUNA LAS CONDES, N/A CI	INVESTMENTS	CI	N/A	C				X	
(6)	IPE AGROINDUSTRIAL LTDA. N/A AV. PEDROSO DE MORAES, 1201, 2 ANDA N/A PINHEIROS, N/A BR	INVESTMENTS	DE	N/A	C				X	
(7)	ISLA VISTA FOOD SERVICES, LLC 27-3070185 111 EAST WAYNE ST, STE 500 N/A FORT WAYNE, N/A N/	INVESTMENTS	DE	N/A	C				X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) ISLA VISTA INVESTORS, LLC 27-3070148 111 SOUTH WACKER DRIVE, STE 3300 60606 CHICAGO, IL N/	INVESTMENTS	MD	N/A	C				X	
(2) JACANA PROPERTIES S.A. N/A P.H. PLAZA 2000 BLDG. 50TH ST N/A REPUBLIC OF PANAMA, N/A	INVESTMENTS	PM	N/A	C				X	
(3) JUNCO PROPERTIES S.A. N/A P.H. PLAZA 2000 BLDG. 50TH ST N/A REPUBLIC OF PANAMA, N/A	INVESTMENTS	PM	N/A	C				X	
(4) KAINGAROA TIMBERLANDS PARTNERSHIP 98-0412394 GROUND FL, 1243 RANOLF ST N/A N/A, N/A NZ	INVESTMENTS	NZ	N/A	C				X	
(5) KUPE SHIPPING LIMITED N/A PO BOX 160, 209 QUEEN ST N/A AUCKLAND, N/A NZ	INVESTMENTS	NZ	N/A	C				X	
(6) LA JACARANDA, SA N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C 1140 MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C				X	
(7) LA MORA, SA N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C N/A MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C				X	

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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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	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	LA ZARZA, SA N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C N/A MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C				X	
(2)	LABELLE SP PARTICIPACOES LTDA N/A RUA DO FORUM, S/N, SALA B N/A CENTRO, N/A BR	INVESTMENTS	BR	N/A	C				X	
(3)	LAS ACACIAS, SA N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C CEP MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C				X	
(4)	LAS MISIONES, SA N/A SUIPACHA 1111 -PISO 18 N/A BUENOS AIRES, N/A AR	INVESTMENTS	AR	N/A	C				X	
(5)	LASALLE ASIA OPPORTUNITY CAYMAN I, LTD 98-0447511 WALKER HOUSE, 87 MARY ST C1008AAW GEORGE TOWN, N/A CJ	INVESTMENTS	CJ	N/A	C				X	
(6)	LIFETIME CENTRECOURT GRENVILLE LIMITED P 98-0684331 ANDREW HOFFMAN, 1010-22 ST. CHAIR A N/A TORONTO, N/A CA	INVESTMENTS	CA	N/A	C				X	
(7)	LINDENE, LTD N/A PO BOX 309 UGLAND HOUSE 4MT 2S3 GEORGE TOWN, N/A CJ	INVESTMENTS	CJ	N/A	C				X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) LONGSTOCKING INVESTMENT CORP 52-2116455 C/O HMC, INC. 600 ATLANTIC AVENUE 02210 BOSTON, MA N/	INVESTMENTS	MA	N/A	C				X	
(2) LONGTERM FOREST PARTNERS CIA. LTDA. N/A AVENIDA PATRIA E4-41 Y AVENIDA AM N/A QUITO, N/A EC	INVESTMENTS	EC	N/A	C				X	
(3) LOS ARRAYANES, SA N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C N/A MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C				X	
(4) LOS BOLDOS S.A. N/A AVDA SANTA MARIA NO. 6350, PISO 3 N/A VITACURA, N/A CI	INVESTMENTS	CI	N/A	C				X	
(5) LOS LAURELES S.A. N/A AVDA. SANTA MARIA NO 6350, PISO 3 N/A VITACURA, N/A CI	INVESTMENTS	CI	N/A	C				X	
(6) LOS LAURELES, SA N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C N/A MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C				X	
(7) LRP IV TAX EXEMPT (PF1) II LP 98-0560775 199 E. LINDA MESA AVE, #10 94526 DANVILLE, CA N/	INVESTMENTS	JE	N/A	C				X	

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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
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) LRP IV TAX EXEMPT (PF1) LIMITED 98-0555927 199 E. LINDA MESA AVE, #10 94526 DANVILLE, CA N/	INVESTMENTS	JE	N/A	C				X	
(2) MAGUARI LTD. 98-1097957 C/O MAPLES AND CALDER PO BOX 309, U 9452 GRAND CAYMAN, N/	INVESTMENTS	CJ	N/A	C				X	
(3) MASDEVALLIA LTD. 98-1083311 C/O MAPLES AND CALDER PO BOX 309, U KY1- GRAND CAYMAN, N/	INVESTMENTS	CJ	N/A	C				X	
(4) MCRS REAL ESTATE INVESTMENT TRUST, INC. 27-3605599 152 WEST 57TH ST, 46TH FL 10019 NEW YORK, NY N/	INVESTMENTS	MD	N/A	C				X	
(5) MCRS TENANT HOLDCO LLC 27-3869467 152 WEST 57TH ST, 46TH FL 10019 NEW YORK, NY N/	INVESTMENTS	DE	N/A	C				X	
(6) MIRABILIS SA N/A CALLE LAS BEGONIAS NO 475, DPTO 7 N/A SAN ISIDORO, N/A	INVESTMENTS	PE	N/A	C				X	
(7) NAZARE AGROINDUSTRIAL LTDA. N/A AV. PEDROSO DE MORAES, 1201, 2 ANDA N/A PINHEIROS, N/A BR	INVESTMENTS	BR	N/A	C				X	

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

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(1) NCH AGRIBUSINESS INVESTORS CORP. 98-0559097 UGLAND HOUSE, SOUTH CHURCH ST, PO B N/A GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	
(2) NEANDERTHAL INVESTMENTS 98-0607884 IFS COURT, TWENTY EIGHT KY1-1104 CYBERCITY, N/A MP	INVESTMENTS	MP	N/A	C				X	
(3) NEW VERNON INDIA (CAYMAN) FUND LP 20-1577934 2330 PLAZA FIVE N/A JERSEY CITY, N/A CJ	INVESTMENTS	CJ	N/A	C				X	
(4) NGL HOLDINGS INC. 33-1101243 200 CLARENDON ST 02116 BOSTON, MA N/	INVESTMENTS	DE	N/A	C				X	
(5) NICA TECA, SA N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C N/A MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C				X	
(6) NICARAO I, LTD. 98-0643167 PO BOX 309 UGLAND HOUSE N/A GRAND CAYMAN, N/A CJ	INVESTMENTS	CJ	N/A	C				X	
(7) NICARAO II, LTD 98-0643169 PO BOX 309 UGLAND HOUSE KY1-1104 GRAND CAYMAN, N/A CJ	INVESTMENTS	CJ	N/A	C				X	

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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
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	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	NICARAO, LTD. 98-0643164 PO BOX 309 UGLAND HOUSE KY1-1104 GRAND CAYMAN, N/A CJ	INVESTMENTS	MA	N/A	C				X	
(2)	NICATECA, INC. 98-0520487 WALKER HOUSE, 87 MARY ST KY1-1104 GEORGE TOWN, N/A CJ	INVESTMENTS	MA	N/A	C				X	
(3)	OLD LANE HMAFF LP 98-0487312 PO BOX 309, UGLAND HOUSE, S CHURCH N/A GEORGE TOWN, N/A	INVESTMENTS	CJ	N/A	C				X	
(4)	OPERA, SA N/A VILLA FINTANA, DEL CLUB TERRAZA 2 C N/A MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C				X	
(5)	PARFEN S A. N/A JUNCAL 1305 FL 21 N/A MONTEVIDEO, N/A UY	INVESTMENTS	UY	N/A	C				X	
(6)	PATRIOT INTEREST HOLDINGS, INC. 01-0938844 200 CLARENDON ST 02116 BOSTON, MA N/	INVESTMENTS	DE	N/A	C				X	
(7)	PEARL RETAIL INC. 98-1048757 C/O MAPLES AND CALDER, PO BOX 309, N/A GEORGE TOWN, N/A C	INVESTMENTS	CJ	N/A	C				X	

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(1) PERMIAN MIDSTREAM CORPORATION 01-0938834 200 CLARENDON ST 02116 BOSTON, MA N/	INVESTMENTS	TX	N/A	C				X	
(2) PINARES A.A.R.L. 98-0641950 JUNCAL 1327, FL 21 N/A MONTEVIDEO, N/A UY	INVESTMENTS	UY	N/A	C				X	
(3) POLARIS WINES, INC. 45-4112381 855 BORDEAUX WAY, STE. 260A 94658 NAPA, CA N/	INVESTMENTS	DE	N/A	C				X	
(4) POOLED INCOME FUNDS (4) N/A N/A N/A N/A, N/A N/	CHARITABLE TRUST	MA	N/A	T				X	
(5) PRADARIA AGROFLORESTAL LTDA. 98-0642732 AVENIDA ALFONSO PENA, 3.504, ROOM 7 N/A CAMPO GRANDE, N/A	INVESTMENTS	BR	N/A	C				X	
(6) QUEBRADA HONDA S.A. N/A AVDA SANTA MARIA NO. 6350, PISO 3 N/A PANAMAN, N/A PM	INVESTMENTS	PM	N/A	C				X	
(7) QUETZAL BLUE S.A. N/A CALLE 52, Y ELVIRA MENDEZ N/A GEORGE TOWN, N/A CJ	INVESTMENTS	CJ	N/A	C				X	

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(1)	REPRESA PROPERTIES LTD N/A PO BOX 309GT, UGLAND HOUSE N/A GEORGE TOWN, N/A CJ	INVESTMENTS	CJ	N/A	C				X	
(2)	RIO MIRA PARTICIPACOES LTDA N/A AV. DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C				X	
(3)	ROARING FORK INVESTMENT TRUST 98-0458290 250 YONGE ST, STE 4200 M5B 2M6 TORONTO, ON CA	INVESTMENTS	CA	N/A	C				X	
(4)	ROMPLY MEROPS SRL 98-0646095 28-C, C-TIN BUDISTEANUI ST, 3RD FL BUCHAREST, N/A RO	INVESTMENTS	RO	N/A	C				X	
(5)	ROUND TABLE ASSET RECOVERY INTERMEDIATE N/A WINDWARD I, 2ND FL,REGATTA OFFICE KY1 12 GRAND CAYMAN, N/	INVESTMENTS	CJ	N/A	C				X	
(6)	ROUND TABLE ASSET RECOVERY FUND, LTD. N/A WINDWARD I, 2ND FL, REGATTA OFFICE KY1 1 N/A, N/A CJ	INVESTMENTS	CJ	N/A	C				X	
(7)	SANTA FILOMENA AGROINDUSTRIAL LTDA N/A AV. PEDROSO DE MORAES, 1201, 2 AN KY1 12 PINHEIROS, SAO P	INVESTMENTS	BR	N/A	C				X	

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(1) SCOLOPAX S.R.L. N/A BRASOV, 8 VICTORIEI ST, B1 42 BIS N/A BRASOV COUNTY, N/A	INVESTMENTS	RO	N/A	C				X	
(2) SERRA GRANDE AGROINDUSTRIAL LTDA. N/A AV. PEDROSO DE MORAES, 1201, 2 AND N/A PINHEIROS, SAO PAU	INVESTMENTS	BR	N/A	C				X	
(3) SIA EMPETRUM 98-0648693 KULDIGAS RAJONS, KURMALES PAGASTS N/A PRIEDAINE, N/A LG	INVESTMENTS	LG	N/A	C				X	
(4) SOBRALIA LTD. N/A C/O MAPLES AND CALDER PO BOX 309 N/A GRAND CAYMAN, N/A CJ	INVESTMENTS	CJ	N/A	C				X	
(5) SOCIEDAD EXPLOTADORA AGRICOLA SPA 98-0632838 DEL INCA NO 4446, OFICINA 1007 KY1-1104 LAS CONDES, SANTI	INVESTMENTS	CI	N/A	C				X	
(6) SORA LTD. 98-1098256 C/O MAPLES AND CALDER PO BOX 309 N/A GRAND CAYMAN, N/A CJ	INVESTMENTS	CJ	N/A	C				X	
(7) SOROTIVO AGROPECUARIA LTDA. N/A AV. PEDROSO DE MORAES, 1201, 2 ANDA KY1- PINHEIROS, SAO P	INVESTMENTS	BR	N/A	C				X	

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(1)	STELIS LTD. N/A C/O MAPLES AND CALDER PO BOX 309 N/A GRAND CAYMAN, N/A CJ	INVESTMENTS	CJ	N/A	C				X	
(2)	SUSTAINABLE TEAK PARTCIPACOES LTDA. 98-0639215 AVENIDA GOVERNADOR PONCE DE ARRUDA KY1-1 VAREZEA GRANDE,	INVESTMENTS	BR	N/A	C				X	
(3)	SUSTAINABLE TIMBERS, S.A. N/A AVENIDA GOVERNADOR PONCE DE ARRUDA CEP 7 CORREGIMIENTO DE	INVESTMENTS	PM	N/A	C				X	
(4)	TAGUA SPA N/A 2939 AVENIDA ISIDORA GOYENECHEA N/A LAS CONDES, SANTIAGO	INVESTMENTS	CI	N/A	C				X	
(5)	TDR SCOTLAND L.P. 98-0471766 ONE STANHOPE GATE N/A LONDON, N/A UK	INVESTMENTS	UK	N/A	C				X	
(6)	TERENA SA N/A JUNCAL 1327, FL 21 W1K 1AF MONTEVIDEO, N/A UY	INVESTMENTS	UY	N/A	C				X	
(7)	TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD N/A FAZENDA BOQUEIRAO, S/N 11000 ZONA RURAL, BARRA BR	INVESTMENTS	BR	N/A	C				X	

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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)													
(5)													
(6)													
(7)													

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD N/A FAZENDA SANTO ANTONIO DA MANGA, S/N CEP ZONA RURAL, MARAN	INVESTMENTS	BR	N/A	C				X	
(2)	TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD N/A FAZENDA FLEXAS, S/N CEP 65660 ZONA RURAL, MINAS GERAIS BR	INVESTMENTS	BR	N/A	C				X	
(3)	TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD N/A FAZENDA OITEIROS, S/N CEP 39290 ZONA RURAL, GUADALUPE BR	INVESTMENTS	BR	N/A	C				X	
(4)	TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD N/A FAZENDA ESPIANADA, RODOVIA CEP 64840 PEIXE, N/A BR	INVESTMENTS	BR	N/A	C				X	
(5)	TERRACAL ALIMENTOS E BIOENERGIA LTDA. N/A AV. DAS AMERICAS, 700, BLOCO 5 CEP 77460 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C				X	
(6)	TERRACAL PARTICIPACOES LTDA N/A AV DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C				X	
(7)	TERRACAL PROPRIEDADES LTDA N/A AV. DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C				X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) TINAMOU 98-1014421 PO BOX 309, UGLAND HOUSE CEP 22640 GRAND CAYMAN, N/A CJ	INVESTMENTS	CJ	N/A	C				X	
(2) TOUCANET SA N/A PLAZA 2000, 16TH FL 50TH ST KY1-1104 REPUBLIC OF PANAMA,	INVESTMENTS	PM	N/A	C				X	
(3) TROGON PROPERTIES S.A. N/A P.H. PLAZA 2000 BLDG. 50TH ST N/A REPUBLIC OF PANAMA, N/A	INVESTMENTS	PM	N/A	C				X	
(4) TUNUYAN S A N/A VILLA FINTANA, DEL CLUB TERRAZA N/A MANAGUA, N/A NU	INVESTMENTS	NU	N/A	C				X	
(5) UNITECA AGROFLORESTAL, SA N/A AVENIDA GOVERNADOR PONCE DE ARRUDA N/A VAREZEA GRANDE, MA	INVESTMENTS	BR	N/A	C				X	
(6) USRA ATLANTIC NET LEASE CAPITAL CORP 45-2732642 1370 AVENUE OF AMERICAS CEP 78110 NEW YORK, NY N/	INVESTMENTS	DE	N/A	C				X	
(7) VALHOLL, LTD 98-0668673 PO BOX 309 UGLAND HOUSE 10019 GRAND CAYMAN, N/A CJ	INVESTMENTS	CJ	N/A	C				X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) VERIWASTE L.P. 98-0656246 20-22 BEDFORD ROW KY1-1104 LONDON, N/A UK	INVESTMENTS	UK	N/A	C				X	
(2) VISTA VERDE AGROINDUSTRIAL LTDA. N/A AV. PEDROSO DE MORAES, 1201, 2 AND WC1R PINHEIROS, SAO PA	INVESTMENTS	BR	N/A	C				X	
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		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	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? 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)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Part VII Supplemental Information

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

Form **8868**
(Rev January 2013)
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.

Enter filer's identifying number, see instructions

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

Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
HARVARD NEURODISCOVERY CENTER, INC.	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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

Telephone No ▶ 617 998-6881 FAX No. ▶

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/17, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year 20 ____ or
▶ [X] tax year beginning 07/01, 2012, and ending 06/30, 20 13

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

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

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

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

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

- The books are in the care of ▶ MICHAEL F. HARTY
  Telephone No. ▶ 617 998-6881 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A . If this is for the whole group, check this box . . . . . ▶ [ ] . If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 05/15, 20 14

5 For calendar year ____, or other tax year beginning 07/01, 20 12, and ending 06/30, 20 13.

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

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

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

Signature and Verification must be completed for Part II only.

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

Signature ▶ Title ▶ CPA Date ▶ 2/7/14