See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 20 14

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

C Name of organization HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING AT HARVARD UNIV., INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address): CLSB, 5TH FLOOR, 3 BLACKFAN CIRCLE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code: BOSTON, MA 02115

D Employer identification number: 30-0773387

E Telephone number: (617) 432-7786

G Gross receipts $ 41,155,053.

F Name and address of principal officer

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

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

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

H(c) Group exemption number ▶

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

J Website ▶ HTTP://WYSS.HARVARD.EDU

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

L Year of formation 2013 M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: FORMED AS A SUPPORTING ORGANIZATION OF PRESIDENT AND FELLOWS OF HARVARD COLLEGE TO CONDUCT, SUPPORT AND DEVELOP RESEARCH AND INVENTIONS IN THE LIFE SCIENCES AND ENGINEERING.

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	13.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7.
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
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)	0	39,663,533.
9	Program service revenue (Part VIII, line 2g)	0	133,658.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	1,357,862.
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)	0	41,155,053.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	5,351,797.
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) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0	67,490,281.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	0	72,842,078.
19	Revenue less expenses Subtract line 18 from line 12	0	-31,687,025.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	0	230,634,434.
21	Total liabilities (Part X, line 26)	0	4,099,594.
22	Net assets or fund balances Subtract line 21 from line 20	0	226,534,840.

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 5/15/15

▶ AYIS ANTONIOU TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: PAUL TANIS	Preparer's signature	Date 5/14/2015	Check [ ] if self-employed; PTIN P01441612
Firm's name ▶ PRICEWATERHOUSECOOPERS LLP			Firm's EIN ▶ 13-4008324
Firm's address ▶ 125 HIGH STREET BOSTON, MA 02110			Phone no 617-530-5000

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

For Paperwork Reduction Act Notice, see the separate Instructions. Form **990** (2013)

JSA
3E1010 1 000

G17

2

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

SEE SCHEDULE O.

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses $ 60,741,502 including grants of $ 5,351,797) (Revenue $ 133,658.)

RESEARCH AND TECHNOLOGY DEVELOPMENT ON BIOLOGICALLY INSPIRED ENGINEERING FOCUSED ON BIOLOGICAL CONTROL, LIVING MATERIAL, AND BIOLOGY. THE INSTITUTE FOCUSES ITS RESEARCH AND DEVELOPMENT EFFORTS ON SIX ENABLING TECHNOLOGY PLATFORMS TO CREATE NEW BIOINSPIRED MATERIALS AND DEVICES, AND TO TRANSLATE THEM INTO PRODUCTS. THE SIX ENABLING PLATFORMS ARE: ADAPTIVE MATERIAL TECHNOLOGIES, ANTICIPATORY MEDICAL AND CELLULAR DEVICES, BIOINSPIRED ROBOTICS, BIOMIMETIC MICROSYSTEMS, PROGRAMMABLE NANOMATERIALS, AND SYNTHETIC BIOLOGY.

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 ▶ 60,741,502.

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
12a	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a*	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 or note to any line 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" to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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 or note to any line in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	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 7			
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	X	
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	X	
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 ▶ ASTRID KING, 3 BLACKFAN CIRCLE CLSB 513 BOSTON, MA 02139 617-432-7786

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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) ALAN GARBER	.50									
DIRECTOR	60.00	X						0	622,341.	186,002.
(2) BOB BLAND	.50									
DIRECTOR	0	X						0	0	0
(3) CHERRY MURRAY	.50									
DIRECTOR	60.00	X						0	413,642.	52,473.
(4) ELIZABETH NABEL	.50									
DIRECTOR	0	X						0	0	0
(5) HANSJORG WYSS	.50									
DIRECTOR	0	X						0	0	0
(6) HOWARD STEVENSON	.50									
DIRECTOR	0	X						0	0	0
(7) SANDRA FENWICK	.50									
DIRECTOR (AS OF 10/7/13)	0	X						0	0	0
(8) JEFFREY FLIER	.50									
DIRECTOR	60.00	X						0	603,542.	52,815.
(9) JEREMY BLOXHAM	.50									
DIRECTOR	60.00	X						0	386,447.	34,345.
(10) KATHERINE LAPP	.50									
DIRECTOR	60.00	X						0	615,753.	42,202.
(11) KENNETH LUTCHEN	.50									
DIRECTOR	0	X						0	0	0
(12) NORBERT HAAS	.50									
DIRECTOR	0	X						0	0	0
(13) RICHARD MCCULLOUGH	.50									
DIRECTOR	60.00	X						0	435,326.	52,965.
(14) JAMES MANDELL	.50									
DIRECTOR (UNTIL 10/7/13)	0	X						0	0	0

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			
(15) DONALD INGBER	46.00									
PRESIDENT	0			X				0	522,075.	52,965.
(16) AYIS ANTONIOU	60.00									
TREASURER/ADMIN DIRECTOR	0			X				0	352,830.	56,100.
(17) PETER KATZ	.50									
CLERK	60.00			X				0	261,053.	53,518.
(18) MARY TOLIKAS	60.00									
OPERATIONS DIRECTOR	0				X			0	359,791.	40,194.
(19) STEVEN SIMMONS	60.00									
DIRECTOR OF FINANCE	0					X		0	193,604.	39,688.
(20) GERALDINE HAMILTON	60.00									
SENIOR STAFF SCIENTIST	0					X		0	190,174.	31,686.
(21) DAVID COON	60.00									
ENTREPRENEUR IN RESIDENCE	0					X		0	188,577.	30,835.
(22) ANTHONY BAHINSKI	60.00									
LEAD SENIOR STAFF SCIENTIST	0					X		0	183,638.	30,272.
(23) MICHAEL SUPER	60.00									
SENIOR STAFF SCIENTIST	0					X		0	178,769.	44,996.
1b Sub-total ▶								0	3,077,051.	420,802.
c Total from continuation sheets to Part VII, Section A ▶								0	2,430,511.	380,254.
d Total (add lines 1b and 1c) ▶								0	5,507,562.	801,056.

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

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 ▶ 1

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	6,800,000.			
	e	Government grants (contributions)	1e	30,419,917			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,443,616			
	g	Noncash contributions included in lines 1a-1f $					
	h	Total. Add lines 1a-1f			39,663,533		
Program Service Revenue			Business Code				
	2a	COLLAB INST AND OTHER FEES	541700	133,658	133,658		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			133,658		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,357,862		1,357,862
	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			41,155,053	133,658.	1,357,862.

Part IX Statement of Functional Expenses

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

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

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	4,156,622.	4,156,622.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,195,175.	1,195,175.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
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	64,318.	41,155.	23,163.	
c Accounting	2,000.		2,000.	
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)	1,577,226.	1,465,341.	111,885.	
12 Advertising and promotion	0			
13 Office expenses	383,851.	213,026.	170,825.	
14 Information technology	884,644.	535,967.	348,677.	
15 Royalties	0			
16 Occupancy	13,128,516.	10,480,686.	2,647,830.	
17 Travel	916,616.	843,600.	73,016.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	570,085.	557,575.	12,510.	
20 Interest	21,658.		21,658.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	4,108,102.	3,912,593.	195,509.	
23 Insurance	48,634.	23,634.	25,000.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PERSONNEL CHARGE BACK	31,585,429.	26,339,183.	5,246,246.	
b LAB SUPPLIES AND SERVICES	9,232,059.	9,232,059.		
c PAYMENT TO RELATED ORG	4,240,001.	1,302,870.	2,937,131.	
d TAX AND FEES	72,193.	45,512.	26,681.	
e All other expenses	654,949.	396,504.	258,445.	
25 Total functional expenses. Add lines 1 through 24e	72,842,078.	60,741,502.	12,100,576.	
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 or note to any line 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	0	3	96,099,226.
	4	Accounts receivable, net	0	4	7,588,169.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	262,312.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 39,946,105.			
	b	Less accumulated depreciation — 10b: 13,291,117.	0	10c	26,654,988.
	11	Investments - publicly traded securities	0	11	36,013,211.
	12	Investments - other securities See Part IV, line 11	0	12	0
	13	Investments - program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	64,016,528.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	0	16	230,634,434.
Liabilities	17	Accounts payable and accrued expenses	0	17	1,179,731.
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	2,919,863.
	26	**Total liabilities.** Add lines 17 through 25	0	26	4,099,594.
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	0	27	32,568,650.
	28	Temporarily restricted net assets	0	28	165,966,190.
	29	Permanently restricted net assets	0	29	28,000,000.
		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	0	33	226,534,840.
	34	Total liabilities and net assets/fund balances	0	34	230,634,434.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,155,053.
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,842,078.
3	Revenue less expenses Subtract line 2 from line 1	3	-31,687,025.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	3,492,078.
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	254,729,787.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	226,534,840.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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	X	

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING AT HARVARD UNIV., INC.	30-0773387

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									108,786.

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	0	0	0	0	0	0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total** Add lines 1 through 3						0
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)						0
6 **Public support** Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 **Total support** Add lines 7 through 10						0

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** . . . . . ▶ X

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2013.** 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 - 2012.** 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 - 2013.** 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 - 2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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.** 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	X	X	108,786
TOTAL AMOUNT OF SUPPORT						108,786

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING AT HARVARD UNIV., INC.

Employer identification number: 30-0773387

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	33,963,495.				
b Contributions					
c Net investment earnings, gains, and losses	4,821,732.				
d Grants or scholarships					
e Other expenditures for facilities and programs	2,227,256.				
f Administrative expenses					
g End of year balance	36,557,971.				

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ 100.0000 %

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		18,539,319.	3,070,492.	15,468,827.
d Equipment		21,406,786.	10,220,625.	11,186,161.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				26,654,988.

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

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

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

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

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

(a) Description	(b) Book value
(1) DUE FROM HARVARD UNIVERSITY	2,816,528.
(2) HARVARD UNIV. CONTRIB. RECEIV	61,200,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15)* ▶	64,016,528.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POOLED LOANS	491,890.
(3) DEFERRED RENT	1,676,706.
(4) OTHER LIABILITIES	751,267.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,919,863.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	44,647,131.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	3,492,078.		
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	3,492,078.
3	Subtract line 2e from line 1			3	41,155,053.
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	41,155,053.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	72,842,078.
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	72,842,078.
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	72,842,078.

Part XIII Supplemental Information.

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

PART V, LINE 4

THE ENDOWMENT FUNDS IN THE HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING AT HARVARD UNIVERSITY ARE USED TO FURTHER SCIENTIFIC RESEARCH PROGRAMS AND BRING TOP INVESTIGATORS INTO A COLLABORATIVE EFFORT IN ACCORDANCE WITH ITS MISSION. THE WYSS INSTITUTE ENDOWMENT PROVIDES FUNDING FOR SEVEN ENDOWED CHAIRS.

Part XIII Supplemental Information *(continued)*

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.**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING AT HARVARD UNIV., INC.

Employer identification number: 30-0773387

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) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501(C)(3)	376,228				RESEARCH
(2) CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	727,809				FED SPONSORED AWARDS
(3) TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVE,4TH FL BOSTON,MA 02215	04-2103547	501(C)(3)	817,386				FED SPONSORED AWARDS
(4) CFD RESEARCH CORPORATION 701 MCMILLIAN WAY,NW,#D,HUNTSVILLE,AL 35806	63-0944385		186,981				FED SPONSORED AWARDS
(5) DANA-FARBER CANCER INSTITUTE, INC 450 BROOOKLINE AVE BOSTON, MA 02215	04-2263040	501(C)(3)	598,616				FED SPONSORED AWARDS
(6) GINKGO BIOWORKS INC 27 DRYDOCK AVE, 8TH FLOOR BOSTON, MA 02210	26-3118890		100,000				FED SPONSORED AWARDS
(7) THE MASSACHUSETTS GENERAL HOSPITAL 54 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	120,950				RESEARCH
(8) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	127,539				FED SPONSORED AWARDS
(9) PENNSYLVANIA STATE UNIVERSITY 201 OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	91,319				FED SPONSORED AWARDS
(10) THE SPAULDING REHABILITATION HOSPITAL CORP 125 NASHUA STREET BOSTON, MA 02114	04-2551124	501(C)(3)	98,367				RESEARCH
(11) TUFTS UNIVERSITY 169 HOLLAND STREET SOMERVILLE, MA 02144	04-2103634	501(C)(3)	21,308				RESEARCH
(12) UNIVERSITY OF MASSACHUSETTS 333 SOUTH STE 450 SHREWSBURY, MA 01545	04-3167352	501(C)(3)	363,350.				RESEARCH

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

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

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.**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING AT HARVARD UNIV., INC.

Employer identification number: 30-0773387

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) UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET PITTSBURGH, PA 15260	25-0965591	501(C)(3)	138,401				FED SPONSORED AWARDS
(2) VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501(C)(3)	382,004				FED SPONSORED AWARDS
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 12.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2.

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	GRADUATE STUDENT TUITION AND STIPENDS	109	1,195,175			
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 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.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING AT HARVARD UNIV., INC.

Employer identification number: 30-0773387

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 [X] First-class or charter travel [ ] Travel for companions [ ] Tax indemnification and gross-up payments [ ] Discretionary spending account [ ] Housing allowance or residence for personal use [ ] Payments for business use of personal residence [ ] Health or social club dues or initiation fees [ ] Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes 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	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2	X	
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 [X] Compensation committee [X] Independent compensation consultant [ ] Form 990 of other organizations [ ] Written employment contract [ ] Compensation survey or study [X] 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				
	ALAN GARBER	(i)	0	0	0	0	0	0	0
1	DIRECTOR	(ii)	620,989.	0	1,352.	32,565.	153,437.	808,343.	0
	CHERRY MURRAY	(i)	0	0	0	0	0	0	0
2	DIRECTOR	(ii)	397,618.	0	16,024.	32,565.	19,908.	466,115.	0
	JEFFREY FLIER	(i)	0	0	0	0	0	0	0
3	DIRECTOR	(ii)	583,916.	15,000.	4,626.	32,565.	20,250.	656,357.	0
	JEREMY BLOXHAM	(i)	0	0	0	0	0	0	0
4	DIRECTOR	(ii)	304,061.	0	82,386.	32,565.	1,780.	420,792.	0
	KATHERINE LAPP	(i)	0	0	0	0	0	0	0
5	DIRECTOR	(ii)	584,489.	30,000.	1,264.	32,565.	9,637.	657,955.	0
	RICHARD MCCULLOUGH	(i)	0	0	0	0	0	0	0
6	DIRECTOR	(ii)	396,925.	0	38,401.	32,565.	20,400.	488,291.	0
	DONALD INGBER	(i)	0	0	0	0	0	0	0
7	PRESIDENT	(ii)	395,233.	125,000.	1,842.	32,565.	20,400.	575,040.	0
	AYIS ANTONIOU	(i)	0	0	0	0	0	0	0
8	TREASURER/ADMIN DIRECTOR	(ii)	297,002.	55,000.	828.	32,565.	23,535.	408,930.	0
	PETER KATZ	(i)	0	0	0	0	0	0	0
9	CLERK	(ii)	246,179.	13,700.	1,174.	32,565.	20,953.	314,571.	0
	MARY TOLIKAS	(i)	0	0	0	0	0	0	0
10	OPERATIONS DIRECTOR	(ii)	304,603.	55,000.	188.	32,565.	7,629.	399,985.	0
	STEVEN SIMMONS	(i)	0	0	0	0	0	0	0
11	DIRECTOR OF FINANCE	(ii)	175,491.	18,000.	113.	28,428.	11,260.	233,292.	0
	GERALDINE HAMILTON	(i)	0	0	0	0	0	0	0
12	SENIOR STAFF SCIENTIST	(ii)	162,855.	24,950.	2,369.	23,031.	8,655.	221,860.	0
	DAVID COON	(i)	0	0	0	0	0	0	0
13	ENTREPRENEUR IN RESIDENCE	(ii)	163,787.	24,750.	40.	23,015.	7,820.	219,412.	0
	ANTHONY BAHINSKI	(i)	0	0	0	0	0	0	0
14	LEAD SENIOR STAFF SCIENTIST	(ii)	174,730.	8,800.	108.	22,289.	7,983.	213,910.	0
	MICHAEL SUPER	(i)	0	0	0	0	0	0	0
15	SENIOR STAFF SCIENTIST	(ii)	154,381.	24,300.	88.	22,494.	22,502.	223,765.	0
		(i)							
16		(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

PART I, LINE 1A

THE HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING AT HARVARD UNIVERSITY, INC. (WYSS INSTITUTE) TRAVEL POLICY ALLOWS FOR FIRST CLASS TRAVEL FOR WYSS INSTITUTE BUSINESS PURPOSES IN LIMITED CIRCUMSTANCES. IN ACCORDANCE WITH THIS POLICY OFFICERS AND KEY EMPLOYEES MAY TRAVEL FIRST CLASS ON A SMALL NUMBER OF TRIPS DURING THE YEAR. TRAVEL EXPENSES ARE INCURRED FOR WYSS INSTITUTE BUSINESS PURPOSES AND ARE NOT TREATED AS TAXABLE COMPENSATION.

PART I, LINE 7

ANNUAL BONUS FOR OFFICERS AND KEY EMPLOYEES IS REVIEWED BY THE COMPENSATION COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS.

PART II

OFFICERS AND DIRECTORS ARE NOT COMPENSATED IN THEIR CAPACITY AS OFFICERS AND DIRECTORS. THE INDIVIDUALS LISTED HERE WERE EMPLOYEES OF PRESIDENT AND FELLOWS OF HARVARD COLLEGE, ASSIGNED TO THE WYSS INSTITUTE AND ARE COMPENSATED BY HARVARD UNIVERSITY AS LISTED IN PART II.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	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.	2013 Open to Public Inspection

Name of the organization	Employer identification number
HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING AT HARVARD UNIV., INC.	30-0773387

FORM 990, PART III, LINE 1

THE HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING AT HARVARD UNIVERSITY, INC. (WYSS INSTITUTE) IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES. THE CORPORATION HAS BEEN FORMED AS A SUPPORTING ORGANIZATION OF PRESIDENT AND FELLOWS OF HARVARD COLLEGE (HARVARD UNIVERSITY OR HARVARD) TO CONDUCT, SUPPORT AND DEVELOP RESEARCH AND INVENTIONS IN THE LIFE SCIENCES AND ENGINEERING AND TO ENGAGE IN ANY OTHER LAWFUL ACTIVITY PERMITTED TO AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CHAPTER 180 OF THE MASSACHUSETTS GENERAL LAWS.

FORM 990, PART V, LINE 2A

THE WYSS INSTITUTE HAS NO EMPLOYEES. THE WYSS INSTITUTE REIMBURSES HARVARD UNIVERSITY FOR HARVARD PERSONNEL EXPENSES FOR SERVICES PROVIDED TO THE WYSS INSTITUTE.

FORM 990, PART VI, LINE 1A

THE EXECUTIVE COMMITTEE OF THE HANSJORG WYSS INSTITUTE PROVIDES REGULAR SUPERVISION AND APPROPRIATE OVERSIGHT FOR THE INSTITUTE ON BEHALF OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 2

ALAN GARBER IS PROVOST AND OFFICER OF HARVARD UNIVERSITY. INDIVIDUALS LISTED ON PART VII WHO RECEIVED COMPENSATION FROM A RELATED ORGANIZATION

Name of the organization HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING AT HARVARD UNIV., INC.

Employer identification number 30-0773387

ARE EMPLOYEES OF HARVARD UNIVERSITY.

FORM 990, PART VI, LINE 7A AND 7B

THE MEMBER OF THE WYSS INSTITUTE IS THE INDIVIDUAL SERVING AS THE PROVOST OF THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE, SERVING EX OFFICIO. THE MEMBER HAS THE RIGHT TO APPOINT SPECIFIED MEMBERS OF THE BOARD OF DIRECTORS AND SUCH OTHER POWERS AND RIGHTS AS ARE VESTED IN THE MEMBER BY LAW, THE ARTICLES OF ORGANIZATION OR THE BYLAWS.

FORM 990 PART VI, LINE 11B

THE WYSS INSTITUTE'S TAX RETURN WAS PREPARED BY MANAGEMENT IN CONNECTION WITH AN INDEPENDENT ACCOUNTING FIRM. 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 13 AND 14

THE WYSS INSTITUTE ADHERES TO HARVARD UNIVERSITY'S WHISTLEBLOWER AND DOCUMENT RETENTION AND DESTRUCTION POLICIES.

FORM 990, PART VI, LINES 15A AND 15B

OFFICERS AND DIRECTORS OF THE WYSS INSTITUTE ARE NOT COMPENSATED IN THEIR CAPACITY AS OFFICERS AND DIRECTORS. THE COMPENSATION OF KEY HARVARD PERSONNEL PERFORMING SERVICES ON BEHALF OF THE WYSS INSTITUTE IS EVALUATED PERIODICALLY USING AN INDEPENDENT COMPENSATION FIRM, INCLUDING EXTERNAL COMPARABILITY MARKET DATA. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ANNUALLY THE COMPENSATION OF SUCH PERSONNEL AND MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR FINAL REVIEW AND

Name of the organization	Employer identification number
HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING AT HARVARD UNIV., INC.	30-0773387

APPROVAL.

FORM 990, PART VI, LINES 19

THE WYSS INSTITUTE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990 XI LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

$254,729,787 REPRESENT NET ASSET TRANSFERRED FROM HARVARD UNIVERSITY.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
FRANCIS J. NEVILLE 29 BEVERLY AVENUE MARBLEHEAD, MA 01945	CONTRACTOR	133,836.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING HU

Employer identification number 30-0773387

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) AFRICA ACADEMY FOR PUBLIC HEALTH P O BOX 79810, MWAI KIBAKI RD DAR ES SALAAM, TZ	RESEARCH	TZ	FOREIGN/EXE	N/A	HPF	X	
(2) AMERICAN REPERTORY THEATRE COMPANY, INC 04-2665867 62 BRATTLE ST. CAMBRIDGE, MA 02138	PERF. ARTS	MA	501(C)(3)	9	HPF	X	
(3) ASSOCIACAO DAVID ROCKEFELLER CENTER DE U AVENIDA PAULISTA 1337, CJ 171 SAO PAULO, BR	EDUCATION	BR	FOREIGN/EXE	N/A	HPF	X	
(4) BLUE MARBLE HOLDINGS CORP 23-7014581 600 ATLANTIC AVE. BOSTON, MA 02210	INV. MGMT.	MA	501(C)(3)	11,TYPE I	HPF	X	
(5) BOTSWANA-HARVARD AIDS INSTITUTE PRIVATE BAG BO 320 GABORONE, BC	RESEARCH	BC	FOREIGN/EXE	N/A	HPF	X	
(6) CENTRE RECHERCHE EUROPEEN DE LA HBS 62 RUE FRANCOIS, 1 ER PARIS, FR	RESEARCH SUPP	FR	FOREIGN/EXE	N/A	HPF	X	
(7) DEMETER HOLDINGS CORP. 04-3044742 600 ATLANTIC AVE. BOSTON, MA 02210	INV. MGMT.	MA	501(C)(3)	11,TYPE I	HPF	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990 ▶ See separate instructions

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING HU

Employer identification number 30-0773387

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) DOYUKAI FUND FOR HARVARD, INC. 04-3478889 800 BOYLSTON ST BOSTON, MA 02199	RESEARCH SUPP	MA	501(C)(3)	11,TYPE I	HPF	X	
(2) DUBAI HARVARD FOUNDATION FOR MEDICAL RES 52-2446955 401 PARK DR. BOSTON, MA 02215	EDUCATION AND	MA	501(C)(3)	11,TYPE I	HPF	X	
(3) ENDOWMENT FOR RESEARCH IN HUMAN BIOLOGY, 04-2702030 160 FEDERAL ST. BOSTON, MA 02115	RESEARCH	MA	501(C)(3)	11,TYPE III	HPF	X	
(4) FUNDACION CENTRO DE INVESTIGACION DE LA CERRITO 1320, PISO 11 BUENOS AIRES, AR	RESEARCH SUPP	AR	FOREIGN/EXE	N/A	HPF	X	
(5) FUNDACION DRCLAS CHILE AVENIDA DAG HAMMARSKJOLD 3269 SANTIAGO, CI	FACULTY AND S	CI	FOREIGN/EXE	N/A	HPF	X	
(6) GIOVANNI ARMENISE-HARVARD FOUNDATION FOR 04-3293162 HMS, DEAN OF FAC OF MED. BOSTON, MA 02115	RESEARCH SUPP	MA	501(C)(3)	11,TYPE I	HPF	X	
(7) HARVARD BUSINESS SCHOOL PUBLISHING CORP 04-3177990 300 NORTH BEACON STREET WATERTOWN, MA 02472	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

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

▶ Attach to Form 990 ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING HU

Employer identification number 30-0773387

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) HARVARD BUSINESS SCHOOL INTERACTIVE, INC 04-3395140 SOLDIERS FIELD RD BOSTON, MA 02163	EXEC. EDU.	MA	501(C)(3)	11,TYPE I	HPF	X	
(2) HARVARD DEDICATED ENERGY LIMITED 03-0425512 1033 MASS. AVE., 3RD FL. CAMBRIDGE, MA 02138	ELECTRICITY P	MA	501(C)(3)	11,TYPE I	HPF	X	
(3) HARVARD GLOBAL RESEARCH AND SUPPORT SERV 45-4535664 14 STORY ST , 3RD FL. CAMBRIDGE, MA 02138	GLOBAL SUPP.	MA	501(C)(3)	11,TYPE I	HPF	X	
(4) HARVARD MAGAZINE, INC 04-6112308 7 WARE ST. CAMBRIDGE, MA 02138	PUBLISHING	MA	501(C)(3)	11,TYPE III	HPF	X	
(5) HARVARD MANAGEMENT COMPANY, INC. 23-7361259 600 ATLANTIC AVE BOSTON, MA 02210	INV. MGMT.	MA	501(C)(3)	11,TYPE I	HPF	X	
(6) HARVARD MANAGEMENT PRIVATE EQUITY CORP 04-3070522 600 ATLANTIC AVE. BOSTON, MA 02210	INV. MGMT.	MA	501(C)(3)	11,TYPE I	HPF	X	
(7) HARVARD MEDICAL CENTER 04-2213292 25 SHATTUCK ST BOSTON, MA 02115	MEDICAL EDU.	MA	501(C)(3)	11,TYPE I	N/A	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990 ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING HU

Employer identification number 30-0773387

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) HARVARD NEURODISCOVERY CENTER, INC. 31-1745145 25 SHATTUCK ST BOSTON, MA 02115	RESEARCH SUPP	MA	501(C)(3)	11,TYPE I	HPF	X	
(2) HARVARD PRIVATE CAPITAL HOLDINGS, INC. 04-3070519 600 ATLANTIC AVE BOSTON, MA 02210	INV. MGMT.	MA	501(C)(3)	11,TYPE I	HPF	X	
(3) HARVARD PRIVATE CAPITAL REALTY, INC. 22-3138409 600 ATLANTIC AVE. BOSTON, MA 02210	INV. MGMT.	MA	501(C)(3)	11,TYPE I	HPF	X	
(4) HARVARD REAL ESTATE - ALLSTON, INC 04-3373410 1033 MASS AVE , 3RD FL. CAMBRIDGE, MA 02138	TITLE HOLD. C	MA	501(C)(25)	N/A	HPF	X	
(5) HARVARD REAL ESTATE, INC. 04-2649303 1033 MASS. AVE., 3RD FL CAMBRIDGE, MA 02138	RE. BROKERAGE	MA	501(C)(3)	11,TYPE I	HPF	X	
(6) HARVARD-YENCHING INSTITUTE 04-2062394 VANSERG HALL, 25 FRANCIS AVE. CAMBRIDGE, MA 02138	EDUCATION	MA	501(C)(3)	11,TYPE I	N/A	X	
(7) ION, INC 22-3032677 1350 MASS. AVE. CAMBRIDGE, MA 02138	RESEARCH	MA	501(C)(3)	11,TYPE I	HPF	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990 ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY INSPIRED ENGINEERING HU

Employer identification number 30-0773387

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) LONGWOOD MEDICAL ENERGY COLLABORATIVE, I 04-3476764 160 LONGWOOD AVE BOSTON, MA 02115	ENERGY SERV.	MA	501(C)(3)	11,TYPE I	N/A	X	
(2) MASSACHUSETTS GREEN HIGH PERFORMANCE COM 27-3014805 100 BIGELOW ST. HOLYOKE, MA 01040	RESEARCH	MA	501(C)(3)	11,TYPE I	N/A	X	
(3) MGHPCC HOLYOKE, INC. 45-2257442 100 BIGELOW ST. HOLYOKE, MA 01040	RESEARCH	MA	501(C)(3)	11,TYPE I	N/A	X	
(4) PHEMUS CORP 04-2997367 600 ATLANTIC AVE. BOSTON, MA 02210	INV. 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 02138	EDU & RES.	MA	501(C)(3)	2	N/A		X
(6) PUTNAM SQUARE APARTMENTS, INC. 04-6251287 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 02163	ATHLETICS	MA	501(C)(3)	11,TYPE I	HPF	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990 ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization HANSJORG WYSS INSTITUTE FOR BIOLOGICALLY
INSPIRED ENGINEERING HU

Employer identification number 30-0773387

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) SHIPPING VENTURE CORP. 04-3263656 600 ATLANTIC AVE. BOSTON, MA 02210	INV. MGMT.	CT	501(C)(3)	11,TYPE I	HPF	X	
(2) STUDENT CLUBS OF HBS, INC 57-1152691 SOLDIERS FIELD RD BOSTON, MA 02163	STUDENT SUPP.	MA	501(C)(3)	11,TYPE I	HPF	X	
(3) THE CARL J SHAPIRO INSTITUTE FOR EDUCAT 04-3326928 330 BROOKLINE AVE. BOSTON, MA 02215	MED EDU.& RES	MA	501(C)(3)	11,TYPE I	N/A	X	
(4) TRUSTEES FOR HARVARD UNIVERSITY 53-0199180 1033 MASS. AVE , 3RD FL. CAMBRIDGE, MA 02138	EDUCATION	MA	501(C)(3)	11,TYPE II	HPF	X	
(5)							
(6)							
(7)							

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

(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) 170 BROADWAY, LLC 362 5TH AVE , STE 1201	INVESTMENTS	DE	N/A	N/A								
(2) 441 ROCKAWAY OWNER, LLC 362 5TH AVE , STE 1201	INVESTMENTS	DE	N/A	N/A								
(3) ALCION REAL ESTATE PARTNERS II ONE POST OFFICE SQUARE STE 31	INVESTMENTS	DE	N/A	N/A								
(4) ALCION REAL ESTATE PARTNERS, L ONE POST OFFICE SQUARE STE. 31	INVESTMENTS	DE	N/A	N/A								
(5) ALPINE APARTMENTS, LLC 90-0908 HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(6) AMERRA AGRI OPPORTUNITY FUND, 1185 AVENUE OF THE AMERICA, 18	INVESTMENTS	DE	N/A	N/A								
(7) ATLANTIC CT HOLDINGS II, LLC 4 65 ENTERPRISE, STE 150	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) 2226081 ONTARIO, LTD 333 BAY ST , STE 3400 M5H 2S7 TORONTO, CA	INVESTMENTS	CA	N/A	C CORP				X	
(2) 365 CHURCH STREET, LP 4711 YONGE ST., STE 1400 M2N 7E4 TORONTO, CA	INVESTMENTS	CA	N/A	C CORP				X	
(3) ADELAIDE-PETER DEVELOPMENTS 98-0684328 4711 YONGE ST , STE 1400 M2N 7E4 TORONTO, CA	INVESTMENTS	CA	N/A	C CORP				X	
(4) AGRICOLA BRINZAL, LTDA AV SANTA MARIA 6350, OF307 VITACURA, CI	INVESTMENTS	CI	N/A	C CORP				X	
(5) AGRICOLA DURAMEN, LTDA AV SANTA MARIA 6350, OF307 VITACURA, CI	INVESTMENTS	CI	N/A	C CORP				X	
(6) AGRICOLA E INVERSIONES PAMPA ALEGRE, S.A AV. SANTA MARIA 6350, OF307 VITACURA, CI	INVESTMENTS	CI	N/A	C CORP				X	
(7) AGRICOLA FUNDO BUCALEMU, LTDA 98-0639220 DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C CORP				X	

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

(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) ATLANTIC CT HOLDINGS, LLC 46-2 65 ENTERPRISE, STE 150	INVESTMENTS	DE	N/A	N/A								
(2) ATLANTIC TORONTO, LP 35-238478 HMC INC., 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(3) BAINBRIDGE CC URBANA APARTMENT 12765 WEST FORST HILL BLVD,STE	INVESTMENTS	DE	N/A	N/A								
(4) BAUPOST INSTITUTIONAL REALTY P 10 ST JAMES AVE., STE 1700	INVESTMENTS	MA	N/A	N/A								
(5) BAUPOST INSTITUTIONAL REALTY P 10 ST JAMES AVE , STE 1700	INVESTMENTS	MA	N/A	N/A								
(6) BAYNORTH REALTY FUND IV, LP 04 200 CLARENDON ST , 54TH FL.	INVESTMENTS	MA	N/A	N/A								
(7) BAYNORTH REALTY FUND V, LP 04- 200 CLARENDON ST , 54TH FL	INVESTMENTS	MA	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) AGRICOLA LOS RIOS, S.P.A 98-1209592 AV SANTA MARIA 6350, OF307 VITACURA, CI	INVESTMENTS	CI	N/A	C CORP				X	
(2) AGRICOLA RAPEL, LTDA 98-0639218 DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C CORP				X	
(3) AGRICOLA RETIRO, LTDA DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C CORP				X	
(4) AGRICOLA RIBERA, LTDA DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C CORP				X	
(5) AGROFLORESTAL VERDE SUL, S.A RODOVIA RS473,KM 22,R S SALSO DISTRICT MATARAZZO, BR	INVESTMENTS	BR	N/A	C CORP				X	
(6) AQUILA, INC 98-0532782 WALKER HSE; MARY ST., POB908GT KY1-1104 GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(7) ARA, INC 98-0543813 WALKER HSE, MARY ST., POB908GT KY1-1104 GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	

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

(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) B-BROOK-B, S A.R L. 98-0558809 20 RUE DE LA POSTE L-2346	INVESTMENTS	LU	N/A	N/A								
(2) BH INVESTMENTS FUND, LLC 04-30 655 THIRD AVE - 11TH FL	INVESTMENTS	DE	N/A	N/A								
(3) BLUE ATLANTIC ACQUISITION GROU 111 SOUTH WACKER DR , STE 330	INVESTMENTS	DE	N/A	N/A								
(4) BLUE ATLANTIC ACQUISITION GROU 111 SOUTH WACKER DR , STE 330	INVESTMENTS	DE	N/A	N/A								
(5) BPR CO-INVESTOR, LLC 20-837634 7121 FAIRWAY DR , STE. 410	INVESTMENTS	DE	N/A	N/A								
(6) BUCKINGHAM ATLANTIC, LLC 46-05 HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(7) CAPITAL PARTNERS (2) US TAX EX LVL 8 AURORA PL , 88 PHILLIP S	INVESTMENTS	AS	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) ARACARI, S A. P H PLAZA 2000 BLDG 50TH ST REPUBLIC OF PANAMA, PM	INVESTMENTS	PM	N/A	C CORP				X	
(2) ATLANTIC AVENUE REALTY, LTD 98-0533323 M&C CORP SERV,UGLAND HSE, S. CH ST. GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(3) ATLANTIC CT REIT, INC 46-2500323 65 ENTERPRISE, STE. 150 ALISO VIEJO, CA 92656	INVESTMENTS	DE	N/A	C CORP				X	
(4) ATLANTIC EUROPE INVESTMENTS GP, LTD 50 LOTHIAN RD , FESTIVAL SQUARE EH39WJ EDINBURGH, UK	INVESTMENTS	UK	N/A	C CORP				X	
(5) ATLANTIC EUROPE INVESTMENTS, LP 98-0670648 50 LOTHIAN RD., FESTIVAL SQUARE EH39WJ EDINBURGH, N/	INVESTMENTS	UK	N/A	C CORP				X	
(6) ATLANTIC PACIFIC REALTY, INC 13-4283871 1301 SHOREWAY RD, STE 250 BELMONT, CA 94002	INVESTMENTS	MD	N/A	C CORP				X	
(7) ATLANTIC REIT I, INC 46-3882013 HMC INC., 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENTS	DE	N/A	C CORP				X	

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

(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) CARMEL HOUSE APARTMENTS, LLC 4 HMC INC., 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(2) CCI-B INST, LLC 39-2060908 800 BRAZOS ST , STE 600	INVESTMENTS	TX	N/A	N/A								
(3) CERBERUS MA PARTNERS, LP 36-47 190 ELGIN AVE KYI-9005	INVESTMENTS	CJ	N/A	N/A								
(4) CHAMBERS BURGER PROPERTY, LP 4 CB EQUITY LLC,1370 AVE OF AME	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 WTC AMST,ZUIDPLEIN126,TWR H-15	INVESTMENTS	NL	N/A	N/A								
(7) COMTEL TELECOM ASSETS, LP 20-3 200 CLARENDON ST.	INVESTMENTS	TX	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) ATLANTIC TORONTO 365 CHURCH STREET GENER 355 BURRARD ST , STE 1900 V6C 2G8 VANCOUVER, CA	INVESTMENTS	CA	N/A	C CORP				X	
(2) ATLANTIC TORONTO A-P GENERAL PARTNER, IN 98-0668180 355 BURRARD ST , STE 1900 V6C 2G8 VANCOUVER, CA	INVESTMENTS	CA	N/A	C CORP				X	
(3) ATLANTIC TORONTO GRENVILLE GENERAL PARTN 355 BURRARD ST , STE 1900 V6C 2G8 VANCOUVER, CA	INVESTMENTS	CA	N/A	C CORP				X	
(4) ATLANTIC TORONTO HOLDINGS, INC 98-0668178 355 BURRARD ST , STE. 1900 V6C 2G8 VANCOUVER, CA	INVESTMENTS	CA	N/A	C CORP				X	
(5) ATLANTIC URBAN RETAIL, INC 32-6261983 HMC INC , 600 ATLANTIC AVE 02210 BOSTON, MA N/	INVESTMENTS	DE	N/A	C CORP				X	
(6) BAINBRIDGE CC URBANA APARTMENTS REIT, IN 12765WFOREST HILL BLVD,ST 1307 33414 WELLINGTON, FL N/	INVESTMENTS	DE	N/A	C CORP				X	
(7) BLACK KITE PTY, LTD LEVEL 38, 201 ELIZABETH ST NSW 2000 SYDNEY, AS	INVESTMENTS	AS	N/A	C CORP				X	

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

(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 II, LLC 3 975 F ST , NW, 9TH FL	INVESTMENTS	DE	N/A	N/A								
(2) CORAL SENIOR HOUSING III, LLC 975 F ST , NW, 9TH FL	INVESTMENTS	DE	N/A	N/A								
(3) CORAL SENIOR HOUSING, LLC 27-3 975 F ST , NW, 9TH FL	INVESTMENTS	DE	N/A	N/A								
(4) CORAL-FSP INVESTMENT FUND I, L 3820 MANSELL RD , STE. 275	INVESTMENTS	DE	N/A	N/A								
(5) CORAL-FSP INVESTMENT FUND II, 975 F ST , NW, 9TH FL	INVESTMENTS	DE	N/A	N/A								
(6) CORE EM DIVERSIFIED EQUITY FUN HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(7) CREEKSIDE GLEN APARTMENTS, LLC HMC INC., 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) BLACK KITE TRUST 98-6063158 LEVEL 38, 201 ELIZABETH ST NSW 2000 SYDNEY, AS	INVESTMENTS	AS	N/A	C CORP				X	
(2) BLUE ATLANTIC INVESTORS II, INC 46-1452116 111 EAST WAYNE ST , STE. 500 46802 FORT WAYNE, IN N/	INVESTMENTS	DE	N/A	C CORP				X	
(3) BLUE ATLANTIC INVESTORS, INC 45-1022813 111 EAST WAYNE ST , STE. 500 46802 FORT WAYNE, IN N/	INVESTMENTS	DE	N/A	C CORP				X	
(4) BLUE ATLANTIC SHUTTLE, LLC 45-2542872 111 EAST WAYNE ST , STE 500 46802 FORT WAYNE, IN N/	INVESTMENTS	DE	N/A	C CORP				X	
(5) BRASIL TIMBER, LTDA 98-0645399 AVE CANDIDO DE ABREU, 776, S202, 3A 80 5 CANTRO CIVICO,	INVESTMENTS	BR	N/A	C CORP				X	
(6) BRODIAEA, INC. 90-0862085 5757 PACIFIC AVE STE 222 95207 STOCKTON, CA N/	INVESTMENTS	DE	N/A	C CORP				X	
(7) CARACARA, LTD 98-1098610 PO BOX 309, UGLAND HOUSE KY1-1104 GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	

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

(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) CROSSPOINT TECHNOLOGY HOLDINGS 300 THIRD AVE , STE 2	INVESTMENTS	DE	N/A	N/A								
(2) CROWN ATLANTIC RETAIL, LLC 46-767 FIFTH AVE , STE 2400	INVESTMENTS	DE	N/A	N/A								
(3) CROWN ICS 5TH ACQUISITIONS, LL 362 5TH AVE , STE 1201	INVESTMENTS	DE	N/A	N/A								
(4) CSH-STAR ESCONDIDO, LLC 61-167 975 F ST., NW, 9TH FL.	INVESTMENTS	DE	N/A	N/A								
(5) CVI CHVF, LP 80-0941373 9320 EXCELSIOR BLVD	INVESTMENTS	DE	N/A	N/A								
(6) CYPRESS CREEK APARTMENTS, LLC HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(7) CYPRESS REALTY IV, LP 74-30001 301 CONGRESS AVE , STE 500	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) CARACOL AGROPECUARIA, LTDA 98-0642730 AV CARLOS GOMES 1200, S502, AUX CEP 904 PORTO ALEGRE, B	INVESTMENTS	MA	N/A	C CORP				X	
(2) CCA JAPAN INVESTMENT, B V WTC AMST,ZUIDPLEIN 126,TWR H-15 FL 1077 AMSTERDAM, NL	INVESTMENTS	NL	N/A	C CORP				X	
(3) CHARITABLE LEAD TRUSTS (40)	CHARITABLE TRUST	MA	N/A	TRUST				X	
(4) CHARITABLE REMAINDER TRUSTS (748)	CHARITABLE TRUST	MA	N/A	TRUST				X	
(5) CHENNAI 2007 98-0644770 IFS LTD., IFS COURT, 28 CYBERCITY, MP	INVESTMENTS	MP	N/A	C CORP				X	
(6) CHEVAL SP PARTICIPACOES, LTDA RUA DO FORUM, SN, SALA B CEP 64840 CENTRO, BR	INVESTMENTS	BR	N/A	C CORP				X	
(7) CLAG (CHILE), S P.A 98-0650099 DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C CORP				X	

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

(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) DENHAM COMMODITY PARTNERS FUND 200 CLARENDON ST., 25TH FL	INVESTMENTS	DE	N/A	N/A								
(4) DEVONIAN, LLC 90-0721046 HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(5) DS CO-INVESTORS, LLC 55-091180 WESTBRK PRTN,3300 PGA BLVD,STE	INVESTMENTS	DE	N/A	N/A								
(6) EAE ATLANTIC, LLC 36-4743445 1065 AVE. O THE AMER,31 FL	INVESTMENTS	DE	N/A	N/A								
(7) EMBARCADERO CAPITAL INVESTORS, 1301 SHOREWAY RD., STE. 250	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) COMPOSITION CAPITAL ASIA FUND, C V 98-0469927 WTC AMST,ZUIDPLEIN 126,TWR H-15 FL 1077 AMSTERDAM, NL	INVESTMENTS	NL	N/A	C CORP				X	
(2) COMPOSITION CAPITAL ASIA II FEEDER, C V. 98-0563995 WTC AMST,ZUIDPLEIN 126,TWR H-15 FL 1077 AMSTERDAM, NL	INVESTMENTS	NL	N/A	C CORP				X	
(3) COMPOSITION CAPITAL EUROPE FUND, C V 98-0459793 WTC AMST,ZUIDPLEIN 126,TWR H-15 FL 1077 AMSTERDAM, NL	INVESTMENTS	NL	N/A	C CORP				X	
(4) COMPOSITION CAPITAL EUROPE II FEEDER, C 98-0569903 WTC AMST,ZUIDPLEIN 126,TWR H-15 FL 1077 AMSTERDAM, NL	INVESTMENTS	NL	N/A	C CORP				X	
(5) COMPOSITION FEEDER, G M.B H BORSENSTRASSE 2-4 60313 60313 FRANKFURT AM MAIN, GM	INVESTMENTS	GM	N/A	C CORP				X	
(6) COMTEL ASSETS, CORP 20-3239161 433 E LAS CALINAS BL 75039 IRVING, TX N/	INVESTMENTS	DE	N/A	C CORP				X	
(7) COMTEL ASSETS, INC. 20-3239269 433 E. LAS CALINAS BL 75039 IRVING, TX N/	INVESTMENTS	DE	N/A	C CORP				X	

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

(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) EMERGING COUNTRIES OPPORTUNITY 68 FORT ST , PO BOX 705GT KY1-	INVESTMENTS	CJ	N/A	N/A								
(2) FSP TRS HOLDING, LP 80-0902908 3820 MANSELL RD , STE 275	INVESTMENTS	DE	N/A	N/A								
(3) GBE INVESTMENTS, LP POB309GT,UGLAND HOUSE,S CHURCH	INVESTMENTS	CJ	N/A	N/A								
(4) GERRITY ATLANTIC RETAIL PARTNE 977 LOMAS SANTA FE DR , STE A	INVESTMENTS	DE	N/A	N/A								
(5) GREENFIELD BLR FINANCE PARTNER 50 NORTH WATER ST	INVESTMENTS	DE	N/A	N/A								
(6) GREENFIELD BLR PARTNERS, LP 20 50 NORTH WATER ST	INVESTMENTS	DE	N/A	N/A								
(7) GREENHAVEN APARTMENTS, LLC 27- HMC INC., 600 ATLANTIC AVE.	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) COOPERATIE CC ASIA KOREA FEEDER, U.A WTC AMST,ZUIDPLEIN 126,TWR H-15 FL. 1077 AMSTERDAM, NL	INVESTMENTS	NL	N/A	C CORP				X	
(2) COPAYAPU, S.P.A 98-1112517 2939AVE ISIDORA GOYEN ,11FL LAS CONDES, CI	INVESTMENTS	CI	N/A	C CORP				X	
(3) CSH PROGRAM REIT II, INC. 30-0783361 975 F ST., NW, 9TH FL 20004 WASHINGTON, DC N/	INVESTMENTS	DE	N/A	C CORP				X	
(4) CSH PROGRAM REIT III, INC 975 F ST , NW, 9TH FL. 20004 WASHINGTON, DC N/	INVESTMENTS	DE	N/A	C CORP				X	
(5) CSH PROGRAM REIT, INC. 27-4280903 975 F ST , NW, 9TH FL. 20004 WASHINGTON, DC N/	INVESTMENTS	DE	N/A	C CORP				X	
(6) CSH TRS HOLDING II, LLC 45-4398250 975 F ST., NW, 9TH FL 20004 WASHINGTON, DC N/	INVESTMENTS	DE	N/A	C CORP				X	
(7) CSH TRS HOLDING III, LLC 32-0410113 975 F ST., NW, 9TH FL 20004 WASHINGTON, DC N/	INVESTMENTS	DE	N/A	C CORP				X	

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

(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) HARVARD COMMINGLED ACCOUNT 04- HMC INC , 600 ATLANTIC AVE	INVESTMENTS	MA	N/A	N/A								
(2) HARVARD CV, LLC 80-0641747 1033 MASS AVE , 3RD FL	REAL ESTATE	MA	N/A	N/A								
(3) HARVARD INVESTMENT ASSOCIATES HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(4) HB INSTITUTIONAL, LP 04-342568 10 ST JAMES AVE , STE 1700	INVESTMENTS	MA	N/A	N/A								
(5) HFMM 770 BAY, LP 250 YONGE ST., STE 2400 M5B 2	INVESTMENTS	CA	N/A	N/A								
(6) HFMM, LP 4711 YONGE ST., STE. 1400 M2N	INVESTMENTS	CA	N/A	N/A								
(7) IEC ATLANTIC I, LLC 27-3609237 HMC INC., 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) CSH TRS HOLDING IV, LLC 975 F ST , NW, 9TH FL 20004 WASHINGTON, DC N/	INVESTMENTS	DE	N/A	C CORP				X	
(2) CSH TRS HOLDING, LP 27-4286092 975 F ST., NW, 9TH FL 20004 WASHINGTON, DC N/	INVESTMENTS	DE	N/A	C CORP				X	
(3) DAIRY FARMS PARTNERSHIP 98-0594944 113RUTHERFRD RD ,PK E, PO553 PUKEKOHE, NZ	INVESTMENTS	NZ	N/A	C CORP				X	
(4) DG PARTICIPANTS, LTD 98-1167777 P O. BOX 309, UGLAND HOUSE KY1-1104 GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(5) EAE ATLANTIC I, INC 90-0892631 1065 AVE. OF THE AMERICAS, 31 FL 10024 NEW YORK, NY N/	INVESTMENTS	DE	N/A	C CORP				X	
(6) EAE ATLANTIC II, INC. 80-0954229 1065 AVE OF THE AMERICAS, 31 FL 10024 NEW YORK, NY N/	INVESTMENTS	DE	N/A	C CORP				X	
(7) EASTERN ROSELLA TRUST 98-1131698 201 ELIZABETH ST. NSW 2000 SYDNEY, AS	AGRICULTURE	AS	N/A	C CORP				X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) IEC ATLANTIC II, LLC 37-165736 HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(2) IEC ATLANTIC III, LLC 32-03904 HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(3) IEC BREAKWATER, LLC 45-4447102 HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(4) IEC HIDDEN CREEK, LLC 45-30830 HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(5) IEC JEFFERSON 2, LLC 45-546616 HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(6) IEC JEFFERSON I, LLC 45-367912 HMC INC , 600 ATLANTIC AVE.	INVESTMENTS	DE	N/A	N/A								
(7) IEC NINTH AVENUE, LLC 45-54662 HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) ECO CEBACO, S.A 52 Y ELVIRA MENDEZ, POB 0816-06805 N/A, PM	INVESTMENTS	PM	N/A	C CORP				X	
(2) ECONOMIZA AGROPECUARIA, LTDA ESTADA GERAL COND BOA ESP SN GRANDE DO RIBEIRO, BR	INVESTMENTS	BR	N/A	C CORP				X	
(3) ECUADOR TIMBER, LP 98-0492706 PO BOX 309, UGLAND HOUSE KY1-1104 N/A, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(4) EGRET INVESTMENTS, LTD 98-0650989 PO BOX 309, UGLAND HOUSE KY1-1104 GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(5) EL MARIA, S.A V FINT, DEL CL TER 2 C ABAJO, 1 C AL MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP				X	
(6) EMBARCADERO CAPITAL INVESTORS II REIT, I 37-1508503 1301 SHOREWAY RD , STE 250 94002 BELMONT, CA N/	INVESTMENTS	MD	N/A	C CORP				X	
(7) EMERALD CATASTROPHE FUND, LTD STE. 193, 48 PAR-LA-VILLE RD HM 11 HAMILTON, BD	INVESTMENTS	BD	N/A	C CORP				X	

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

(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) INDY BLUE EQUITY, LLC 45-36688 1370 AVE OF AMERICA	INVESTMENTS	DE	N/A	N/A								
(2) IRON POINT CO-INVESTMENT I, LL 201 MAIN ST , STE 2300	INVESTMENTS	DE	N/A	N/A								
(3) IRON POINT REAL ESTATE PARTNER 201 MAIN ST , STE 2300	INVESTMENTS	DE	N/A	N/A								
(4) IRON POINT REAL ESTATE PARTNER 201 MAIN ST , STE 2300	INVESTMENTS	TX	N/A	N/A								
(5) ISLA VISTA ACQUISITION GROUP, 111 SOUTH WACKER DR , STE 330	INVESTMENTS	DE	N/A	N/A								
(6) JEN CAPITAL REAL ESTATE FUND, 19 WORLD WIDE HOUSE, 19 DES VO	INVESTMENTS	CJ	N/A	N/A								
(7) LIQUID REALTY PARTNERS IV (PFI 199 E LINDA MESA AVE., #10	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) EMERGING COUNTRIES OPPORTUNITY FUND, LTD 68 FORT ST , PO BOX 705GT KY1-1107	INVESTMENTS	CJ	N/A	C CORP				X	
(2) EMPRESA ECOLOGICA DEL ORINOCO, S.A.S CRA 9 NO 77 - 67 OFC 804 BOGOT D C, CO	INVESTMENTS	CO	N/A	C CORP				X	
(3) EMPRESAS VERDES ARGENTINA, S A CARLOS PELLEGRINI 1138 PISO 1 W3400BAT CORRIENTES, AR	INVESTMENTS	AR	N/A	C CORP				X	
(4) ENKI HOLDINGS CORP 98-0540586 WALKER HSE; MARY ST., POB908GT KY1-1104 GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(5) ESTANCIA CELINA, S.A SUIPACHA 1111 - PISO 18 C1008AAW BUENOS AIRES, AR	INVESTMENTS	AR	N/A	C CORP				X	
(6) FLAMENCO, S P A 98-1120387 2939AVE ISIDORA GOYEN ,11 FL LAS CONDES, CI	INVESTMENTS	CI	N/A	C CORP				X	
(7) FLORESTAS DO SUL AGROFLORESTAL, LTDA 98-0493906 RUA TAQUARY, 335 DRISTAL CEP 90810 PORTO ALEGRE, BR	INVESTMENTS	BR	N/A	C CORP				X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) LIQUID REALTY PARTNERS IV INVE 199 E LINDA MESA AVE , #10	INVESTMENTS	DE	N/A	N/A								
(2) LIQUID REALTY PARTNERS IV INVE 199 E LINDA MESA AVE , #10	INVESTMENTS	DE	N/A	N/A								
(3) LIQUID REALTY PARTNERS IV TAX 199 E. LINDA MESA AVE , #10	INVESTMENTS	DE	N/A	N/A								
(4) LMI PEARL APARTMENT HOLDINGS, 111 SOUTH WACKER DR , STE 330	INVESTMENTS	DE	N/A	N/A								
(5) LONGFELLOW ATLANTIC HOLDINGS, LNGFLW RE PRS LLC, 260 FRANKLI	INVESTMENTS	DE	N/A	N/A								
(6) LUBERT-ADLER CAPITAL REAL ESTA 2929 ARCH ST ,ST E 1650,THE CI	INVESTMENTS	DE	N/A	N/A								
(7) MCRB, LLC 46-1235435 152 WEST 57TH ST , 46TH 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) FORESTAL BOSQUEPALM CIA, LTDA AVE PATRIA E4-41 Y AVE AM,FL5,OFC5 QUITO, EC	INVESTMENTS	EC	N/A	C CORP				X	
(2) FORESTAL DEL RIO, S A SUIPACHA 1111 - PISO 18 C1008AAW BUENOS AIRES, AR	INVESTMENTS	AR	N/A	C CORP				X	
(3) FORESTAL FORESVERGAL CIA, LTDA AVE PATRIA E4-41 Y AVE AM,FL5,OFC5 QUITO, EC	INVESTMENTS	EC	N/A	C CORP				X	
(4) FORTALEZA AGROINDUSTRIAL, LTDA FAZENDA FORTALEZA,SN-ZON RUR SANTA FILOMENA, BR	INVESTMENTS	BR	N/A	C CORP				X	
(5) FRANCOLIN 98-1006384 PO BOX 309, UGLAND HOUSE KY1-1104	INVESTMENTS	CJ	N/A	C CORP				X	
(6) GALILEIA AGROINDUSTRIAL, LTDA AV PEDROSO DE MORAES, 1201,2AN,S4 PINHEIROS, BR	INVESTMENTS	BR	N/A	C CORP				X	
(7) GATEWAY REAL ESTATE FUND III - TE, LP 98-0669480 22ND FL., 1 LYNDHURST TOWER KY1-1111 HONG KONG, CH	INVESTMENTS	CH	N/A	C CORP				X	

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

(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) MCRS, LLC 27-3637201 152 WEST 57TH ST , 46TH FL	INVESTMENTS	MA	N/A	N/A								
(2) MDH ATLANTIC HOLDINGS, LLC 3715 NSIDE PKWY NW, BLDG400,ST	INVESTMENTS	DE	N/A	N/A								
(3) NORTH IDAHO APARTMENTS, LLC 27 HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(4) OLD LANE HMA MASTER FUND, LP 9 POB 309, UGLAND HOUSE, S CHURC	INVESTMENTS	CJ	N/A	N/A								
(5) PATIO GARDENS, LLC 45-5311665 HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(6) PSI ATLANTIC HOLDINGS, LLC 530 OAK COURT DR., STE 185	INVESTMENTS	DE	N/A	N/A								
(7) PUTNAM SQUARE APTS CO , LP 04 HRES, 1350 MASS AVE	REAL ESTATE	MA	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) GAVEA INVESTMENT FUND II B, LP 98-0537951 PO986,GARD CRT, STE 3307, 45 MKT ST KY1- CAMANA BAY, CJ	TRADING	CJ	N/A	C CORP				X	
(2) GAVEA JUS BG 1 - FEEDER, LP 98-1018586 P.O BOX 309, UGLAND HOUSE KY1-1104 GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(3) GAVEA JUS BRAZILIAN GOVERNMENT LIABILITI 98-0702067 POB 896GT, GARD CRT,S3307,45 MKT ST KY1- CAMANA BAY, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(4) GBE DEVELOPMENT I, LTD PO 309GT,UGLAND HSE,S CHU ST GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(5) GBE DEVELOPMENT II, LTD PO 309GT,UGLAND HSE,S CHU ST GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(6) GBE DEVELOPMENT III, LTD PO 309GT,UGLAND HSE,S CHU ST. GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(7) GBE DEVELOPMENT IV, LTD PO 309GT,UGLAND HSE,S CHU ST GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	

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

(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) QUEENS VENTURES, LLC 80-096366 1065 AVE O THE AMER,31 FL.	INVESTMENTS	DE	N/A	N/A								
(2) ROUND TABLE ASSET RECOVERY INT WINDWARD I, 2FL REG OFC PRK, W	INVESTMENTS	CJ	N/A	N/A								
(3) ROUND TABLE INTEREST RATE MAST WINDWARD I, 2FL REG OFC PRK, W	INVESTMENTS	CJ	N/A	N/A								
(4) RUBY ATLANTIC AJCP HOLDINGS, L 621 WEST RANDOLPH ST , STE 4	INVESTMENTS	DE	N/A	N/A								
(5) SILK ROAD HOLDING PTE, LTD 6 BATTERY RD #112-01 49909	INVESTMENTS	CH	N/A	N/A								
(6) SOIL INNOVATIONS, LLC 90-05384 AV DR CARDOSO DEL MELO, 1340-1	INVESTMENTS	DE	N/A	N/A								
(7) SOUTHWOOD GARDENS, LLC 45-4154 HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) GBE DEVELOPMENT V, LTD PO 309GT,UGLAND HSE,S CHU ST GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(2) GBE DEVELOPMENT VI, LTD PO 309GT,UGLAND HSE,S CHU ST GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(3) GBE FAZENDAS, LTD AV DAS AMERICAS,700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C CORP				X	
(4) GBE HOLDINGS, LTD PO 309GT,UGLAND HSE,S CHU ST. GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(5) GBE INVESTMENTS, LTD PO 309GT,UGLAND HSE,S CHU ST GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(6) GBE PROJETOS AGRICOLAS II, LTDA AV DAS AMERICAS,700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C CORP				X	
(7) GBE PROJETOS AGRICOLAS VII, LTDA RUA DO FORUM, SN, SALA B CEP 64840 CENTRO, BR	INVESTMENTS	BR	N/A	C CORP				X	

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

(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) TETRIS PROPERTY, LP 46-1625319 CB EQUITY LLC,1370 AVE OF AME	INVESTMENTS	DE	N/A	N/A								
(3) THE ECO PRODUCTS FUND 26-13299 400 MADISON AVE , STE. 14A	INVESTMENTS	DE	N/A	N/A								
(4) THE TRITON FUND II NO 2, LP 22 GRENVILLE ST. JE4 8PX	INVESTMENTS	JE	N/A	N/A								
(5) THE VILLAGE 1, LLC 45-3419666 HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(6) THE VILLAGE 2, LLC 45-3159941 HMC INC , 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(7) THE WILDHORN FUND, LP 98-05272 POB1234 GT, QUNSGTE HSE,S CRCH	INVESTMENTS	CJ	N/A	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) GBE PROPERTIES I, LTD PO 309GT,UGLAND HSE,S CHU ST GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(2) GBE PROPERTIES II, LTD PO 309GT,UGLAND HSE,S CHU ST. GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(3) GBE PROPERTIES III, LTD PO 309GT,UGLAND HSE,S CHU ST GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(4) GBE PROPERTIES IV, LTD PO 309GT,UGLAND HSE,S CHU ST. GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(5) GBE PROPERTIES V, LTD PO 309GT,UGLAND HSE,S CHU ST GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(6) GBE PROPERTIES VI, LTD PO 309GT,UGLAND HSE,S CHU ST GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(7) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBI AV DAS AMERICAS,700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C CORP				X	

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

(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) TRAVIS COAL RESTRUCTURED HOLDI 200 CLARENDON ST.	INVESTMENTS	DE	N/A	N/A								
(2) USRA ATLANTIC CAPITAL PARTNERS 1370 AVE. OF AMERICA	INVESTMENTS	DE	N/A	N/A								
(3) VERBENA, LLC DBA PURPLE VERBEN HMC, INC. 600 ATLANTIC AVE	INVESTMENTS	DE	N/A	N/A								
(4) WASHINGTON HEIGHTS I, LLC 80-0 1065 AVE O THE AMER,31 FL	INVESTMENTS	DE	N/A	N/A								
(5) WBH KIRBY HILL CO-INVESTMENT, 7121 FAIRWAY DR , STE 410	INVESTMENTS	DE	N/A	N/A								
(6) WORLDWIDE BEAUTY ONSHORE, LP 2 630 FIFTH AVE - 27TH FL.	INVESTMENTS	DE	N/A	N/A								
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBI AV. DAS AMERICAS,700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C CORP				X	
(2) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBI AV. DAS AMERICAS,700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C CORP				X	
(3) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBI RUA DO FORUM, SN, SALA B CEP 64840 CENTRO, BR	INVESTMENTS	BR	N/A	C CORP				X	
(4) GBE PROPRIEDADES E EMPREENDIMENTOS MINAS AV DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C CORP				X	
(5) GERRITY ATLANTIC RETAIL PARTNERS II, INC 46-4417545 977 LOMAS SANTA FE DR , STE A 92075 SOLANA BEACH, CA N/	INVESTMENTS	DE	N/A	C CORP				X	
(6) GERRITY ATLANTIC RETAIL PARTNERS, INC 27-4802513 977 LOMAS SANTA FE DR , STE A 92075 SOLANA BEACH, CA N/	INVESTMENTS	DE	N/A	C CORP				X	
(7) GRANARY INVESTMENTS 98-0607880 IFS COURT, TWENTY EIGHT CYBERCITY, MP	INVESTMENTS	MP	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	GREEN ROSELLA TRUST 98-1126908 201 ELIZABETH ST NSW 2000 SYDNEY, AS	AGRICULTURE	AS	N/A	C CORP				X	
(2)	GREENGOLD AGRIROM, S R L 98-1091760 24 CONST NOICA ST, RM 2 SIBIU CTY N/A, RO	INVESTMENTS	RO	N/A	C CORP				X	
(3)	GREENGOLD EUROPEAN CAPITAL, S A 98-1091994 5, RUE GUILLAUME KROLL L-1882	INVESTMENTS	LU	N/A	C CORP				X	
(4)	GREENGOLD VALUE FORESTS LITHUANIA, U A B 98-1117259 JOGAILOS G 9 LT-01116 VILNIUS, LH	INVESTMENTS	LH	N/A	C CORP				X	
(5)	GREENGOLD VALUE FORESTS, S R L 98-1091994 24 CONST NOICA ST ,RM 2 SIBIU CTY	INVESTMENTS	RO	N/A	C CORP				X	
(6)	GUANARE, A A R.L. 98-0641951 JUNCAL 1327, FL. 21 11000 MONTEVIDEO, UY	INVESTMENTS	UY	N/A	C CORP				X	
(7)	GUANARE, S A JUNCAL 1327, FL. 21 11000 MONTEVIDEO, UY	INVESTMENTS	UY	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	GULF ATLANTIC OPERATIONS, LLC 20-2386722 200 CLARENDON ST BOSTON, MA 02116	INVESTMENTS	TX	N/A	C CORP				X	
(2)	HARVARD ARASTIRMA VE EGITIM MERKEZI ISTA 3 185 BUYUKDERE CAD,LEVENT BESIKTAS 3439 INSTANBUL, TU	RESEARCH SUPPORT/	TU	N/A	C CORP				X	
(3)	HARVARD BUSINESS SCHOOL PUBLISHING ASIA 80 RAFFLES PL , #25-01, UOB PLAZA	SALES SUPPORT	SN	N/A	C CORP				X	
(4)	HARVARD BUSINESS SCHOOL PUBLISHING EUROP 23 SICILIAN AVE LONDON, UK	SALES SUPPORT	UK	N/A	C CORP				X	
(5)	HARVARD BUSINESS SCHOOL PUBLISHING FRANC 23 RUE DU ROULE PARIS, FR	SALES SUPPORT	FR	N/A	C CORP				X	
(6)	HARVARD BUSINESS SCHOOL PUBLISHING INDIA UNIT #423, GRAND HYATT MUMBAI MUMBAI, IN	PUBLISHING SUPPOR	IN	N/A	C CORP				X	
(7)	HARVARD CENTER SHANGHAI CO , LTD 5TH FL INTL FIN CTR., 8 CENT AVE 20012 SHANGHAI, CH	RESEARCH SUPPORT/	CH	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	HARVARD MANAGEMENT COMPANY ADVISOR, LTD 98-1069444 21 FL, EDINBURGH TWR, 15 QNS RD CTRL	INVESTMENTS	HK	N/A	C CORP				X	
(2)	HARVARD MASTER TRUST 04-2636388 1033 MASS AVE., 3RD FL CAMBRIDGE, MA 02138	INVESTMENTS	MA	N/A	TRUST				X	
(3)	HARVARD PRIVATE CAPITAL PROPERTIES II, I 04-3140558 HMC, INC., 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENTS	DE	N/A	C CORP				X	
(4)	HARVARD PRIVATE CAPITAL PROPERTIES III, 76-0254935 HMC, INC , 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENTS	DE	N/A	C CORP				X	
(5)	HARVARD REAL ESTATE CV, INC 61-1627962 1033 MASS AVE., 3RD FL CAMBRIDGE, MA 02138	REAL ESTATE	MA	N/A	C CORP				X	
(6)	HARVARD UNIVERSITY PRESS OF NEW YORK 13-3784301 HU PRESS, 79 GARDEN ST CAMBRIDGE, MA 02138	PUBLISHING	NY	N/A	C CORP				X	
(7)	HARVARD UNIVERSITY PRESS, LTD VERNON HOUSE, 23 SICILIAN AVE LONDON, UK	BOOK DISTRIBUTION	UK	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	HB CAYMAN A, LTD PO BOX 309 GT	INVESTMENTS	CJ	N/A	C CORP				X	
(2)	HB CAYMAN, LTD PO BOX 309 GT	INVESTMENTS	CJ	N/A	C CORP				X	
(3)	HMC ADAGE MANAGER, INC 04-3567988 HMC, INC., 600 ATLANTIC AVE BOSTON, MA	INVESTMENTS	DE	N/A	C CORP				X	
(4)	HOUND PARTNERS LONG FUND, LTD 89 NEXUS WAY KY1-9007 CAMANA BAY, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(5)	HPC PATRON SCOTLAND, LP 98-0438748 50 LOTHIAN RD., FESTIVAL SQUARE EH3 9BY EDINBURGH, UK	INVESTMENTS	UK	N/A	C CORP				X	
(6)	INDIA CAPITAL OPPORTUNITIES 1, LTD IFS COURT, TWENTY EIGHT CYBERCITY EBENE, MP	INVESTMENTS	MP	N/A	C CORP				X	
(7)	INSOLO AGROINDUSTRIAL, S.A. AV. PEDROSO DE MORAES, 1201,2AN,S4 PINHEIROS, BR	INVESTMENTS	BR	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	INVERSIONES CATIVAL, S A V FINT,DEL CL TER 2 C ABAJO,1 C AL MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP				X	
(2)	INVERSIONES HEFEI, S A C 98-1111292 LAS BEGONIAS 475, 6TH FL SAN ISIDORO, PE	INVESTMENTS	PE	N/A	C CORP				X	
(3)	INVERSIONES LEFKADA, S A.C 98-1110859 LAS BEGONIAS 475, 6TH FL SAN ISIDORO, PE	INVESTMENTS	PE	N/A	C CORP				X	
(4)	INVERSIONES MOSQUETA, S.A C. 98-1110734 LAS BEGONIAS 475, 6TH FL SAN ISIDORO, PE	INVESTMENTS	PE	N/A	C CORP				X	
(5)	INVERSIONES PIRONA, S.A C. 98-1111636 LAS BEGONIAS 475, 6TH FL SAN ISIDORO, PE	INVESTMENTS	PE	N/A	C CORP				X	
(6)	INVERSIONES SANTA RITA, S.A V FINT,DEL CL TER 2 C ABAJO,1 C AL MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP				X	
(7)	INVERSIONES TRES CUMBRES, LTDA 98-0446986 ROGER DE FLOR 2736 DP 8 COMUNA LAS CONDES, CI	INVESTMENTS	CI	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	IPE AGROINDUSTRIAL, LTDA AV PEDROSO DE MORAES, 1201,2AN,S4 PINHEIROS, BR	INVESTMENTS	BR	N/A	C CORP				X	
(2)	ISLA VISTA FOOD SERVICES, LLC 27-3070185 111 EAST WAYNE ST., STE 500 FORT WAYNE, IN 46802	INVESTMENTS	DE	N/A	C CORP				X	
(3)	ISLA VISTA INVESTORS, INC 27-3070148 111 EAST WAYNE ST , STE. 500 FORT WAYNE, IN 46802	INVESTMENTS	MD	N/A	C CORP				X	
(4)	JACANA PROPERTIES, S.A P H. PLAZA 2000 BLDG. 50TH ST REPUBLIC OF PANAMA, PM	INVESTMENTS	PM	N/A	C CORP				X	
(5)	JUNCO PROPERTIES, S A P H PLAZA 2000 BLDG 50TH ST. REPUBLIC OF PANAMA, PM	INVESTMENTS	PM	N/A	C CORP				X	
(6)	LA JACARANDA, S A V FINT,DEL CL TER 2 C ABAJO,1 C AL MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP				X	
(7)	LA MORA, S A. V FINT,DEL CL TER 2 C ABAJO,1 C AL MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	LA ZARZA, S.A. V FINT,DEL CL TER 2 C ABAJO,1 C AL MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP				X	
(2)	LABELLE SP PARTICIPACOES, LTDA RUA DO FORUM, SN, SALA B CEP 64840 CENTRO, BR	INVESTMENTS	BR	N/A	C CORP				X	
(3)	LAS ACACIAS, S.A. V FINT,DEL CL TER 2 C ABAJO,1 C AL MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP				X	
(4)	LAS MISIONES, S.A. SUIPACHA 1111 - PISO 18 C1008AAW BUENOS AIRES, AR	INVESTMENTS	AR	N/A	C CORP				X	
(5)	LASALLE ASIA OPPORTUNITY CAYMAN I, LTD 98-0447511 WALKER HOUSE, 87 MARY ST. GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(6)	LIFETIME CENTRECOURT GRENVILLE, LP 98-0684331 22 ST CLAIR AVE. EAST, STE 1010 M4T 2S TORONTO, CA	INVESTMENTS	CA	N/A	C CORP				X	
(7)	LINDENE, LTD PO BOX 309, UGLAND HOUSE KY1-1104 GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	LIQUID REALTY PARTNERS IV TAX EXEMPT (PF 199 E LINDA MESA AVE, #10 DANVILLE, CA 94526	INVESTMENTS	JE	N/A	C CORP				X	
(2)	LIQUID REALTY PARTNERS IV TAX EXEMPT (PF 199 E LINDA MESA AVE, #10 DANVILLE, CA 94526	INVESTMENTS	JE	N/A	C CORP				X	
(3)	LONGFELLOW ATLANTIC REIT, INC LONGFELLOW RL EST PRT,260 FRNKLN ST BOSTON, MA 02110	INVESTMENTS	DE	N/A	C CORP				X	
(4)	LONGTERM FOREST PARTNERS CIA, LTDA AVE PATRIA E4-41 Y AVE AM,FL5,OFC5 QUITO, EC	INVESTMENTS	EC	N/A	C CORP				X	
(5)	LOS ARRAYANES, S A V FINT,DEL CL TER 2 C ABAJO,1 C AL MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP				X	
(6)	LOS LAURELES, S A. V FINT,DEL CL TER 2 C ABAJO,1 C AL MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP				X	
(7)	MAGUARI, LTD 98-1097957 PO BOX 309, UGLAND HOUSE KY1-1104 GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	MASDEVALLIA, LTD 98-1083311 PO BOX 309, UGLAND HOUSE KY1-1104 GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(2)	MCRB REAL ESTATE INVESTMENT TRUST, INC 46-1195422 152 WEST 57TH ST., 46TH FL. NEW YORK, NY 10019	INVESTMENTS	DE	N/A	C CORP				X	
(3)	MCRB TENANT HOLDCO, LLC 46-1195591 152 WEST 57TH ST , 46TH FL NEW YORK, NY 10019	INVESTMENTS	DE	N/A	C CORP				X	
(4)	MCRS REAL ESTATE INVESTMENT TRUST, INC 27-3605599 152 WEST 57TH ST , 46TH FL. NEW YORK, NY 10019	INVESTMENTS	MD	N/A	C CORP				X	
(5)	MCRS TENANT HOLDCO, LLC 27-3869467 152 WEST 57TH ST , 46TH FL NEW YORK, NY 10019	INVESTMENTS	DE	N/A	C CORP				X	
(6)	MDH ATLANTIC REIT, INC 3715 NSIDE PKWYNW, BLDG 400,S240 ATLANTA, GA 30327	INVESTMENTS	DE	N/A	C CORP				X	
(7)	MIRABILIS, S.A CALLE LAS BEGONIAS 475, DPTO 702 SAN ISIDORO, PE	INVESTMENTS	PE	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	NAZARE AGROINDUSTRIAL, LTDA AV PEDROSO DE MORAES, 1201,2AN,S4 PINHEIROS, BR	INVESTMENTS	BR	N/A	C CORP				X	
(2)	NCH AGRIBUSINESS INVESTORS CORP 98-0559097 UGLAND HOUSE, S CHURCH ST., POB309 KY1-1 GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(3)	NEW VERNON INDIA (CAYMAN) FUND, LP 20-1577934 2330 PLAZA FIVE JERSEY CITY, NJ 07311	INVESTMENTS	CJ	N/A	C CORP				X	
(4)	NGL HOLDINGS, INC. 33-1101243 200 CLARENDON ST BOSTON, MA 02116	INVESTMENTS	DE	N/A	C CORP				X	
(5)	NICA TECA, S.A. V FINT,DEL CL TER 2 C ABAJO,1 C AL MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP				X	
(6)	NICARAO I, LTD 98-0643167 P.O. BOX 309, UGLAND HOUSE KY1-1104 GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(7)	NICARAO II, LTD 98-0643169 P.O. BOX 309, UGLAND HOUSE KY1-1104 GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

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

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

(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) PERMIAN MIDSTREAM CORP. 01-0938834 200 CLARENDON ST. BOSTON, MA 02116	INVESTMENTS	TX	N/A	C CORP				X	
(2) PINARES, A A R L 98-0641950 JUNCAL 1327, FL 21 11000 MONTEVIDEO, UY	INVESTMENTS	UY	N/A	C CORP				X	
(3) POLARIS WINES, INC 45-4112381 855 BORDEAUX WAY, STE 260A 94658 NAPA, CA N/	INVESTMENTS	DE	N/A	C CORP				X	
(4) POOLED INCOME FUNDS (4)	CHARITABLE TRUST	MA	N/A	TRUST				X	
(5) PRADARIA AGROFLORESTAL, LTDA 98-0642732 AVE ALFONSO PENA, 3 504, RM 73, CTR CEP CAMPO GRANDE, BR	INVESTMENTS	BR	N/A	C CORP				X	
(6) PROMONTORIA HOLDING MAP, B V 36-4762301 OUDE UTRECHTSEWEG 32 3743 KN BAARN, NL	INVESTMENTS	NL	N/A	C CORP				X	
(7) PSI ATLANTIC REIT, INC. 530 OAK COURT DR , STE 185 MEMPHIS, TN 38117	INVESTMENTS	DE	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	PSI ATLANTIC TRS, LLC 530 OAK COURT DR , STE 185 MEMPHIS, TN 38117	INVESTMENTS	DE	N/A	C CORP				X	
(2)	PULAR, S.P.A 2939 AVE ISIDORA GOYENECHEA,11 FL LAS CONDES, CI	INVESTMENTS	CI	N/A	C CORP				X	
(3)	QUETZAL BLUE, S A CALLE 52,Y ELVIRA MENDEZ PANAMAN, PM	INVESTMENTS	PM	N/A	C CORP				X	
(4)	REPRESA PROPERTIES, LTD POB 309GT, UGLAND HSE, S CHURCH ST GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(5)	RIO MIRA PARTICIPACOES, LTDA AV. DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C CORP				X	
(6)	ROARING FORK INVESTMENT TRUST 98-0458290 250 YONGE ST , STE 4200 M5B 2M6 TORONTO, CA	INVESTMENTS	CA	N/A	C CORP				X	
(7)	ROMPLY MEROPS, S.R L 98-0646095 28-C,C-TIN BUDISTEANUI ST,3FL,RM15 BUCHAREST, RO	INVESTMENTS	RO	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	ROSELLA HOLD TC PTY, LTD 98-1126654 201 ELIZABETH ST NSW 2000 SYDNEY, AS	AGRICULTURE	AS	N/A	C CORP				X	
(2)	ROSELLA SUB TC PTY, LTD 98-1126678 201 ELIZABETH ST KY1-1104 SYDNEY, CJ	AGRICULTURE	CJ	N/A	C CORP				X	
(3)	ROSELLA, LTD 98-1120479 P O BOX 309, UGLAND HOUSE NSW 2000 N/A, AS	AGRICULTURE	AS	N/A	C CORP				X	
(4)	ROUND TABLE INTEREST RATE FUND, LTD 2ND FLR, REGATTA OF PRK, W BAY RD KY1-1	INVESTMENTS	CJ	N/A	C CORP				X	
(5)	RUBY ATLANTIC AJCP PROGRAM TRS, LLC 621 WEST RANDOLPH ST , STE 4 CHICAGO, IL 60661	INVESTMENTS	DE	N/A	C CORP				X	
(6)	RUBY ATLANTIC REIT, INC 46-4632061 HMC INC., 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENTS	DE	N/A	C CORP				X	
(7)	SANTA FILOMENA AGROINDUSTRIAL, LTDA AV. PEDROSO DE MORAES, 1201,2AN,S4 PINHEIROS, BR	INVESTMENTS	BR	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	SCOLOPAX, S R L BRASOV, 8 VICT ST, B1 42 BIS APT 1 BRASOV COUNTY, RO	INVESTMENTS	RO	N/A	C CORP				X	
(2)	SCOUT CAPITAL LONG TERM, LTD 89 NEXUS WAY KY1-9007 GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(3)	SERRA GRANDE AGROINDUSTRIAL, LTDA AV PEDROSO DE MORAES, 1201,2AN,S4 PINHEIROS, BR	INVESTMENTS	BR	N/A	C CORP				X	
(4)	SIA EMPETRUM 98-0648693 KULDIGAS RAJONS, KURMALES PAGASTS BRALI PRIEDAINE, LG	INVESTMENTS	LG	N/A	C CORP				X	
(5)	SOBRALIA, LTD 98-1084076 PO BOX 309, UGLAND HOUSE KY1-1104 GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(6)	SOCIEDAD EXPLOTADORA AGRICOLA, S P A. 98-0632838 DEL INCA NO 4446, OFICINA 1007 LAS CONDES, CI	INVESTMENTS	CI	N/A	C CORP				X	
(7)	SORA, LTD 98-1098256 PO BOX 309, UGLAND HOUSE KY1-1104 GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	SOROTIVO AGROPECUARIA, LTDA AV PEDROSO DE MORAES, 1201,2AN,S4 PINHEIROS, BR	INVESTMENTS	BR	N/A	C CORP				X	
(2)	STELIS, LTD 98-1083800 PO BOX 309, UGLAND HOUSE KY1-1104 GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(3)	SUSTAINABLE TEAK PARTCIPACOES, LTDA 98-0639215 AVE GVRN P DE ARRUDA, 1 0545, ARPRT 7811 VAREZEA GRANDE,	INVESTMENTS	BR	N/A	C CORP				X	
(4)	SUSTAINABLE TIMBERS, S.A. AVE JUSTO AROSEMANA & 32 ST E CORREGIMIENTO DE CALIDONIA	INVESTMENTS	PM	N/A	C CORP				X	
(5)	TACORA, S P A. 2939 AVE ISIDORA GOYENECHEA,11 FL. LAS CONDES, CI	INVESTMENTS	CI	N/A	C CORP				X	
(6)	TAGUA, S P.A 98-1120143 2939 AVE ISIDORA GOYENECHEA,11 FL LAS CONDES, CI	INVESTMENTS	CI	N/A	C CORP				X	
(7)	TDR SCOTLAND, LP 98-0471766 ONE STANHOPE GATE W1K 1AF LONDON, UK	INVESTMENTS	UK	N/A	C CORP				X	

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

(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) TERENA, S A JUNCAL 1327, FL 21 11000 MONTEVIDEO, UY	INVESTMENTS	UY	N/A	C CORP				X	
(2) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA BOQUEIRAO, SN CEP 47100 ZONA RURAL, BR	INVESTMENTS	BR	N/A	C CORP				X	
(3) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA SANTO ANTONIO DA MANGA, SN CEP 6 ZONA RURAL, BR	INVESTMENTS	BR	N/A	C CORP				X	
(4) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA FLEXAS, SN CEP 39290 ZONA RURAL, BR	INVESTMENTS	BR	N/A	C CORP				X	
(5) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA OITEIROS, SN CEP 64840 ZONA RURAL, BR	INVESTMENTS	BR	N/A	C CORP				X	
(6) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZ ESP,RODOVIA EST TO-373, KM 101 CEP 7 PEIXE, BR	INVESTMENTS	BR	N/A	C CORP				X	
(7) TERRACAL ALIMENTOS E BIOENERGIA, LTDA AV DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	TERRACAL PARTICIPACOES, LTDA AV DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C CORP				X	
(2)	TERRACAL PROPRIEDADES, LTDA AV DAS AMERICAS, 700, BLOCO 5 CEP 22640 CIDADE DO RIO DE	INVESTMENTS	BR	N/A	C CORP				X	
(3)	THIRD WRANGLER, LTD 98-1167470 PO BOX 309, UGLAND HOUSE KY1-1104 GEORGE TOWN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(4)	TINAMOU 98-1014421 PO BOX 309, UGLAND HOUSE KY1-1104 N/A, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(5)	TOUCANET, S A PLAZA 2000, 16TH FL 50TH ST REPUBLIC OF PANAMA, PM	INVESTMENTS	PM	N/A	C CORP				X	
(6)	TROGON PROPERTIES, S.A. P H PLAZA 2000 BLDG 50TH ST REPUBLIC OF PANAMA, PM	INVESTMENTS	PM	N/A	C CORP				X	
(7)	TUNUYAN, S A. V FINT,DEL CL TER 2 C ABAJO,1 C AL MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP				X	

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

	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	UNITECA AGROFLORESTAL, S A AVE GVRN P DE ARRUDA, 1.0545, ARPRT 7811 VAREZEA GRANDE,	INVESTMENTS	BR	N/A	C CORP				X	
(2)	USRA ATLANTIC NET LEASE CAPITAL CORP 45-2732642 1370 AVE. OF AMERICA NEW YORK, NY 10019	INVESTMENTS	DE	N/A	C CORP				X	
(3)	VALHOLL, LTD 98-0668673 P O BOX 309, UGLAND HOUSE KY1-1104 GRAND CAYMAN, CJ	INVESTMENTS	CJ	N/A	C CORP				X	
(4)	VERIWASTE, LP 98-0656246 20-22 BEDFORD ROW WC1R 4JS LONDON, UK	INVESTMENTS	UK	N/A	C CORP				X	
(5)	VISTA VERDE AGROINDUSTRIAL, LTDA AV. PEDROSO DE MORAES, 1201,2AN,S4 PINHEIROS, BR	INVESTMENTS	BR	N/A	C CORP				X	
(6)	WESTERN ROSELLA TRUST 98-1126861 201 ELIZABETH ST. NSW 2000 SYDNEY, AS	AGRICULTURE	AS	N/A	C CORP				X	
(7)										

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
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 related 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?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

RELATED ORGANIZATIONS TAXABLE AS A TRUST

SPLIT INTEREST TRUSTS

THE TRUSTS LISTED ARE DOMICILED IN MASSACHUSETTS, NEW YORK, AND

WASHINGTON, D.C.

Form **8868**

(Rev January 2014)

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.
▶ Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.

OMB No 1545-1709

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

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	Hansjorg Wyss Institute for Biologically Inspired Engineering at Harvard U, Inc	30-773387
	Number, street, and room or suite no If a P.O. box, see instructions	Social security number (SSN)
	CLSB, 5th Floor, 3 Blackfan Circle	
	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 (other than individual)	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 ▶ Astrid King, Director of Finance

Telephone No. ▶ 617-432-7786 Fax No. ▶ 617-432-1314

- 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) _____. 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 February 15, 20 15, to file the exempt organization return for the organization named above The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or

▶ ☑ tax year beginning July 1, 20 13, and ending June 30, 20 14.

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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	N/A
b	If this application is for Forms 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	$	N/A
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	$	N/A

Caution. If you are going to make an electronic funds withdrawal (direct debit) 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 . . . . ▶ ☐

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
	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

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

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 (other than individual)	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 ▶ _____

Telephone No. ▶ _____ 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) _____. 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 _____, 20 _____.

5 For calendar year _____, or other tax year beginning _____, 20 _____, and ending _____, 20 _____.

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 _____

8a	If this application is for Forms 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 Forms 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 ▶ **Treasurer and Administrative Director** Date ▶ 10/28/14

Form **8868**

(Rev. January 2014)

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.
▶ Information about Form 8868 and its instructions is at *www.irs.gov/form8868.*

OMB No 1545-1709

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

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions: Employer identification number (EIN) or
	Number, street, and room or suite no If a P.O. box, see instructions.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

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

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 (other than individual)	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 ▶ _____

Telephone No. ▶ _____ 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) _____. 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 _____, 20 ___, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or

▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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 Forms 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 Forms 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 funds withdrawal (direct debit) 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 . . . . ▶ ☑

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).

		Enter filer's identifying number, see instructions
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Hansjorg Wyss Institute for Biologically Inspired Engineering at Harvard U, Inc	30-773387
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	CLSB, 5th Floor, 3 Blackfan Circle	
	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 (other than individual)	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 ▶ Astrid King, Director of Finance

Telephone No. ▶ 617-432-7786 Fax No. ▶ 617-432-1314

• 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) _____ 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 May 15, 20 15.

5 For calendar year 2014, or other tax year beginning July 1, 20 13, and ending June 30, 20 14.

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 The information required to complete a true and accurate return is not yet available.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	N/A
b	If this application is for Forms 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	$	N/A
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	$	N/A

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 ▶ **Treasurer and Administrative Director** Date ▶ 2/11/15