29493181023038

ENVELOPE POSTMARK DATE MAY 15 2018

Form 990 Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

C Name of organization
HARVARD NEURODISCOVERY CENTER, INC.

Doing business as

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

Room/suite

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

D Employer identification number
31-1745145

E Telephone number
(617) 432-1142

G Gross receipts $ 3,553,128.

F Name and address of principal officer LYNN W. HARWELL
25 SHATTUCK STREET, BOSTON, MA 02115

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

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

H(c) Group exemption number ▶ N/A

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

J Website. ▶ WWW.HCNR.MED.HARVARD.EDU

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2000 **M** State of legal domicile MA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	7.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1.
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0.
6	Total number of volunteers (estimate if necessary)	6	1.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

RECEIVED 3513 MAY 22 2018 OGDEN, UT

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,234,565.	3,483,000.
9	Program service revenue (Part VIII, line 2g)	262,232.	57,990.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,062.	12,138.
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)	3,501,859.	3,553,128.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,734,211.	3,131,026.
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)	2,051,971.	1,610,788.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,786,182.	4,741,814.
19	Revenue less expenses Subtract line 18 from line 12	-2,284,323.	-1,188,686.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,757,745.	3,681,958.
21	Total liabilities (Part X, line 26)	349,061.	461,960.
22	Net assets or fund balances Subtract line 21 from line 20	4,408,684.	3,219,998.

SCANNED AUG 06 2018

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 Lynn W. Harwell Date 5/9/2018

▶ LYNN WOOD-HARWELL Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ERIN COUTURE	Erin Couture	05/03/2018		P01390592

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

Firm's address ▶ 101 SEAPORT BLVD., SUITE 500 BOSTON, MA 02210 — Phone no 617-530-5000

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)

JSA
6E1010 1 000
SD9013 7377 V 16-7.17

970 4

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

NEUROSCIENCE-RELATED RESEARCH

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code 541700) (Expenses $ 4,212,973 including grants of $ 3,131,026.) (Revenue $ 57,990)

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

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 4,212,973.

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	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	
24a	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		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	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 payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	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 . . . . . ☐

			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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request ☒ Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
CHERYL O'TOOLE 180 LONGWOOD AVENUE, BOSTON, MA 02215 617-432-5633

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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) DENNIS J SELKOE, MD	1.00									
DIRECTOR/TRUSTEE	35.00	X						0.	112,177.	11,359.
(2) MICHAEL GREENBERG	1.00									
DIRECTOR/TRUSTEE	35.00	X						0.	460,766.	34,102.
(3) BRADLEY HYMAN, MD, PHD	1.00									
DIRECTOR/TRUSTEE	0.	X						0.	0.	0.
(4) JEFFREY W. HARPER	1.00									
DIRECTOR/TRUSTEE	35.00	X						0.	407,773.	58,347.
(5) LYNN W. HARWELL	1.00									
EXE DIRECTOR/TRUSTEE/ CLERK	35.00	X		X				0.	176,535.	48,233.
(6) GEORGE Q. DALEY	1.00									
PRES/CHAIRMAN (AS OF 1/17)	35.00	X		X				0.	1,000.	0.
(7) BARBARA MCNEIL	1.00									
PRES/CHAIRMAN (UNT 8/16-12/16)	1.00	X		X				0.	419,919.	36,107.
(8) MICHAEL WHITE	1.00									
DIRECTOR/TRUSTEE/ TREASURER	35.00	X		X				0.	288,848.	37,867.
(9) JEFFREY S. FLIER	1.00									
PRES/CHAIRMAN (UNTIL 7/16)	35.00	X		X				0.	622,772.	57,817.
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								0.	2,489,790.	283,832.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	2,489,790.	283,832.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,483,000			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f ▶		3,483,000			
Program Service Revenue		**Business Code**				
	2a LAB SERVICES	541700	57,990	57,990.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		57,990.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		12,138			12,138
	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 0				
	b Less direct expenses	b 0				
	c Net income or (loss) from fundraising events ▶		0			
	9a Gross income from gaming activities See Part IV, line 19	a 0				
	b Less direct expenses	b 0				
	c Net income or (loss) from gaming activities ▶		0			
	10a Gross sales of inventory, less returns and allowances	a 0				
	b Less cost of goods sold	b 0				
	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 ▶		3,553,128	57,990		12,138

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 domestic organizations and domestic governments See Part IV, line 21	3,131,026.	3,131,026.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, 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	0.			
c Accounting	9,600.		9,600.	
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)	44,560.	44,560.		
12 Advertising and promotion	0.			
13 Office expenses	174,249.	232.	174,017.	
14 Information technology	10,909.	10,909.		
15 Royalties	0.			
16 Occupancy	250,008.		250,008.	
17 Travel	16,732.	15,380.	1,352.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	3,984.	3,189.	795.	
20 Interest	1,144.		1,144.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	184,991.	184,991.		
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a TAX TO MA	515.		515.	
b PERSONNEL CHARGEBACK	914,096.	822,686.	91,410.	
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	4,741,814.	4,212,973.	528,841.	
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		34,320.	3	15,468.
	4	Accounts receivable, net		0.	4	0.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0.	6	0.
	7	Notes and loans receivable, net		0.	7	0.
	8	Inventories for sale or use		0.	8	0.
	9	Prepaid expenses and deferred charges		66,196.	9	33,092.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,238,383.			
	b	Less accumulated depreciation	10b 1,885,455.	537,919.	10c	352,928.
	11	Investments - publicly traded securities		0.	11	0.
	12	Investments - other securities See Part IV, line 11		0.	12	0.
	13	Investments - program-related See Part IV, line 11		0.	13	0.
	14	Intangible assets		0.	14	0.
	15	Other assets See Part IV, line 11		4,119,310.	15	3,280,470.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,757,745.	16	3,681,958.
Liabilities	17	Accounts payable and accrued expenses		26,049.	17	0.
	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		323,012.	25	461,960.
	26	**Total liabilities.** Add lines 17 through 25		349,061.	26	461,960.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-11,343,250.	27	-15,952,288.
	28	Temporarily restricted net assets		15,751,934.	28	19,172,286.
	29	Permanently restricted net assets		0.	29	0.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,408,684.	33	3,219,998.
	34	Total liabilities and net assets/fund balances		4,757,745.	34	3,681,958.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,553,128.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,741,814.
3	Revenue less expenses Subtract line 2 from line 1	3	-1,188,686.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,408,684.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,219,998.

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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

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

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university

10 ☐ 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)

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

12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☒ **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					527,402.	

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2016.** 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 - 2015.** 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 - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		X
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6	X	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		X
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below*	10a		X
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		X

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization*	2		X

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions)***

a ☐ The organization satisfied the Activities Test *Complete* ***line 2*** *below*

b ☐ The organization is the parent of each of its supported organizations *Complete* ***line 3*** *below*

c ☐ The organization supported a governmental entity *Describe in* ***Part VI*** *how you supported a government entity (see instructions)*

			Yes	No
2	Activities Test ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard*	3b		

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

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

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

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

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

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**) See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
c	From 2013.			
d	From 2014.			
e	From 2015.			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions.			
7	**Excess distributions carryover to 2017** Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

SCHEDULE A, PART IV, SECTION A, LINE 6:

HNDC IS AN AFFILIATE OF HARVARD MEDICAL SCHOOL, WHICH IS PART OF PRESIDENT & FELLOWS OF HARVARD COLLEGE (SUPPORTED ORGANIZATION). TO ADVANCE ITS MISSION, HNDC PROVIDES SUPPORT TO ITS SUPPORTED ORGANIZATION AND ORGANIZATIONS THAT ARE AFFILIATED WITH PRESIDENT & FELLOWS OF HARVARD COLLEGE.

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES	(IV) NO	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
PRESIDENT & FELLOWS OF HARVARD COLLEGE	04-2103580	02	X		527,402	0
TOTAL AMOUNT OF SUPPORT					527,402	0

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number

31-1745145

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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 a 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue 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 Revenue 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.
Complete if the organization answered "Yes" on 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	8.	10.	40,935.	1,419,440.	2,022,066.
b Contributions					
c Net investment earnings, gains, and losses		-2.	-8,388.	68,418.	-102,626.
d Grants or scholarships					
e Other expenditures for facilities and programs			27,439.	72,676.	500,000.
f Administrative expenses			5,098.	1,374,247.	
g End of year balance	8.	8.	10.	40,935.	1,419,440.

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

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

The percentages on 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" on line 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" on Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,238,393.	1,885,455.	352,928.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c)* ▶				352,928.

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on 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" on 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" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM HARVARD UNIVERSITY	3,280,470.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15).* ▶	3,280,470.

Part X Other Liabilities.
Complete if the organization answered "Yes" on 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) DUE TO RELATED PARTIES	461,960.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	461,960.

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" on Form 990, Part IV, line 12a

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

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V, LINE 4

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

SCHEDULE 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" on 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

2016

Open to Public Inspection

Name of the organization

HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number

31-1745145

Part I General Information on Grants and Assistance

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

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

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	1,516,861		N/A	N/A	GRANTS FOR RESEARCH PROGRAMS
(2) MASSACHUSETTS GENERAL HOSPITAL 54 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	953,163		N/A	N/A	GRANTS FOR RESEARCH PROGRAMS
(3) PRESIDENT & FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	527,402		N/A	N/A	GRANTS FOR RESEARCH PROGRAMS
(4) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501(C)(3)	13,813		N/A	N/A	GRANTS FOR RESEARCH PROGRAMS
(5) BOSTON CHILDRENS HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	119,787		N/A	N/A	GRANTS FOR RESEARCH PROGRAMS
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

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

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

SCHEDULE I, PART I, LINE 2

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization: HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number: 31-1745145

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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" on line 5a or 5b, describe in Part III			
6	For persons listed on 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" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on 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" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MICHAEL GREENBERG DIRECTOR/TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	457,074.	0.	3,692.	33,825.	277.	494,868.	0.
2	JEFFREY W. HARPER DIRECTOR/TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	405,722.	0.	2,051.	33,825.	24,522.	466,120.	0.
3	LYNN W. HARWELL EXE DIRECTOR/TRUSTEE/ CLERK	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	164,728.	2,540.	9,267.	21,248.	26,985.	224,768.	0.
4	BARBARA MCNEIL PRES/CHAIRMAN (UNT 8/16-12/16)	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	390,515.	0.	29,404.	33,825.	2,282.	456,026.	0.
5	MICHAEL WHITE DIRECTOR/TRUSTEE/ TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	263,687.	25,000.	161.	33,825.	4,042.	326,715.	0.
6	JEFFREY S. FLIER PRES/CHAIRMAN (UNTIL 7/16)	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	620,058.	0.	2,714.	33,825.	23,992.	680,589.	0.
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART II

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

DURING FY 2017, THE COLLEGE COMPENSATED THESE INDIVIDUALS AS DESCRIBED IN PART II.

THE COLLEGE USES APPROVAL BY THE BOARD OF TRUSTEES TO ESTABLISH THE COMPENSATION OF THE PRESIDENT/CEO AND THE EXECUTIVE DIRECTOR.

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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*	2016 Open to Public Inspection

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

FORM 990, PART V, LINE 2A

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

FORM 990, PART VI, LINE 11A

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

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

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

FORM 990, PART VI, LINE 15

OFFICERS AND DIRECTORS/TRUSTEES ARE NOT COMPENSATED IN THEIR CAPACITY AS OFFICERS AND DIRECTORS/TRUSTEES OF HARVARD NEURODISCOVERY CENTER, INC. ("HNDC"). HOWEVER, THE INDIVIDUALS LISTED WERE ALSO EMPLOYEES OF THE

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

PRESIDENT & FELLOWS OF HARVARD COLLEGE ("COLLEGE"), POSITIONS FOR WHICH THEY RECEIVED COMPENSATION. THEREFORE, THEIR COMPENSATION AND BENEFITS ARE DETERMINED BY THE COLLEGE.

FORM 990, PART VI, LINE 18

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

FORM 990, PART VI, LINE 19 GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC. HNDC FOLLOWS THE CONFLICT OF INTEREST POLICY OF PRESIDENT & FELLOWS OF HARVARD COLLEGE, AND MORE SPECIFICALLY, HARVARD MEDICAL SCHOOL, WHICH IS AVAILABLE ON THE INSTITUTION'S WEBSITE. HNDC'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, IN ACCORDANCE WITH FEDERAL REGULATIONS.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number

31-1745145

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" 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) Section 512(b)(13) controlled entity? 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 64 BRATTLE ST CAMBRIDGE, MA 02138	PERF. ARTS	MA	501(C)(3)	10	HPF		X
(3) ASSOCIACAO DAVID ROCKEFELLER CENTER DE U AVENIDA PAULISTA 1337, CJ 171 SAO PAULO, BR 01311-200	EDUCATION	BR	FOREIGN/EXE	N/A	HPF		X
(4) BLUE MARBLE HOLDINGS CORP 23-7014581 HMC, INC , 600 ATLANTIC AVE BOSTON, MA 02210	INV. MGMT.	MA	501(C)(3)	12,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 HMC, INC , 600 ATLANTIC AVE. BOSTON, MA 02210	INV. MGMT.	MA	501(C)(3)	12,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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number

31-1745145

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" 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) Section 512(b)(13) controlled entity? No
(1) DOYUKAI FUND FOR HARVARD, INC 800 BOYLSTON ST BOSTON, MA 02199 04-3478889	RESEARCH SUPP	MA	501(C)(3)	12,TYPE I	HPF		X
(2) DUBAI HARVARD FOUNDATION FOR MEDICAL RES 4 BLACKFAN CIRCLE BOSTON, MA 02215 52-2446955	EDUCATION AND	MA	501(C)(3)	12,TYPE I	HPF		X
(3) EDX INC 141 PORTLAND ST , 9TH FL CAMBRIDGE, MA 02139 46-0807740	EDUCATION	MA	501(C)(3)	12,TYPE I	N/A		X
(4) ENDOWMENT FOR RESEARCH IN HUMAN BIOLOGY 745 BOYLSTON ST , 7TH FL BOSTON, MA 02116 04-2702030	RESEARCH	MA	501(C)(3)	12,TYPE III	HPF		X
(5) FUNDACION CENTRO DE INVESTIGACION DE LA CARLOS PELLEGRINI 1163,PISO 12 BUENOS AIRES, AR C1009ABW	RESEARCH SUPP	AR	FOREIGN/EXE	N/A	HPF		X
(6) FUNDACION DRCLAS CHILE AVENIDA DAG HAMMARSKJOLD 3269 SANTIAGO, CI	FACULTY AND S	CI	FOREIGN/EXE	N/A	HPF		X
(7) GIOVANNI ARMENISE-HARVARD FFDN FOR SCI HMS, DEAN OF FAC OF MED BOSTON, MA 02115 04-3293162	RESEARCH SUPP	MA	501(C)(3)	12,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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number

31-1745145

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" 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) Section 512(b)(13) controlled entity? No
(1) HARVARD BUSINESS SCHOOL INTERACTIVE, INC 04-3395140 SOLDIERS FIELD RD BOSTON, MA 02163	EXEC. EDU.	MA	501(C)(3)	12,TYPE I	HPF		X
(2) HARVARD BUSINESS SCHOOL PUBLISHING CORP 04-3177990 20 GUEST ST , STE 700 BRIGHTON, MA 02135	PUBLISHING	MA	501(C)(3)	12,TYPE I	HPF		X
(3) HARVARD DEDICATED ENERGY LIMITED 03-0425512 1033 MASS AVE , 3RD FL CAMBRIDGE, MA 02138	ELEC. PURCHAS	MA	501(C)(3)	12,TYPE I	HPF		X
(4) HARVARD GLOBAL RSRCH & SUPPORT SVCS, INC 45-4535664 114 MOUNT AUBURN ST , 5TH FL CAMBRIDGE, MA 02138	GLOBAL SUPP.	MA	501(C)(3)	12,TYPE I	HPF		X
(5) HARVARD GLOBAL RSRCH & SUPPORT TUNISIA 3EME ETAGE, IMMEUBLE SLIM BLOC TUNIS, TS 1053	RESEARCH	TS	FOREIGN/EXE	N/A	HGRSS		X
(6) HARVARD GLOBAL RSCH SUPPORT CENTRE INDIA 9SE,9TH FL ,29 SENAPATI BAPAT MUMBAI, MAHARASHTRA IN 400	RESEARCH	IN	FOREIGN/EXE	N/A	HGRSS		X
(7) HARVARD GLOBAL RSRCH SUPPORT CTR S AF 22 BREE ST CAPE TOWN, SF 8000	RESEARCH	SF	FOREIGN/EXE	N/A	HGRSS		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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number

31-1745145

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" 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) Section 512(b)(13) controlled entity? No
(1) HARVARD GLOBAL UK VERNON HOUSE, 22 SICILIAN AVE LONDON, UK WC1A-2QS	RESEARCH	UK	FOREIGN/EXE	N/A	HGRSS		X
(2) HARVARD MAGAZINE, INC 04-6112308 7 WARE ST CAMBRIDGE, MA 02138	PUBLISHING	MA	501(C)(3)	12,TYPE III	HPF		X
(3) HARVARD MANAGEMENT COMPANY, INC 23-7361259 HMC, INC , 600 ATLANTIC AVE BOSTON, MA 02210	INV. MGMT.	MA	501(C)(3)	12,TYPE I	HPF		X
(4) HARVARD MANAGEMENT PRIVATE EQUITY CORP 04-3070522 HMC, INC , 600 ATLANTIC AVE BOSTON, MA 02210	INV. MGMT.	MA	501(C)(3)	12,TYPE I	HPF		X
(5) HARVARD MEDICAL CENTER 04-2213292 25 SHATTUCK ST BOSTON, MA 02115	MED. EDU.	MA	501(C)(3)	12,TYPE I	N/A		X
(6) HARVARD NEURODISCOVERY CENTER, INC 31-1745145 25 SHATTUCK ST BOSTON, MA 02115	RESEARCH SUPP	MA	501(C)(3)	12,TYPE I	HPF		X
(7) HARVARD PRIVATE CAPITAL HOLDINGS, INC 04-3070519 HMC, INC , 600 ATLANTIC AVE BOSTON, MA 02210	INV. MGMT.	MA	501(C)(3)	12,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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number

31-1745145

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" 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) Section 512(b)(13) controlled entity? No
(1) HARVARD PRIVATE CAPITAL REALTY, INC 22-3138409 HMC, INC , 600 ATLANTIC AVE BOSTON, MA 02210	INV. MGMT.	MA	501(C)(3)	12,TYPE I	HPF		X
(2) 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
(3) HARVARD REAL ESTATE, INC 04-2649303 1033 MASS AVE , 3RD FL CAMBRIDGE, MA 02138	RE. BROKERAGE	MA	501(C)(3)	12,TYPE I	HPF		X
(4) HARVARD-YENCHING INSTITUTE 04-2062394 VANSERG HALL, 25 FRANCIS AVE CAMBRIDGE, MA 02138	EDUCATION	MA	501(C)(3)	12,TYPE I	N/A		X
(5) ION, INC 22-3032677 1350 MASS AVE CAMBRIDGE, MA 02138	RESEARCH	MA	501(C)(3)	12,TYPE I	HPF		X
(6) LONGWOOD MEDICAL ENERGY COLLABORATIVE, I 04-3476764 160 LONGWOOD AVE BOSTON, MA 02115	ENERGY SERV.	MA	501(C)(3)	12,TYPE I	N/A		X
(7) MA GREEN HIGH PERF COMPUTING CENTER, INC 27-3014805 100 BIGELOW ST HOLYOKE, MA 01040	RESEARCH	MA	501(C)(3)	12,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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number

31-1745145

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" 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) Section 512(b)(13) controlled entity? No
(1) MGHPCC HOLYOKE, INC 45-2257442 100 BIGELOW ST HOLYOKE, MA 01040	RESEARCH	MA	501(C)(3)	12,TYPE I	N/A		X
(2) PHEMUS CORP 04-2997367 HMC, INC , 600 ATLANTIC AVE BOSTON, MA 02210	INV. MGMT.	MA	501(C)(3)	12,TYPE I	HPF		X
(3) 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
(4) RED TOP, INC 51-0189788 MURR CTR , 65 NORTH HARVARD ST BOSTON, MA 02163	ATHLETICS	MA	501(C)(3)	12,TYPE I	HPF		X
(5) SHIPPING VENTURE CORP 04-3263656 HMC, INC , 600 ATLANTIC AVE BOSTON, MA 02210	INV. MGMT.	CT	501(C)(3)	12,TYPE I	HPF		X
(6) STUDENT CLUBS OF HBS, INC 57-1152691 SOLDIERS FIELD RD BOSTON, MA 02163	STUDENT SUPP.	MA	501(C)(3)	12,TYPE I	HPF		X
(7) THE CARL J SHAPIRO INSTITUTE FOR EDUCAT 04-3326928 330 BROOKLINE AVE. BOSTON, MA 02215	MED. EDU&RES	MA	501(C)(3)	12,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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

HARVARD NEURODISCOVERY CENTER, INC.

Employer identification number

31-1745145

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" 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) Section 512(b)(13) controlled entity? No
(1) TRUSTEES FOR HARVARD UNIVERSITY 53-0199180 1033 MASS AVE , 3RD FL CAMBRIDGE, MA 02138	EDUCATION	DC	501(C)(3)	12,TYPE II	HPF		X
(2)							
(3)							
(4)							
(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) 144 FULTON MMEE JV, LLC 47-454 767 5TH AVE., STE 2400 NEW YO	INVESTMENTS	DE	N/A	N/A								
(2) 170 BROADWAY, LLC 46-4145333 767 5TH AVE , STE 2400 NEW YO	INVESTMENTS	DE	N/A	N/A								
(3) 441 ROCKAWAY OWNER, LLC 30-082 767 5TH AVE , STE 2400 NEW YO	INVESTMENTS	DE	N/A	N/A								
(4) 522 FULTON REALTY, LLC 13-4215 767 5TH AVE , STE 2400 NEW YO	INVESTMENTS	DE	N/A	N/A								
(5) 947 LINCOLN ROAD, LLC 46-52449 767 5TH AVE , STE 2400 NEW YO	INVESTMENTS	DE	N/A	N/A								
(6) ALCION REAL ESTATE PARTNERS II ONE POST OFFICE SQUARE, STE 3	INVESTMENTS	DE	N/A	N/A								
(7) ALCION REAL ESTATE PARTNERS, L ONE POST OFFICE SQUARE, STE 3	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 20-1973523 333 BAY ST , STE 3400 TORONTO, ONTARIO CA M5H 2S7	INVESTMENTS	CA	N/A	C CORP					X
(2) 365 CHURCH STREET, LP 4711 YONGE ST , STE 1400 TORONTO, ONTARIO CA M2N 7E4	INVESTMENTS	CA	N/A	C CORP					X
(3) ADELAIDE-PETER DEVELOPMENTS 98-0684328 4711 YONGE ST , STE 1400 TORONTO, ONTARIO CA M2N 7E4	INVESTMENTS	CA	N/A	C CORP					X
(4) AGRICOLA BRINZAL, LTDA AV SANTA MARIA 6350, PISO 3 VITACURA, SANTIAGO CI	INVESTMENTS	CI	N/A	C CORP					X
(5) AGRICOLA DURAMEN, LTDA AV SANTA MARIA 6350, PISO 3 VITACURA, SANTIAGO CI	INVESTMENTS	CI	N/A	C CORP					X
(6) AGRICOLA E INVERSIONES PAMPA ALEGRE, S A AV SANTA MARIA 6350, PISO 3 VITACURA, SANTIAGO CI	INVESTMENTS	CI	N/A	C CORP					X
(7) AGRICOLA EL CARDONAL, LTDA 98-1204153 LO FONTECILLA NO 201, STE 834 LAS CONDES, SANDIAGO 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) AMERRA AGRI OPPORTUNITY FUND, 1185 AVE OF THE AMERICAS, 17T	INVESTMENTS	DE	N/A	N/A								
(2) APOLLO THUNDER PARTNERS, LP 36 ONE MANHATTANVILLE ROAD, STE	INVESTMENTS	DE	N/A	N/A								
(3) ARROWSTREET CAPITAL GLOBAL EQU P O BOX 309, UGLAND HOUSE GEO	INVESTMENTS	CJ	N/A	N/A								
(4) ATLANTIC CT HOLDINGS II, LLC 4 4343 VON KARMAN AVE , STE 200	INVESTMENTS	DE	N/A	N/A								
(5) ATLANTIC CT HOLDINGS III, LLC 4343 VON KARMAN AVE , STE. 200	INVESTMENTS	DE	N/A	N/A								
(6) ATLANTIC CT HOLDINGS, LLC 46-2 4343 VON KARMAN AVE , STE 200	INVESTMENTS	DE	N/A	N/A								
(7) ATLANTIC P3 LIFE SCIENCES HOLD 4380 LAJOLLA VILLAGE DR , STE	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) AGRICOLA FUNDO BUCALEMU, LTDA 98-0639220 DEL INCA 4446, OFICINA 1007 LAS CONDES, SANTIAGO CI	INVESTMENTS	CI	N/A	C CORP					X
(2) AGRICOLA LOS RIOS, SPA 98-1209592 AV SANTA MARIA 6350, OFICINA 307 VITACURA, SANTIAGO CI	INVESTMENTS	CI	N/A	C CORP					X
(3) AGRICOLA RAPEL, LTDA 98-0639218 2939 AV ISIDORA GOYENECHEA, 11TH F LAS CONDES, SANTIAGO	INVESTMENTS	CI	N/A	C CORP					X
(4) AGRICOLA RETIRO, LTDA DEL INCA 4446, OFICINA 1007 LAS CONDES, SANDIAGO CI	INVESTMENTS	CI	N/A	C CORP					X
(5) AGRICOLA RIBERA, LTDA DEL INCA 4446, OFICINA 1007 LAS CONDES, SANTIAGO CI	INVESTMENTS	CI	N/A	C CORP					X
(6) AGROFLORESTAL VERDE SUL, S A RODOVIA RS-473, KM 22 DISTRICT MATARAZZO PEDRO OSORIO, RI	INVESTMENTS	BR	N/A	C CORP					X
(7) AQUILA, INC 98-0532782 P O BOX 908GT, 87 MARY ST GEORGE TOWN, 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) ATLANTIC REGENT HOLDINGS, LLC 11990 SAN VICENTE BLVD , STE	INVESTMENTS	DE	N/A	N/A								
(2) ATLANTIC SCIOTO HOLDINGS, LLC 575 MADISON AVE , 16TH FL NEW	INVESTMENTS	DE	N/A	N/A								
(3) ATLANTIC TORONTO, LP 35-238478 HMC INC , 600 ATLANTIC AVE BO	INVESTMENTS	DE	N/A	N/A								
(4) BAINBRIDGE CC URBANA APARTMENT 12765 W FOREST HILL BLVD , ST	INVESTMENTS	DE	N/A	N/A								
(5) BAUPOST INSTITUTIONAL REALTY P 10 ST JAMES AVE , STE 1700 B	INVESTMENTS	MA	N/A	N/A								
(6) BAYNORTH REALTY FUND IV, LP 04 200 CLARENDON ST , 54TH FL BO	INVESTMENTS	MA	N/A	N/A								
(7) BH INVESTMENTS FUND, LLC 04-30 655 THIRD AVE , 11TH FL NEW Y	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) ARA, INC 98-0543813 P O BOX 908GT, 87 MARY ST GEORGE TOWN, GRAND CAYMAN CJ	INVESTMENTS	CJ	N/A	C CORP					X
(2) ARROWSTREET CAPITAL GLOBAL EQUITY LONG 98-1137946 P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ K	INVESTMENTS	CJ	N/A	C CORP					X
(3) ASIA ALPHA SECRETARIES, LTD P O BOX 2208, ROAD TOWN TORTOLA, VQ	INVESTMENTS	VQ	N/A	C CORP					X
(4) ASIA LANDMARK SPECIAL FUND, LTD 89 NEXUS WAY CAMANA BAY, GRAND CAYMAN CJ KY1-9007	INVESTMENTS	CJ	N/A	C CORP					X
(5) ATLANTIC AVENUE REALTY, LTD 98-0533323 P.O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ	INVESTMENTS	CJ	N/A	C CORP					X
(6) ATLANTIC BRIDGE REIT, INC 81-0810982 HMC, INC , 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENTS	DE	N/A	C CORP					X
(7) ATLANTIC CAYMAN, LTD 98-1219940 P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ K	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) BLACKSTONE EDISON MANAGED PART 345 PARK AVE NEW YORK, NY 101	INVESTMENTS	DE	N/A	N/A								
(2) BLC MASTER FUND, LP 98-1251228 P O BOX 309, UGLAND HOUSE GEO	INVESTMENTS	CJ	N/A	N/A								
(3) BLUE ATLANTIC ACQUISITION GROU 353 NORTH CLARK ST , STE 730	INVESTMENTS	DE	N/A	N/A								
(4) BLUE ATLANTIC ACQUISITION GROU 353 NORTH CLARK ST , STE 730	INVESTMENTS	DE	N/A	N/A								
(5) CA ATLANTIC URBAN LV, LLC 81-5 767 5TH AVE , STE 2400 NEW YO	INVESTMENTS	DE	N/A	N/A								
(6) CA USQUARE, LLC 47-3889463 767 5TH AVE , STE 2400 NEW YO	INVESTMENTS	DE	N/A	N/A								
(7) CCC INVESTORS HOLDINGS II, LP 2310 WASHINGTON ST NEWTON LOW	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) ATLANTIC CT REIT II, INC 47-5565843 4343 VON KARMAN AVE , STE 200 NEWPORT BEACH, CA 092660	INVESTMENTS	DE	N/A	C CORP					X
(2) ATLANTIC DV HOLDINGS, LTD 98-1196247 P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ K	INVESTMENTS	CJ	N/A	C CORP					X
(3) ATLANTIC EUROPE INVESTMENTS GP, LTD 50 LOTHIAN RD EDINBURGH, UK EH39WJ	INVESTMENTS	UK	N/A	C CORP					X
(4) ATLANTIC EUROPE INVESTMENTS, LP 98-0670648 50 LOTHIAN RD EDINBURGH, UK EH39WJ	INVESTMENTS	UK	N/A	C CORP					X
(5) ATLANTIC FM, LTD 98-1249059 P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ K	INVESTMENTS	CJ	N/A	C CORP					X
(6) ATLANTIC NBS, LTD 98-1220176 47 ESPLANADE ST HELIER, CHANNEL ISLANDS JE JE1 0BD	INVESTMENTS	JE	N/A	C CORP					X
(7) ATLANTIC NREP II, LTD 98-1273705 P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ K	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) CERBERUS MA PARTNERS, LP 36-47 190 ELGIN AVE GEORGE TOWN, GR	INVESTMENTS	CJ	N/A	N/A								
(2) CH NBS II, LTD 81-4342773 47 ESPLANADE ST HELIER, CHANN	INVESTMENTS	JE	N/A	N/A								
(3) CH NBS, LTD 98-1207239 47 ESPLANADE ST HELIER, CHANN	INVESTMENTS	JE	N/A	N/A								
(4) CH OCEANSIDE, LLC 46-2568911 767 5TH AVE , STE 2400 NEW YO	INVESTMENTS	DE	N/A	N/A								
(5) CHAMBERS BURGER PROPERTY, LP 4 1370 AVE OF THE AMERICAS NEW	INVESTMENTS	DE	N/A	N/A								
(6) CHEROKEE INVESTMENT PARTNERS I 111 EAST HARGETT ST , STE 300	INVESTMENTS	DE	N/A	N/A								
(7) CIREP IV INSTITUTIONAL FEEDER, 190 ELGIN AVE GEORGE TOWN, GR	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) ATLANTIC P3 PROGRAM REIT, INC 47-2704934 4380 LAJOLLA VILLAGE DR , STE 230 SAN DIEGO, CA 92122	INVESTMENTS	DE	N/A	C CORP					X
(2) ATLANTIC REGENT REIT, INC 32-0464661 11990 SAN VICENTE BLVD , STE 200 LOS ANGELES, CA 90049	INVESTMENTS	DE	N/A	C CORP					X
(3) ATLANTIC REIT I, INC 46-3882013 HMC, INC , 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENTS	DE	N/A	C CORP					X
(4) ATLANTIC TORONTO 365 CHURCH STREET GENER 355 BURRARD ST , STE 1900 VANCOUVER, BRITISH COLUMBIA CA	INVESTMENTS	CA	N/A	C CORP					X
(5) ATLANTIC TORONTO A-P GEN PARTNER 98-0668180 355 BURRARD ST , STE 1900 VANCOUVER, BRITISH COLUMBIA CA	INVESTMENTS	CA	N/A	C CORP					X
(6) ATLANTIC TORONTO GRENVILLE GEN PARTNER 355 BURRARD ST , STE 1900 VANCOUVER, BRITISH COLUMBIA CA	INVESTMENTS	CA	N/A	C CORP					X
(7) ATLANTIC TORONTO HOLDINGS, INC 98-0668178 355 BURRARD ST , STE 1900 VANCOUVER, BRITISH COLUMBIA CA	INVESTMENTS	CA	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 1275 PENNSYLVANIA AVE NW, 2ND	INVESTMENTS	DE	N/A	N/A								
(2) CORAL SENIOR HOUSING III, LLC 1275 PENNSYLVANIA AVE NW, 2ND	INVESTMENTS	DE	N/A	N/A								
(3) CORAL SENIOR HOUSING IV, LLC 8 1275 PENNSYLVANIA AVE NW, 2ND	INVESTMENTS	DE	N/A	N/A								
(4) CORAL SENIOR HOUSING, LLC 27-3 1275 PENNSYLVANIA AVE NW, 2ND	INVESTMENTS	DE	N/A	N/A								
(5) CORAL-FSP INVESTMENT FUND I, L 178 SOUTH MAIN ST , STE 375 A	INVESTMENTS	DE	N/A	N/A								
(6) CORAL-FSP INVESTMENT FUND II, 178 SOUTH MAIN ST , STE 375 A	INVESTMENTS	DE	N/A	N/A								
(7) CROSSPOINT TECHNOLOGY HOLDINGS 300 3RD AVE , STE 2 WALTHAM,	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) ATLANTIC URBAN RETAIL, INC 32-6261983 HMC, INC , 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENTS	DE	N/A	C CORP					X
(2) BAINBRIDGE CC URBANA APARTMENTS REIT,INC 47-1171921 12765 W FOREST HILL BLVD , STE 13 WELLINGTON, FL 33414	INVESTMENTS	DE	N/A	C CORP					X
(3) BLACK KITE PTY, LTD LEVEL 38, 201 ELIZABETH ST SYDNEY, AS NSW 2000	INVESTMENTS	AS	N/A	C CORP					X
(4) BLACK KITE TRUST 98-6063158 LEVEL 38, 201 ELIZABETH ST SYDNEY, AS NSW 2000	INVESTMENTS	AS	N/A	C CORP					X
(5) BLC FUND B, LP 98-1251361 P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ K	INVESTMENTS	CJ	N/A	C CORP					X
(6) BLUE ATLANTIC INVESTORS II, INC 46-1452116 353 NORTH CLARK ST , STE 730 CHICAGO, IL 60654	INVESTMENTS	DE	N/A	C CORP					X
(7) BLUE ATLANTIC INVESTORS, INC 45-1022813 353 NORTH CLARK ST , STE 730 CHICAGO, IL 60654	INVESTMENTS	MD	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) CROWN 144 FULTON, LLC 47-32339 767 5TH AVE , STE 2400 NEW YO	INVESTMENTS	DE	N/A	N/A								
(2) CROWN ATLANTIC INTL OLIVE, LLC 767 5TH AVE , STE 2400 NEW YO	INVESTMENTS	DE	N/A	N/A								
(3) CROWN ATLANTIC RETAIL II, LLC 767 5TH AVE , STE 2400 NEW YO	INVESTMENTS	DE	N/A	N/A								
(4) CROWN ATLANTIC RETAIL, LLC 46- 767 5TH AVE , STE 2400 NEW YO	INVESTMENTS	DE	N/A	N/A								
(5) CROWN ICS 5TH ACQUISITIONS, LL 767 5TH AVE , STE 2400 NEW YO	INVESTMENTS	DE	N/A	N/A								
(6) CROWN SRP, LLC 47-2106149 767 5TH AVE , STE 2400 NEW YO	INVESTMENTS	DE	N/A	N/A								
(7) CVI CHVF, LP 80-0941373 9320 EXCELSIOR BLVD , MS144-7-	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) BLUE ATLANTIC SHUTTLE, LLC 45-2542872 353 NORTH CLARK ST , STE 730 CHICAGO, IL 60654	INVESTMENTS	DE	N/A	C CORP					X
(2) BRODIAEA, INC 90-0862085 444 HIGUERA ST , STE 202 SAN LUIS OBISPO, CA 93401	INVESTMENTS	DE	N/A	C CORP					X
(3) CARACARA, LTD 98-1098610 P O BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ KY1-1104	INVESTMENTS	CJ	N/A	C CORP					X
(4) CARACOL AGROPECUARIA, LTDA 98-0642730 AV CARLOS GOMES 1200, SALA 502, AU CENTRO RIO GRANDE DO	INVESTMENTS	BR	N/A	C CORP					X
(5) CENTRO HARVARD-D ROCKEFELLAR PARA ESTUD EDIF BALMORI, ORIZABA 101-102 COL MEXICO CITY D F , MX	FACULTY AND STUDE	MX	N/A	C CORP					X
(6) CHARITABLE LEAD TRUSTS (46)	CHARITABLE TRUST	MA	N/A	TRUST					X
(7) CHARITABLE REMAINDER TRUSTS (783)	CHARITABLE TRUST	MA	N/A	TRUST					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) DS CO-INVESTORS, LLC 55-091180 7121 FAIRWAY DR , STE 410 PAL	INVESTMENTS	DE	N/A	N/A								
(2) EAE ATLANTIC, LLC 36-4743445 1065 AVE OF THE AMERICAS, 31S	INVESTMENTS	DE	N/A	N/A								
(3) EDGE PRINCIPAL INVESTMENTS III 1700 BROADWAY, 37TH FL NEW YO	INVESTMENTS	DE	N/A	N/A								
(4) GAVEA JUS BG 1 - MASTER, LP 46 3500 S DUPONT HWY DOVER, DE 19	INVESTMENTS	DE	N/A	N/A								
(5) GBE INVESTMENTS, LP P O BOX 309, UGLAND HOUSE GEO	INVESTMENTS	CB	N/A	N/A								
(6) GERRITY ATLANTIC RETAIL PARTNE 973 LOMAS SANTA FE DR SOLANA	INVESTMENTS	DE	N/A	N/A								
(7) GREENFIELD BLR FINANCE PARTNER 2 POST RD WEST WESTPORT, CT 0	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) CHENNAI 2007 98-0644770 IFS COURT, TWENTY EIGHT CYBERCITY, EBENE MP 72201	INVESTMENTS	MP	N/A	C CORP					X
(2) CHEVAL SP PARTICIPACOES, LTDA RUA DO FORUM, S/N, SALA A CENTRO, GUADALUPE BR CEP 64840-	INVESTMENTS	BR	N/A	C CORP					X
(3) CIREP IV INSTITUTIONAL SP, LTD 190 ELGIN AVE GEORGE TOWN, GRAND CAYMAN CJ KYI-9005	INVESTMENTS	CJ	N/A	C CORP					X
(4) CLAG (CHILE), SPA 98-0650099 2939 AV ISIDORA GOYENECHEA, 11TH F LAS CONDES, SANTIAGO	INVESTMENTS	CI	N/A	C CORP					X
(5) COMPOSITION CAPITAL EUROPE FUND, C V. 98-0459793 STRAWINSKYLAAN 1749, WTC, 12TH FL AMSTERDAM, NL 1077 XX	INVESTMENTS	NL	N/A	C CORP					X
(6) COMPOSITION CAPITAL EUROPE II FEEDER, C 98-0569903 STRAWINSKYLAAN 1749, WTC, 12TH FL AMSTERDAM, NL 1077 XX	INVESTMENTS	NL	N/A	C CORP					X
(7) COMPOSITION FEEDER, GMBH BORSENSTRASSE 2-4 FRANKFURT AM MAIN, GM 60313	INVESTMENTS	GM	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) GREENFIELD BLR PARTNERS, LP 20 2 POST RD WEST WESTPORT, CT 0	INVESTMENTS	DE	N/A	N/A								
(2) GREENHAVEN APARTMENTS, LLC 27-HMC INC , 600 ATLANTIC AVE BO	INVESTMENTS	DE	N/A	N/A								
(3) GUEPARDO MASTER FUND, LLC 98-0 AV BRIGADEIRO FARIA, LIMA, 30	INVESTMENTS	BR	N/A	N/A								
(4) HAMPDEN INSURANCE PARTNERS I, 94 SOLARIS AVE , P O BOX 1348	INVESTMENTS	CJ	N/A	N/A								
(5) HARVARD COMMINGLED ACCOUNT 04-HMC INC , 600 ATLANTIC AVE BO	INVESTMENTS	MA	N/A	N/A								
(6) HARVARD INVESTMENT ASSOCIATES HMC INC , 600 ATLANTIC AVE BO	INVESTMENTS	DE	N/A	N/A								
(7) HB INSTITUTIONAL, LP 04-342568 10 ST JAMES AVE , STE. 1700 B	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) COPAYAPU, SPA 98-1112517 2939 AV ISIDORA GOYENECHEA, 11TH F LAS CONDES, SANTIAGO	INVESTMENTS	CI	N/A	C CORP					X
(2) CSH PROGRAM REIT II, INC 30-0783361 1275 PENNSYLVANIA AVE , NW, 2ND FL WASHINGTON, DC 20004	INVESTMENTS	DE	N/A	C CORP					X
(3) CSH PROGRAM REIT III, INC 47-0981643 1275 PENNSYLVANIA AVE , NW, 2ND FL WASHINGTON, DC 20004	INVESTMENTS	DE	N/A	C CORP					X
(4) CSH PROGRAM REIT IV, INC 81-4646057 1275 PENNSYLVANIA AVE , NW, 2ND FL WASHINGTON, DC 20004	INVESTMENTS	DE	N/A	C CORP					X
(5) CSH PROGRAM REIT, INC 27-4280903 1275 PENNSYLVANIA AVE , NW, 2ND FL WASHINGTON, DC 20004	INVESTMENTS	DE	N/A	C CORP					X
(6) CSH TRS HOLDING III, LLC 32-0410113 1275 PENNSYLVANIA AVE , NW, 2ND FL , N/	INVESTMENTS	DE	N/A	C CORP					X
(7) CSH TRS HOLDING IV, LLC 35-2508708 1275 PENNSYLVANIA AVE , NW, 2ND FL WASHINGTON, DC 20004	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) HFMM 770 BAY, LP 4711 YONGE ST , STE 1400 TORO	INVESTMENTS	CA	N/A	N/A								
(2) HFMM, LP 4711 YONGE ST , STE 1400 TORO	INVESTMENTS	CA	N/A	N/A								
(3) HLS SPV, LLC 47-2205984 1345 AVE OF AMERICAS, 42ND FL	INVESTMENTS	DE	N/A	N/A								
(4) HMC JUWEEL HOLDINGS, LP 98-119 P O BOX 309, UGLAND HOUSE GEO	INVESTMENTS	CJ	N/A	N/A								
(5) IEC ATLANTIC I, LLC 27-3609237 HMC INC , 600 ATLANTIC AVE BO	INVESTMENTS	DE	N/A	N/A								
(6) IEC ATLANTIC II, LLC 37-165736 HMC INC , 600 ATLANTIC AVE BO	INVESTMENTS	DE	N/A	N/A								
(7) IEC ATLANTIC III, LLC 32-03904 HMC INC , 600 ATLANTIC AVE BO	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 V, LLC 81-5203398 1275 PENNSYLVANIA AVE , NW, 2ND FL WASHINGTON, DC 20004	INVESTMENTS	DE	N/A	C CORP					X
(2) DAIRY FARMS PARTNERSHIP 98-0594944 113 RUTHERFORD RD , P O BOX 553 PUKEKOHE, NZ	INVESTMENTS	NZ	N/A	C CORP					X
(3) DG PARTICIPANTS, LTD 98-1167777 P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ K	INVESTMENTS	CJ	N/A	C CORP					X
(4) DUET GLOBAL ENDOWMENT FUND P O BOX 309, UGLAND HOUSE , GRAND CAYMAN CJ KY1-1104	INVESTMENTS	CJ	N/A	C CORP					X
(5) DUET GLOBAL PLUS FUND, LTD P O BOX 309, UGLAND HOUSE , GRAND CAYMAN CJ KY1-1104	INVESTMENTS	CJ	N/A	C CORP					X
(6) EAE ATLANTIC I, INC 90-0892631 1065 AVE OF THE AMERICAS, 31ST FL NEW YORK, NY 10018	INVESTMENTS	DE	N/A	C CORP					X
(7) EAE ATLANTIC II, INC 80-0954229 1065 AVE OF THE AMERICAS, 31ST FL NEW YORK, NY 10018	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) IEC BREAKWATER, LLC 45-4447102 HMC INC , 600 ATLANTIC AVE BO	INVESTMENTS	DE	N/A	N/A								
(2) IEC HIDDEN CREEK, LLC 45-30830 HMC INC , 600 ATLANTIC AVE BO	INVESTMENTS	DE	N/A	N/A								
(3) INDY BLUE EQUITY, LLC 45-36688 1370 AVE OF THE AMERICAS NEW	INVESTMENTS	DE	N/A	N/A								
(4) IRON POINT CO-INVESTMENT I, LL 201 MAIN ST , STE 2300 FORT W	INVESTMENTS	DE	N/A	N/A								
(5) IRON POINT REAL ESTATE PARTNER 201 MAIN ST , STE 2300 FORT W	INVESTMENTS	DE	N/A	N/A								
(6) IRON POINT REAL ESTATE PARTNER 201 MAIN ST , STE 2300 FORT W	INVESTMENTS	DE	N/A	N/A								
(7) IRON POINT REAL ESTATE PARTNER 201 MAIN ST , STE 2300 FORT W	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) EAE ATLANTIC III, INC 30-0835462 1065 AVE OF THE AMERICAS, 31ST FL. NEW YORK, NY 10018	INVESTMENTS	DE	N/A	C CORP					X
(2) EAE ATLANTIC IV, INC 36-4797540 1065 AVE OF THE AMERICAS, 31ST FL NEW YORK, NY 10018	INVESTMENTS	DE	N/A	C CORP					X
(3) EAE ATLANTIC TRS, LLC 38-3978612 1065 AVE OF THE AMERICAS, 31ST FL. NEW YORK, NY 10018	INVESTMENTS	DE	N/A	C CORP					X
(4) EASTERN ROSELLA TRUST 98-1131698 201 ELIZABETH ST SYDNEY, AS NSW 2000	INVESTMENTS	AS	N/A	C CORP					X
(5) ECO CEBACO, S A CALLE 52 Y E M , P O BOX 0816-068 , PM	INVESTMENTS	PM	N/A	C CORP					X
(6) ECONOMIZA AGROINDUSTRIAL, LTDA ESTADA GERAL CONDOMINIO BOA GRANDE DO RIBEIRO, PIAUI BR	INVESTMENTS	BR	N/A	C CORP					X
(7) ECUADOR TIMBER, LP 98-0458318 P O BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ KY1-1104	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) ISLAND C-III ATLANTIC HOLDINGS 300 N MAIN ST , STE 402 GREE	INVESTMENTS	TX	N/A	N/A								
(2) L-A SATURN ACQUISITION, LP 30- 2929 ARCH ST , STE 1650 PHILA	INVESTMENTS	DE	N/A	N/A								
(3) LIQUID REALTY PARTNERS IV (PF1 101 MARKET ST , #769 CAMANA BA	INVESTMENTS	DE	N/A	N/A								
(4) LIQUID REALTY PARTNERS IV INVE 199 E LINDA MESA AVE , #10 DA	INVESTMENTS	DE	N/A	N/A								
(5) LIQUID REALTY PARTNERS IV INVE 199 E LINDA MESA AVE , #10 DA	INVESTMENTS	DE	N/A	N/A								
(6) LIQUID REALTY PARTNERS IV TAX 101 MARKET ST , #769 CAMANA BA	INVESTMENTS	DE	N/A	N/A								
(7) LONGFELLOW ATLANTIC HOLDINGS, 260 FRANKLIN ST , STE 1520 BO	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) EL MARIA, S A V FINT, DEL CL TER 2 C ABAJO, 1 C A MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP					X
(2) EMBARCADERO CAPITAL INVESTORS II REIT, I 37-1508503 1301 SHOREWAY RD BELMONT, CA 94002	INVESTMENTS	MD	N/A	C CORP					X
(3) EMERALD CATASTROPHE FUND, LTD 98-1194784 VICTORIA PL , 3FL W, 31 VICTORIA ST HAMILTON, BD	INVESTMENTS	BD	N/A	C CORP					X
(4) EMPRESA ECOLOGICA DEL ORINOCO, S A S CRA 9 NO 77 - 67 OFC 804 BOGOTA, CO	INVESTMENTS	CO	N/A	C CORP					X
(5) EMPRESAS VERDES ARGENTINA, S A SUIPACHA 1111 - PISO 18 , AR C1008	INVESTMENTS	AR	N/A	C CORP					X
(6) ESTANCIA CELINA, S A SUIPACHA 1111 - PISO 18 BUENOS AIRES, AR C1008AAW	INVESTMENTS	AR	N/A	C CORP					X
(7) FLAMENCO, SPA 98-1120387 2939 AV ISIDORA GOYENECHEA, 11TH F LAS CONDES, SANTIAGO	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) LUBERT-ADLER CAPITAL REAL ESTA 2929 ARCH ST , STE. 1650 PHILA	INVESTMENTS	DE	N/A	N/A								
(2) LUBERT-ADLER REAL ESTATE FUND 2929 ARCH ST , STE 1650 PHILA	INVESTMENTS	DE	N/A	N/A								
(3) LUBERT-ADLER/LARAMAR URBAN NEI 171 17TH ST , STE 1575 ATLANT	INVESTMENTS	DE	N/A	N/A								
(4) MCRB, LLC 46-1235435 1021 LONG PRAIRIE RD , STE 40	INVESTMENTS	DE	N/A	N/A								
(5) MCRS, LLC 27-3637201 1021 LONG PRAIRIE RD , STE 40	INVESTMENTS	MD	N/A	N/A								
(6) MDH ATLANTIC HOLDINGS II, LLC 3715 N SIDE PKWY NW, #4-240 AT	INVESTMENTS	DE	N/A	N/A								
(7) MDH ATLANTIC HOLDINGS, LLC 46- 3715 N SIDE PKWY NW, BLDG 400	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) FLORESTAS DO SUL AGROFLORESTAL, LTDA 98-0493906 AV CARLOS GOMES 1200, SALA 502, AU CENTRO, RIO GRANDE DO	INVESTMENTS	BR	N/A	C CORP					X
(2) FORESTAL BOSQUEPALM CIA, LTDA AVE PATRIA E4-69 Y AM, PISO 15 QUITO, EC	INVESTMENTS	EC	N/A	C CORP					X
(3) FORESTAL FORESVERGAL CIA, LTDA AVE PATRIA E4-69 Y AM, PISO 15 QUITO, EC	INVESTMENTS	EC	N/A	C CORP					X
(4) FORTALEZA AGROINDUSTRIAL, LTDA FAZENDA FORTALEZA, S/N - ZONA RURAL SANTA FILOMENA, PIAUI	INVESTMENTS	BR	N/A	C CORP					X
(5) FRANCOLIN 98-1006384 P O BOX 309, UGLAND HOUSE , GRAND CAYMAN CJ KY1-1104	INVESTMENTS	CJ	N/A	C CORP					X
(6) FRIENDS OF HARVARD HONG KONG TRUST 47-7237666 114 MOUNT AUBURN ST , 5TH FL. CAMBRIDGE, MA 02138	TRUST FOR CONTRIB	HK	N/A	TRUST					X
(7) FSP TRS HOLDING, LP 80-0902908 178 SOUTH MAIN ST , STE 375 ALPARETTA, GA 30009	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) MOUNTAIN CAPITAL PARTNERS NPI, 811 LOUISIANA ST , STE 2550 H	INVESTMENTS	DE	N/A	N/A								
(2) NAVITAS CAPITAL II, LP 30-0934 9460 WILSHIRE BLVD , STE 850	INVESTMENTS	DE	N/A	N/A								
(3) NIMBUS WEATHER MASTER FUND, LT CLAREDON HOUSE, 2 CHURCH ST H	INVESTMENTS	BD	N/A	N/A								
(4) OAK-MOSSER II, LLC 82-1988562 220 MONTGOMERY ST , 20TH FL S	INVESTMENTS	DE	N/A	N/A								
(5) OAK-MOSSER, LLC 81-3349445 308 JESSIE ST SAN FRANCISCO,	INVESTMENTS	DE	N/A	N/A								
(6) PAG ASIA ALPHA, LP 98-1269265 103 S CHURCH ST GEORGE TOWN,	INVESTMENTS	CJ	N/A	N/A								
(7) PATIO GARDENS, LLC 45-5311665 HMC INC , 600 ATLANTIC AVE BO	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) FSP-MARLBORO LESSEE, LLC 38-3976284 178 SOUTH MAIN ST , STE 375 ALPARETTA, GA 30009	INVESTMENTS	DE	N/A	C CORP					X
(2) GALILEIA AGROINDUSTRIAL, LTDA FAZENDA GALILEIA, S/N - ZONA RURAL GRANDE DO RIBEIRO, PIA	INVESTMENTS	BR	N/A	C CORP					X
(3) GATEWAY REAL ESTATE FUND III - TE, LP 98-0669480 HUTCHINS DR , P.O BOX 2681 GRAND CAYMAN, CJ KY1-1111	INVESTMENTS	CJ	N/A	C CORP					X
(4) GATEWAY V AIV 4 (MAXIMUS), LP 94 SOLARIS AV , P O BOX 1348 GRAND CAYMAN, CJ KY1-1108	INVESTMENTS	CJ	N/A	C CORP					X
(5) GAVEA INVESTMENT FUND II B, LP 98-0537951 P O BOX 896, GARDENIA COURT GEORGE TOWN, GRAND CAYMAN CJ	INVESTMENTS	CJ	N/A	C CORP					X
(6) GAVEA JUS BG 1 - FEEDER, LP 98-1018586 P O BOX 896, GARDENIA COURT GEORGE TOWN, GRAND CAYMAN CJ	INVESTMENTS	CJ	N/A	C CORP					X
(7) GAVEA JUS BRAZILIAN GOVERNMENT LIABILITI 98-0702067 P O BOX 896, GARDENIA COURT GEORGE TOWN, 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) PREMIER A-1 ST LOUIS HOLDINGS, 3519 FEE FEE RD. #221 BRIDGETO	INVESTMENTS	DE	N/A	N/A								
(2) PSI ATLANTIC HOLDINGS II, LLC 530 OAK COURT DR , STE 185 ME	INVESTMENTS	DE	N/A	N/A								
(3) PSI ATLANTIC HOLDINGS III, LLC 530 OAK COURT DR , STE 185 ME	INVESTMENTS	DE	N/A	N/A								
(4) PSI ATLANTIC HOLDINGS, LLC 46- 530 OAK COURT DR , STE 185 ME	INVESTMENTS	DE	N/A	N/A								
(5) QUEENS VENTURES, LLC 80-096366 1065 AVE OF THE AMERICAS, 31S	INVESTMENTS	DE	N/A	N/A								
(6) RUBY ATLANTIC AJCP HOLDINGS, L 133 NORTH JEFFERSON ST , 4TH F	INVESTMENTS	DE	N/A	N/A								
(7) SF MEZZ, LLC 81-1908770 HMC INC , 600 ATLANTIC AVE. BO	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) GAXL (HMPEC), LTD 98-1309328 C/O CLARENDON HOUSE, 2 CHURCH ST HAMILTON, BD HM 11	INVESTMENTS	BD	N/A	C CORP					X
(2) GBE DEVELOPMENT I, LTD P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ	INVESTMENTS	CJ	N/A	C CORP					X
(3) GBE DEVELOPMENT II, LTD P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ	INVESTMENTS	CJ	N/A	C CORP					X
(4) GBE DEVELOPMENT III, LTD P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ	INVESTMENTS	CJ	N/A	C CORP					X
(5) GBE DEVELOPMENT IV, LTD P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ	INVESTMENTS	CJ	N/A	C CORP					X
(6) GBE DEVELOPMENT V, LTD P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ	INVESTMENTS	CJ	N/A	C CORP					X
(7) GBE DEVELOPMENT VI, LTD P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ K	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) Disproportionate allocations? No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) SOIL INNOVATIONS, LLC 90-05384 CT CORP , 1209 ORANGE ST WILM	INVESTMENTS	DE	N/A	N/A								
(2) SOUTHWOOD GARDENS, LLC 45-4154 HMC INC., 600 ATLANTIC AVE BO	INVESTMENTS	DE	N/A	N/A								
(3) TDC ATLANTIC HOLDINGS, LLC 47- 5130 SOUTH ALSTON AVE , STE 2	INVESTMENTS	DE	N/A	N/A								
(4) TETRIS PROPERTY, LP 46-1625319 1370 AVE OF THE AMERICAS NEW	INVESTMENTS	DE	N/A	N/A								
(5) THE TRITON FUND II NO 2, LP 9 23-27 SEATON PL ST HELIER,	INVESTMENTS	JE	N/A	N/A								
(6) THE WILDHORN FUND, LP 98-05272 REGATTA OFFICE PK , WEST BAY R	INVESTMENTS	CJ	N/A	N/A								
(7) TRUE ARROW CHINA INVESTMENTS M 89 NEXUS WAY CAMANA BAY, GRAND	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) Section 512(b)(13) controlled entity? No
(1) GBE FAZENDAS, LTD AV DAS AMERICAS, 700, BLOCO 5 BARRA DA TIJUCA, RIO DE JA	INVESTMENTS	BR	N/A	C CORP					X
(2) GBE HOLDINGS, LTD P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ K	INVESTMENTS	CJ	N/A	C CORP					X
(3) GBE INVESTMENTS, LTD P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ N	INVESTMENTS	CJ	N/A	C CORP					X
(4) GBE PROJETOS AGRICOLAS II, LTDA AV DAS AMERICAS, 700, BLOCO 5 BARRA DA TIJUCA, RIO DE JA	INVESTMENTS	BR	N/A	C CORP					X
(5) GBE PROPERTIES I, LTD P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ N	INVESTMENTS	CJ	N/A	C CORP					X
(6) GBE PROPERTIES II, LTD P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ	INVESTMENTS	CJ	N/A	C CORP					X
(7) GBE PROPERTIES III, LTD P O BOX 309, UGLAND HOUSE GEORGE TOWN, 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) USRA ATLANTIC CAPITAL PARTNERS 1370 AVE. OF THE AMERICAS NEW	INVESTMENTS	DE	N/A	N/A								
(2) WASHINGTON HEIGHTS I, LLC 80-0 1065 AVE OF THE AMERICAS, 31S	INVESTMENTS	DE	N/A	N/A								
(3) WBH KIRBY HILL CO-INVESTMENT, 7121 FAIRWAY DR , STE 410 PAL	INVESTMENTS	DE	N/A	N/A								
(4) XILOS DAKOTA SEPARATE, LP 98-1 11-15 SEATON PL ST HELIER,	INVESTMENTS	JE	N/A	N/A								
(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) GBE PROPERTIES IV, LTD P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ	INVESTMENTS	CJ	N/A	C CORP					X
(2) GBE PROPERTIES V, LTD P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ	INVESTMENTS	CJ	N/A	C CORP					X
(3) GBE PROPERTIES VI, LTD P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ K	INVESTMENTS	CJ	N/A	C CORP					X
(4) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBI AV DAS AMERICAS, 700, BLOCO 5 BARRA DA TIJUCA, RIO DE JA	INVESTMENTS	BR	N/A	C CORP					X
(5) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBI AV DAS AMERICAS, 700, BLOCO 5 BARRA DA TIJUCA, RIO DE JA	INVESTMENTS	BR	N/A	C CORP					X
(6) GBE PROPRIEDADES E EMPREENDIMENTOS IMOBI AV DAS AMERICAS, 700, BLOCO 5 BARRA DA TIJUCA, RIO DE JA	INVESTMENTS	BR	N/A	C CORP					X
(7) GBE PROPRIEDADES E EMPREENDIMENTOS MINAS AV DAS AMERICAS, 700, BLOCO 5 BARRA DA TIJUCA, RIO DE JA	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) GBE PROPRIEDADES GUADALUPE, LTDA AV DAS AMERICAS, 700, BLOCO 5 BARRA DA TIJUCA, RIO DE JA	INVESTMENTS	BR	N/A	C CORP					X
(2) GERRITY ATLANTIC RETAIL PARTNERS, INC 27-4802513 973 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	INVESTMENTS	DE	N/A	C CORP					X
(3) GERRITY RETAIL FUND 2, INC 46-4417545 973 LOMAS SANTA FE DR SOLANA BEACH, CA 92075	INVESTMENTS	DE	N/A	C CORP					X
(4) GRADUATE OXFORD LESSEE, LLC 37-1749319 133 NORTH JEFFERSON ST , 4TH FL CHICAGO, IL 60661	INVESTMENTS	DE	N/A	C CORP					X
(5) GRANARY INVESTMENTS 98-0607880 IFS COURT, TWENTY EIGHT CYBERCITY, EBENE MP	INVESTMENTS	MP	N/A	C CORP					X
(6) GRANARY NORMANDIEN (PROPRIETARY), LTD 98-0610461 32 FICKER RD , ILLOVO BLVD , SANDTO JOHANNESBURG, SF 219	INVESTMENTS	SF	N/A	C CORP					X
(7) GREEN ROSELLA TRUST 98-1126908 201 ELIZABETH ST SYDNEY, AS NSW 2000	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)												
(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) GREENGOLD AGRIROM, S R L. 98-1091760 24 CONSTANTIN NOICA ST , RM 2 SIBIU, RO	INVESTMENTS	RO	N/A	C CORP					X
(2) GREENGOLD EUROPEAN CAPITAL, S A 5, RUE GUILLAUME KROLL , LU L-1882	INVESTMENTS	LU	N/A	C CORP					X
(3) GREENGOLD FUTURE TREES, S R L 98-1206286 14 BIHORULUI ST , BLOCK 21, RM 2 SIBIU, RO	INVESTMENTS	RO	N/A	C CORP					X
(4) GREENGOLD VALUE FORESTS LATVIA, SIA 98-0648693 KURMALES PAGASTS, KULDIGAS NOVADS BRALI, LG LV-3301	INVESTMENTS	LG	N/A	C CORP					X
(5) GREENGOLD VALUE FORESTS LITHUANIA, UAB 98-1117259 JOGAILOS G 9 VILNIUS, LH LT-01116	INVESTMENTS	LH	N/A	C CORP					X
(6) GUANARE, A A R L 98-0641951 MONES ROSES 6937 MONTEVIDEO, N/A UY 11000	INVESTMENTS	UY	N/A	C CORP					X
(7) GUANARE, S A JUNCAL 1327, 22ND FL MONTEVIDEO, UY 11000	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) HARVARD ARASTIRMA VE EGITIM MERKEZI ISTA KORU SOKAK, ZORLU CTR , APT 2/D , INSTANBUL TU 34340	RESEARCH SUPPORT/	TU	N/A	C CORP					X
(2) HARVARD BUSINESS SCHOOL PUBLISHING ASIA 80 RAFFLES PL , #25-01, UOB PLAZA , SN	SALES SUPPORT	SN	N/A	C CORP					X
(3) HARVARD BUSINESS SCHOOL PUBLISHING AUSTR C/O PWC, ONE INTERNATIONALS TOWERS WATERMANS QUAY, BARANG	SALES SUPPORT	AS	N/A	C CORP					X
(4) HARVARD BUSINESS SCHOOL PUBLISHING DE ME BOSQUE DE CIRUELOS 180 PP101 BOSQUES DE LAS LOMAS, DEL MI	SALES SUPPORT	MX	N/A	C CORP					X
(5) HARVARD BUSINESS SCHOOL PUBLISHING EUROP 23 SICILIAN AVE LONDON, UK	SALES SUPPORT	UK	N/A	C CORP					X
(6) HARVARD BUSINESS SCHOOL PUBLISHING FRANC 23 RUE DU ROULE PARIS, FR	SALES SUPPORT	FR	N/A	C CORP					X
(7) HARVARD BUSINESS SCHOOL PUBLISHING INDIA PIRAMAL TOWER, 7TH FL , PENINSULA C MUMBAI, IN 400013	PUBLISHING SUPPOR	IN	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 CENTER SHANGHAI CO , LTD 5TH FL INTL FIN CTR , 8 CENT AVE SHANGHAI, CH 200120	RESEARCH SUPPORT/	CH	N/A	C CORP					X
(2) HARVARD PRIVATE CAPITAL PROPERTIES II, I 04-3140558 HMC, INC , 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENTS	DE	N/A	C CORP					X
(3) HARVARD PRIVATE CAPITAL PROPERTIES III, 76-0254935 HMC, INC , 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENTS	DE	N/A	C CORP					X
(4) HARVARD UNIVERSITY PRESS OF NEW YORK 13-3784301 HU PRESS, 79 GARDEN ST CAMBRIDGE, MA 02138	PUBLISHING	DE	N/A	C CORP					X
(5) HARVARD UNIVERSITY PRESS, LTD VERNON HOUSE, 23 SICILIAN AVE LONDON, UK	BOOK DISTRIBUTION	UK	N/A	C CORP					X
(6) HB CAYMAN, LTD P O BOX 309 GT , CAYMAN CAYMAN CJ BWI CJ	INVESTMENTS	CJ	N/A	C CORP					X
(7) HG GULF FZ, LLC MAKTOUM ACAD MED CTR 2 FL DUBAI, UK	EDUCATION AND RES	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)	HIP BERMUDA REINSURANCE I, LTD 141 FRONT ST , 3RD FL HAMILTON, BD HM 11	INVESTMENTS	BD	N/A	C CORP					X
(2)	HMC ADAGE MANAGER, INC 04-3567988 HMC, INC , 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENTS	DE	N/A	C CORP					X
(3)	HMC JUWEEL INVESTORS, LP P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ K	INVESTMENTS	CJ	N/A	C CORP					X
(4)	HUEQUI, SPA LOS CONQUISTADORES 1700, PISO 16 , SANTIAGO CI	INVESTMENTS	CI	N/A	C CORP					X
(5)	INSOLO AGROINDUSTRIAL, S A AV DR C D M , 1340-11 ANDAR CJ 11 SAO PAULO, BR	INVESTMENTS	BR	N/A	C CORP					X
(6)	INVERSIONES CATIVAL, S A V FINT, DEL CL TER 2 C ABAJO, 1 C A MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP					X
(7)	INVERSIONES HEFEI, S A C 98-1111292 AV PARDO Y ALIAGA 695 DPTO 11 URB SAN ISIDORO, LIMA 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) INVERSIONES LEFKADA, S A C 98-1110859 AV PARDO Y ALIAGA 695 DPTO 11 URB SAN ISIDORO, LIMA PE	INVESTMENTS	PE	N/A	C CORP					X
(2) INVERSIONES MOSQUETA, S A C 98-1110734 AV PARDO Y ALIAGA 695 DPTO 11 URB SAN ISIDORO, LIMA PE	INVESTMENTS	PE	N/A	C CORP					X
(3) INVERSIONES PIRONA, S.A C 98-1111636 AV PARDO Y ALIAGA 695 DPTO 11 URB SAN ISIDORO, LIMA PE	INVESTMENTS	PE	N/A	C CORP					X
(4) INVERSIONES SANTA RITA, S A V FINT, DEL CL TER 2 C ABAJO, 1 C A MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP					X
(5) INVERSIONES TRES CUMBRES, LTDA 98-0446986 ROGER DE FLOR 2736 DP 8 COMUNA LAS CONDES, SANTIAGO CI	INVESTMENTS	CI	N/A	C CORP					X
(6) IPE AGROINDUSTRIAL, LTDA FAZENDA IPE, S/N - ZONA RURAL-BAIXA GRANDE DO RIBEIRO, PI	INVESTMENTS	BR	N/A	C CORP					X
(7) LA JACARANDA, S A V FINT, DEL CL TER 2 C ABAJO, 1 C A 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 MORA, S A V FINT, DEL CL TER 2 C ABAJO, 1 C A MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP					X
(2) LA ZARZA, S A V FINT, DEL CL TER 2 C ABAJO, 1 C A MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP					X
(3) LAS ACACIAS, S A V FINT, DEL CL TER 2 C ABAJO, 1 C A MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP					X
(4) LAS MISIONES, S A SUIPACHA 1111 - PISO 18 BUENOS AIRES, AR C1008AAW	INVESTMENTS	AR	N/A	C CORP					X
(5) LASALLE ASIA OPPORTUNITY CAYMAN I, LTD 98-0447511 WALKER HOUSE, 87 MARY ST GEORGE TOWN, GRAND CAYMAN CJ	INVESTMENTS	CJ	N/A	C CORP					X
(6) LIFETIME CENTRECOURT GRENVILLE, LP 98-0684331 22 ST CLAIR AVE E , STE 1010 TORONTO, ONTARIO CA M4T 2	INVESTMENTS	CA	N/A	C CORP					X
(7) LINDENE, LTD P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ K	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 98-0560775 199 E LINDA MESA AVE , #10 DANVILLE, CA 94526	INVESTMENTS	CJ	N/A	C CORP					X
(2) LIQUID REALTY PARTNERS IV TAX EXEMPT (PF 98-0555927 199 E LINDA MESA AVE , #10 DANVILLE, CA 94526	INVESTMENTS	CJ	N/A	C CORP					X
(3) LONGFELLOW ATLANTIC REIT II, INC 81-2156530 260 FRANKLIN ST , STE 1520 BOSTON, MA 02110	INVESTMENTS	DE	N/A	C CORP					X
(4) LONGFELLOW ATLANTIC REIT, INC 46-4628691 260 FRANKLIN ST , STE 1520, MA 02110	INVESTMENTS	DE	N/A	C CORP					X
(5) LONGFELLOW ATLANTIC TRS, LLC 37-1791658 260 FRANKLIN ST , STE 1520 , N/	INVESTMENTS	DE	N/A	C CORP					X
(6) LONGSTOCKING INVESTMENT CORP 52-2116455 HMC, INC , 600 ATLANTIC AVE BOSTON, MA 02110	INVESTMENTS	MA	N/A	C CORP					X
(7) LONGTERM FOREST PARTNERS CIA, LTDA AVE PATRIA E4-69 Y AM, PISO 15 QUITO, EC	INVESTMENTS	EC	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) LOS ARRAYANES, S A V FINT, DEL CL TER 2 C ABAJO, 1 C A MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP					X
(2) LOS LAURELES, S A V FINT, DEL CL TER 2 C ABAJO, 1 C A MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP					X
(3) MAGUARI, LTD 98-1097957 P O BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ KY1-1104	INVESTMENTS	CJ	N/A	C CORP					X
(4) MASDEVALLIA, LTD 98-1083311 P O BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ KY1-1104	INVESTMENTS	CJ	N/A	C CORP					X
(5) MCRB REAL ESTATE INVESTMENT TRUST, INC 46-1195422 1021 LONG PRAIRIE RD , STE 404 FLOWER MOUND, TX 75022	INVESTMENTS	DE	N/A	C CORP					X
(6) MCRB TENANT HOLDCO, LLC 46-1195591 1021 LONG PRAIRIE RD , STE 404 FLOWER MOUND, TX 75022	INVESTMENTS	DE	N/A	C CORP					X
(7) MCRS REAL ESTATE INVESTMENT TRUST, INC 27-3605599 1021 LONG PRAIRIE RD , STE 404 FLOWER MOUND, TX 75022	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)	MCRS TENANT HOLDCO, LLC 27-3869467 1021 LONG PRAIRIE RD , STE. 404 FLOWER MOUND, TX 75022	INVESTMENTS	DE	N/A	C CORP					X
(2)	MDH ATLANTIC REIT II, INC 82-1589729 3715 NORTHSIDE PKWY NW, #4-240 ATLANTA, GA 30327	INVESTMENTS	DE	N/A	C CORP					X
(3)	MDH ATLANTIC REIT, INC 46-5247314 3715 NORTHSIDE PKWY NW, BLDG 400 , N/	INVESTMENTS	DE	N/A	C CORP					X
(4)	MIRABILIS, S.A CALLE LAS BEGONIAS NO 475, DPTO 7 SAN ISIDORO, LIMA PE	INVESTMENTS	PE	N/A	C CORP					X
(5)	NAZARE AGROINDUSTRIAL, LTDA FAZENDA NAZARE, S/N - ZONA RURAL FILOMENA, PIAUI BR	INVESTMENTS	BR	N/A	C CORP					X
(6)	NCH AGRIBUSINESS INVESTORS CORP 98-0559097 UGLAND HOUSE, S CHURCH ST GEORGE TOWN, GRAND CAYMAN CJ	INVESTMENTS	CJ	N/A	C CORP					X
(7)	NCH INVESTORS FUND (HU) CORP P O BOX 309, UGLAND HOUSE , GRAND CAYMAN CJ KY1-1104	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) NEW VERNON INDIA (CAYMAN) FUND, LP 20-1577934 2330 PLAZA FIVE JERSEY CITY, NJ 07311	INVESTMENTS	CJ	N/A	C CORP					X
(2) NICARAO I, LTD 98-0643167 P O BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ KY1-1104	INVESTMENTS	CJ	N/A	C CORP					X
(3) NICARAO II, LTD 98-0643169 P O BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ KY1-1104	INVESTMENTS	CJ	N/A	C CORP					X
(4) NICARAO, LTD 98-0643164 P O BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ KY1-1104	INVESTMENTS	CJ	N/A	C CORP					X
(5) NICATECA, INC 98-0520487 WALKER HOUSE, 87 MARY ST GEORGE TOWN, GRAND CAYMAN CJ KY	INVESTMENTS	CJ	N/A	C CORP					X
(6) NICATECA, S A V FINT, DEL CL TER 2 C ABAJO, 1 C A MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP					X
(7) NIMBUS WEATHER FUND, LTD 98-1197703 3RD FL W , 31 VICTORIA ST HAMILTON, N/A BD HM 10	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)												
(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) NOMINA (NO 1253), LTD 40 GRACECHURCH ST., 5TH FL LONDON, UK EC3V 0BT	INVESTMENTS	UK	N/A	C CORP					X
(2) NORTHERN ROSELLA TRUST 98-6081350 201 ELIZABETH ST SYDNEY, AS NSW 2000	INVESTMENTS	AS	N/A	C CORP					X
(3) OAK-MOSSER REIT II, INC 82-2028032 220 MONTGOMERY ST , 20TH FL SAN FRANCISCO, CA 94104	INVESTMENTS	DE	N/A	C CORP					X
(4) OAK-MOSSER REIT, INC 81-3362816 308 JESSIE ST , N/	INVESTMENTS	DE	N/A	C CORP					X
(5) OPERA, S A V FINT, DEL CL TER 2 C ABAJO, 1 C A MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP					X
(6) PAG ASIA ALPHA FEEDER, LTD P O BOX 472, 2ND FL , 103 S CHURC GEORGE TOWN, GRAND CA	INVESTMENTS	CJ	N/A	C CORP					X
(7) PARFEN, S R L JUNCAL 1392 MONTEVIDEO, UY 11000	INVESTMENTS	UY	N/A	C CORP					X

4370IY 7377

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) PEARL RETAIL, INC 98-1048757 P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ K	INVESTMENTS	CJ	N/A	C CORP					X
(2) PINARES, A A R L 98-0641950 141 FRONT ST , 3RD FL MONTEVIDEO, UY 11000	INVESTMENTS	UY	N/A	C CORP					X
(3) POOLED INCOME FUNDS (3)	CHARITABLE TRUST	MA	N/A	TRUST					X
(4) PRADARIA AGROFLORESTAL, LTDA 98-0642732 AVENIDA ALFONSO PENA, 3 504, RM 73 CAMPO GRANDE, MATO GR	INVESTMENTS	BR	N/A	C CORP					X
(5) PROMONTORIA HOLDING MAP, B V OUDE UTRECHTSEWEG 32 BAARN, NL	INVESTMENTS	NL	N/A	C CORP					X
(6) PULAR, SPA LOS CONQUISTADORES 1700, PISO 16 , SANTIAGO CI	INVESTMENTS	CI	N/A	C CORP					X
(7) REGENT OFFICE FUND II REIT 47-2081357 11990 SAN VICENTE BLVD., STE 200 LOS ANGELES, CA 90049	INVESTMENTS	MD	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) REPRESA PROPERTIES, LTD P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ K	INVESTMENTS	CJ	N/A	C CORP					X
(2) RETIREMENT PLAN TRUST FOR EMPLOYEES OF H 42-636388 1033 MASS AVE , 3RD FL CAMBRIDGE, MA 02138	INVESTMENTS	MA	N/A	TRUST					X
(3) RIO MIRA PARTICIPACOES, LTDA AV DAS AMERICAS, 700, BLOCO 5 BARRA DA TIJUCA, RIO DE JA	INVESTMENTS	BR	N/A	C CORP					X
(4) ROARING FORK INVESTMENT TRUST 98-0458290 333 BAY ST , STE 3400 TORONTO, ONTARIO CA M5H 2S7	INVESTMENTS	CA	N/A	C CORP					X
(5) ROSELLA HOLD TC PTY, LTD 98-1126654 201 ELIZABETH ST SYDNEY, AS NSW 2000	INVESTMENTS	AS	N/A	C CORP					X
(6) ROSELLA SUB TC PTY, LTD 98-1126678 201 ELIZABETH ST SYDNEY, AS NSW 2000	INVESTMENTS	AS	N/A	C CORP					X
(7) ROSELLA, LTD 98-1120479 P O BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ KY1-1104	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)	RUBY ATLANTIC AJCP PROGRAM TRS, LLC 46-4621060 133 NORTH JEFFERSON ST , 4TH FL CHICAGO, IL 60661	INVESTMENTS	DE	N/A	C CORP					X
(2)	RUBY ATLANTIC REIT, INC 46-4632061 HMC, INC , 600 ATLANTIC AVE BOSTON, MA 02210	INVESTMENTS	DE	N/A	C CORP					X
(3)	SCOLOPAX, S R L 8 VICTORIEI ST , B1 42 BIS APT 1 BRASOV, RO	INVESTMENTS	RO	N/A	C CORP					X
(4)	SERRA GRANDE AGROINDUSTRIAL, LTDA FAZENDA SERRA GRANDE, S/N RIBEIRO GONCALVES, PIAUI BR	INVESTMENTS	BR	N/A	C CORP					X
(5)	SOBRALIA, LTD 98-1084076 P O BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ KY1-1104	INVESTMENTS	CJ	N/A	C CORP					X
(6)	SOCIEDAD EXPLOTADORA AGRICOLA, SPA 98-0632838 2939 AV ISIDORA GOYENECHEA, 11TH F LAS CONDES, SANTIAGO	INVESTMENTS	CI	N/A	C CORP					X
(7)	SORA, LTD 98-1098256 P O BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ KY1-1104	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 FAZENDA IPE, S/N - ZONA RURAL-BAIXA GRANDE DO RIBEIRO, PI	INVESTMENTS	BR	N/A	C CORP					X
(2)	STELIS, LTD 98-1083800 P O BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ KY1-1104	INVESTMENTS	CJ	N/A	C CORP					X
(3)	SUSTAINABLE TEAK PARTCIPACOES, LTDA 98-0639215 AV CASTELO BRANCO 272, RM 3 CACERES, MATOGROSSO BR	INVESTMENTS	BR	N/A	C CORP					X
(4)	TACORA, SPA LOS CONQUISTADORES 1700, PISO 16 , SANDIAGO CI	INVESTMENTS	CI	N/A	C CORP					X
(5)	TAGUA, SPA 98-1120143 2939 AV. ISIDORA GOYENECHEA, 11TH F LAS CONDES, SANDIAGO	INVESTMENTS	CI	N/A	C CORP					X
(6)	TDCA REIT, INC 47-5575876 5130 SOUTH ALSTON AVE , STE 210 DURHAM, NC 27713	INVESTMENTS	DE	N/A	C CORP					X
(7)	TDR SCOTLAND, LP 98-0471766 20 BENTINCK ST LONDON, NC UK W1U 2EU	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 MONES ROSES 6937 MONTEVIDEO, UY 11000	INVESTMENTS	UY	N/A	C CORP					X
(2) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD AV DAS AMERICAS, 700, BLOCO 5 BARRA DA TIJUCA, RIO DE JA	INVESTMENTS	BR	N/A	C CORP					X
(3) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA SANTO ANONIO DA MANGA , MARANHAO BR	INVESTMENTS	BR	N/A	C CORP					X
(4) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA FLEXAS, S/N, ZONA RURAL SAO ROMAO, MINAS GERAIS B	INVESTMENTS	BR	N/A	C CORP					X
(5) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD AV DAS AMERICAS, 700, BLOCO 5 BARRA DA TIJUCA, RIO DE JA	INVESTMENTS	BR	N/A	C CORP					X
(6) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA OITEIROS, S/N ZONA RURAL, GUADALUPE BR CEP 64840-	INVESTMENTS	BR	N/A	C CORP					X
(7) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA OITEIROS, S/N ZONA RURAL, GUADALUPE BR CEP 64840-	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 ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA OITEIROS, S/N ZONA RURAL, GUADALUPE BR CEP 64840-	INVESTMENTS	BR	N/A	C CORP					X
(2) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD RUA DO FORUM, S/N, SALA A CENTRO, GUADALUPE BR	INVESTMENTS	BR	N/A	C CORP					X
(3) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA OITEIROS, S/N ZONA RURAL, GUADALUPE BR CEP 64840-	INVESTMENTS	BR	N/A	C CORP					X
(4) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA OITEIROS, S/N ZONA RURAL, GUADALUPE BR CEP 64840-	INVESTMENTS	BR	N/A	C CORP					X
(5) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA OITEIROS, S/N ZONA RURAL, GUADALUPE BR CEP 64840-	INVESTMENTS	BR	N/A	C CORP					X
(6) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA OITEIROS, S/N ZONA RURAL, GUADALUPE BR CEP 64840-	INVESTMENTS	BR	N/A	C CORP					X
(7) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD FAZENDA OITEIROS, S/N ZONA RURAL, GUADALUPE BR CEP 64840-	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 ALIMENTOS E BIOENERGIA - UNIDAD RUA ALV MENDES, N 2346, SALA C CE , TERESINA-PL BR N/A	INVESTMENTS	BR	N/A	C CORP					X
(2) TERRACAL ALIMENTOS E BIOENERGIA - UNIDAD AV DAS AMERICAS, 700, BLOCO 5 BARRA DA TIJUCA, RIO DE JA	INVESTMENTS	BR	N/A	C CORP					X
(3) TERRACAL ALIMENTOS E BIOENERGIA, LTDA AV DAS AMERICAS, 700, BLOCO 5 BARRA DA TIJUCA, RIO DE JA	INVESTMENTS	BR	N/A	C CORP					X
(4) TERRACAL PARTICIPACOES, LTDA AV DAS AMERICAS, 700, BLOCO 5 BARRA DA TIJUCA, RIO DE JA	INVESTMENTS	BR	N/A	C CORP					X
(5) TERRACAL PROPRIEDADES, LTDA AV DAS AMERICAS, 700, BLOCO 5 BARRA DA TIJUCA, RIO DE JA	INVESTMENTS	BR	N/A	C CORP					X
(6) THIRD WRANGLER, LTD 98-1167470 P O BOX 309, UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN CJ K	INVESTMENTS	CJ	N/A	C CORP					X
(7) TINAMOU 98-1014421 P O BOX 309, UGLAND HOUSE , GRAND CAYMAN CJ KY1-1104	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) TOUCANET, S A PLAZA 2000, 16TH FL , 50TH ST PANAMA, PM	INVESTMENTS	PM	N/A	C CORP					X
(2) TRUE ARROW CHINA INVESTMENTS, LTD 89 NEXUS WAY CAMANA BAY, GRAND CAYMAN CJ KY1-9007	INVESTMENTS	CJ	N/A	C CORP					X
(3) TSHIPISE BUFFALO (PROPRIETARY), LTD 98-0617419 32 FICKER RD , ILLOVO BLVD , SANDTO JOHANNESBURG, SF 219	INVESTMENTS	SF	N/A	C CORP					X
(4) TUNUYAN, S A V FINT, DEL CL TER 2 C ABAJO, 1 C A MANAGUA, NU	INVESTMENTS	NU	N/A	C CORP					X
(5) UNITECA AGROFLORESTAL, S A AVE GOV PONCE DE ARRUDA, 1 0545 , MATO GROSSO BR 78110-	INVESTMENTS	BR	N/A	C CORP					X
(6) USRA ATLANTIC NET LEASE CAPITAL CORP 45-2732642 1370 AVE OF THE AMERICAS NEW YORK, NY 10019	INVESTMENTS	DE	N/A	C CORP					X
(7) VISTA VERDE AGROINDUSTRIAL, LTDA RODOVIA TRANSCERRADO KM 120 - RM 1 PALIMEIRA DO PIAUI, P	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) WESTERN ROSELLA TRUST 98-1126861 201 ELIZABETH ST SYDNEY, AS NSW 2000	INVESTMENTS	AS	N/A	C CORP					X
(2) YANTELES, SPA LOS CONQUISTADORES 1700, PISO 16 , SANTIAGO CI	INVESTMENTS	CI	N/A	C CORP					X
(3)									
(4)									
(5)									
(6)									
(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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information
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.