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# Form 990

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this re

	Tal neveriu					Sanit d					20 12			
<u> </u>			ndar year, or tax year				2011, and	ending	Marc	ch 31	, 20 12			
В	Check if a	applicable	C Name of organization							D Employer identification number				
Ш	Address of	change	Doing Business As H		04-2799839									
Ш	Name cha	ange	Number and street (or	PO box if ma	ıl ıs not delr	vered to street addres	ss) R	oom/suite		E Telephone number				
	Initial retu	ırn	P.O. Box 381428			<del></del>				_	781-929-7847			
$\Box$	Terminate	ed	City or town, state or o	country, and ZI	P + 4				1					
	Amended	return	Cambridge MA 0223		<b>G</b> Gross red	ceipts \$ 56	,016							
	Application	on pending	F Name and address of	principal officer	r				H(a) Is this a	group return fo	or affiliates? 🔲 Yes	✓ No		
			Scott A. Berney, Pre			as above				-	cluded? 🔲 Yes			
ī	Tax-exem	npt status	✓ 501(c)(3)	501(c) (	) ◀ (	insert no ) 🗌 4947(a	)(1) or	527	4 ' '	If "No," attach a list (see instructions)				
J	Website:	▶ No			<del> </del>	<u>, — , — , — , — , — , — , — , — , — , —</u>	<del>~~~</del>		H(c) Group	exemption	number ▶			
K	Form of o	rganization	✓ Corporation ☐ Trust	Associat	ion Othe	er ▶	L Year o	f formation			of legal domicile	MA		
_	art I	Summ	<del></del>				1 - 1 - 0							
			escribe the organiza	tion's missi	on or mo	et significant acti	ivities.	The Fou	ndation Su	nnorts the	work of the Ha	anyard		
			ty Band (Marching Ba											
Se			es, the commissionin									nd's		
Ē				g of flew file	isic, spoil	isorship or concer		IIEI activ	ity that car	illot be lu	ided by the ba	110 3		
Activities & Governance		Own bud		acousotion of		und to an austral				050/ 05	to not opports			
ő			nis box 🕨 🗌 if the or					oseu or	more than	1 - 1	is net assets	40		
ಹ	1		of voting members							3		18		
ies			of independent votir							4	<del>-</del>	18		
₹			mber of individuals e				V, line 2	a) .		5				
<b>A</b> ct			mber of volunteers (		-	•		•		6		30		
_			related business rev			• • •				7a				
	b	Net unre	lated business taxal	ole income	from For	m 990=T_line 34 REUET	* * <del>* * * * * * * * * * * * * * * * * </del>	· ·	<u> </u>	7b				
	ļ			ear	Current Ye	ear								
Revenue	8	Contribu	itions and grants (Pa	art VIII, line	1h)	α · · · ·		၂ပ္ပ		173		33640		
	9	Program	service revenue (Pa	art VIII, line 2	2g) .	NOV 19	2012 -	181			<del></del>			
eve	10	Investme	ent income (Part VIII,	, column (A)	), lines 3,	(4) land 7d)		IRS-OSC		18209		22376		
ď	11		venue (Part VIII, colu				1-1e)	ୢୗଞ୍ଚା−		51	<del></del>	0		
			enue—add lines 8 th					12)		18433		56016		
			nd similar amounts				(; g, 72-3). II	<del></del>		40717		52910		
	1		paid to or for memb						<del></del>	10717	·			
	4.5		other compensation,				 Lines 5	10)			·			
Expenses	16a		onal fundraising fees	• •	•	. , ,	-	′ <del>  -</del>						
ē	lua		idraising expenses (	-				-	* * * * *					
ă	1_b		•						. » <u>+</u>	2070		2220		
	""		penses (Part IX, colo			•	 05)	<u> </u>		2978		2338		
			penses. Add lines 13				line 25)	·		43695		55248		
		Revenue	e less expenses. Sub	orract line 1	rom lin ق	<u>ie 12</u>	<u> </u>			(25262)	F-3-44	768		
Net Assets or	<u> </u>							Be	ginning of Ci		End of Ye			
Set	20		sets (Part X, line 16)					· ·		1142113		1106381		
A P	21		oilities (Part X, line 2	•				· ·  _		0		0		
			ets or fund balances	. Subtract li	ne 21 fro	m line 20	<u> </u>	<u> </u>		1142113		1106381		
P	art li	Signa	ture Block											
U	nder penal	Ities of perj	ury, I declare that I have e	examined this r	eturn, inclu	ding accompanying s	chedules a	nd stateme	ents, and to t	the best of n	ny knowledge and	d belief, it is		
trı	ue, correct	t, and comp	plete Declaration of prepa	irer (other han	officer) is b	ased on all informatio	on of which	preparer h	as any know	ledge				
	_	<u>بر</u> (	XIMICKALI	Push	esuc					Nove	uber 13	2012		
Si	gn	Sigi	nature of officer	10					Da	ate	· ,	_		
Н	ere		A. Micha	el Ku	edern	nan Cle	-b							
		Тур	e or print name and title			, -/-		_						
_		Print/Type preparer's name Preparer's signature Date					Chr. I.	PTIN						
	aid	_ [				•				Check   self-emp				
	repare		name Þ		L				E					
U	se Onl			<del></del>		<del></del>		<del></del>		n's EIN ▶				
M	av the IE		address ► ss this return with th	e nrenarer s	shown ah	nove2 (see instru	ctionel		Pho	one no	. <u></u> Ye	s No		
_			uction Act Notice, see				C110115)			• • • •		990 (2011)		
FO	rraperv	work Real	ucuon aci Notice sei	- ine cenara	INSTRIC	HODE		Cat No.	11282Y		rom :	a <b>au</b> (2011)		

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Part l			out III	г								
1	Briefly describe the organization's miss	response to any question in this Pa	art III	<u> L</u>								
•	The Foundation supports the work of the Harvard University Band (Marching Band, Jazz Band, and Wind Ensemble) by making											
	grants for special projects, travel, instrument purchases, the commissioning of new music, sponsorship of concerts and other											
	activity that cannot be funded by the Ban	d's own budget.										
2	Did the organization undertake any sign	oficent program convices during the	year which were not listed on the									
4	prior Form 990 or 990-EZ?			Ves 🗸 No								
	If "Yes," describe these new services or			ies E No								
3	Did the organization cease conducting	ng, or make significant changes in										
	services?			Yes 🗹 No								
	If "Yes," describe these changes on Sc											
4	Describe the organization's program se expenses. Section 501(c)(3) and 501(c)											
	grants and allocations to others, the tot			ie amount of								
	<b>3</b> ,		ouen program connect repenses									
4a	(Code <sup>-</sup> ) (Expenses \$	55248 including grants of \$	52910 ) (Revenue \$	)								
	Grants to the Harvard University Band, a	c decaribed in Lune 1 above										
<del></del> _		<del></del>										
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)								
4c	(Code: ) (Expenses \$	ıncluding grants of \$	) (Revenue \$	)								
		•										
7.4	Other program convices (Describe in C	chadulo ()										
4d	Other program services (Describe in So (Expenses \$ including	grants of \$ ) (Rever	nue\$									
4e	Total program service expenses ▶	52910	· · /									

Part I	V Checklist of Required Schedules			-9
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
	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		<b>✓</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
	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		1
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		<b>√</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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	1	
11,	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	\``\`\	Δ 🐐	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		<u>*`</u>	
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	11a		
С	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	11b	<b>✓</b>	
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	11c		/
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	<del>  -</del>	<b>✓</b>
	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		/
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b		12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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		1
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		
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			<b>√</b>
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	19 20a	<del>                                     </del>	<b>✓</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part l	Checklist of Required Schedules (continued)			ugo .
		_	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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 25	24a		1
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√ √
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
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		<i>y</i>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
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		<i>\</i>
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):	.1		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		<b>√</b>
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	28b 28c		<b>/</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29	-	<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		1
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		<b>∀</b>
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	_	<u> </u>

Form 99				Page 5					
Part									
	Check if Schedule O contains a response to any question in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a -0-								
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and								
_	reportable gaming (gambling) winnings to prize winners?	1c	<b>/</b>	<u> </u>					
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> </b>	<u> </u>	<u> </u>					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	ļ						
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b> </b>						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	<b>/</b>					
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>					
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)?			1					
h	If "Yes," enter the name of the foreign country:	4a		<del>                                     </del>					
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>1</b>					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	1					
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<del>                                     </del>	<b>-</b>					
6a									
	organization solicit any contributions that were not tax deductible?	6a	l	1					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		<del></del>					
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	· à .	T .	wž.					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1							
	and services provided to the payor?	7a		1					
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		✓					
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>	<u> </u>	W. J.					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<u> </u>	1					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting								
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	<u></u>	-	-\					
_	organization, have excess business holdings at any time during the year?	8		1					
9	Sponsoring organizations maintaining donor advised funds.	-		<u> </u>					
a	Did the organization make any taxable distributions under section 4966?	9a	₩	<del> </del>					
b 40	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	-					
10	Section 501(c)(7) organizations. Enter:		1						

	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		
	account)?	4a	<b></b>
b	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	·	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<b>-</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
	organization solicit any contributions that were not tax deductible?	6a	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		<del></del>
-	gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	3	٠
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	35.75	
	and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	— <del>                                     </del>
Č	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· •	
•	required to file Form 8282?	7c	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>%</b>	- V
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		
	organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	3	» å.
-	Did the organization make any taxable distributions under section 4966?	9a	<u>`</u>
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del></del>
	Section 501(c)(7) organizations. Enter:	30	
10			`
a	Initiation fees and capital contributions included on Part VIII, line 12	<b>-</b>	
b	Section 501(c)(12) organizations. Enter:	-	
11	Gross income from members or shareholders		
a b	Gross income from other sources (Do not net amounts due or paid to other sources	-	
	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   12b	120	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
а	Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which		
U	Abor announced, and to be a more of the feature of the of		
С	Enter the amount of reserves on hand	$\dashv$	
	100	14a	
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>
	in res, has it hied a form report these payments? If No, provide an explanation in Schedule O		m <b>990</b> (2011
	•	For	m <b>330</b> (2011

Part \						
Section	Check if Schedule O contains a response to any question in this Part VI					
Secur	on 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					
b 2	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 0.  1 Enter the number of voting members included in line 1a, above, who are independent  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 have a family relationship or a business relationship with any other officer, directors, or trustees, or key employees to a management company or other person?  4 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 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?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is mailing address? If "Yes," provide the names and addresses in Schedule O.  Section B, Policies (This Section B requests information about policies not required by the Internal Revenium of 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?  10 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?  10 If the organization		<b>✓</b>			
3		3		1		
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? .  Did the organization have members or stockholders?	4 5 6		√ √ √		
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
_	Each committee with authority to act on behalf of the governing body?	8a 8b	✓	<b>✓</b>		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<b>✓</b>		
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C				
400	Did the examination have least shorters because a sufficiency	400	Yes	No		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a 10b		<b>V</b>		
11a		11a	/			
_		<u></u>				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>✓</b>			
-	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b 12c	<i>y</i>			
14	Did the organization have a written document retention and destruction policy?	13	1			
а		15a				
		15b		<b></b>		
16a	·					
•-	· · · · · ·	16a		1		
Þ	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b				
Secti		100	<u> </u>	<del></del> -		
17	List the states with which a copy of this Form 990 is required to be filed ► Massachusetts  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501	(c)(3):	s only)		
	a Enter the number of voting members of the governing body at the end of the tax year.  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent  But any officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees?  Did the organization make any significant changes to its governing documents ance the prior Form 990 was filed?  Did the organization have members or stockholders?  Did the organization of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization of the governing body?  Did the organization of the governing body?  Each committee with authority to act on behalf of the governing body?  Be Each committee with authority to act on behalf of the governing body?  Be Each committee with authority to act on behalf of the governing body?  Be Each committee with authority to act on behalf of the governing body?  Be Each committee with authority to act on behalf of the governing body?  Be Each committee with authority to act on behalf of the governing body?  Be Each committee with authority to act on behalf of the governing body?  Be Each committee with authority to act on behalf of the governing body?  Be Each committee with authority to act on behalf of the governing body?  Be Each committee with authority to act on behalf of the					
20		or the	Ð			

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		_					
Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees	, Highest Compens	sated Employee	s, and
	Independent Contractors	•					

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 ne		<u> </u>		(0						,
(A) Name and Title	(B) Average hours per week	box,	ot ch unles	Pos eck s pe	ition more	than one that the that the that the that the that the the that the theta the that the the that the the that the the that the the the the the the the the the th	an ee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	scribe urs for director or director chedule ch		organizations (W-2/1099-MISC)	compensation from the organization and related organizations					
(1) Mark Bagley, Director	o	   •						0	0	
(2) James A. Bell, Director	0	1						0	0	
(3) Lauren Bell, Director	0	1						0	0	
(4) Scott A. Berney, President and Director	1	1		1				0	0	
(5) Robert C. Bray, Director	0	1						0	. 0	
(6) John S. Connolly Jr., Director	0	1						0	0	
(7) Sam Coppersmith, Director	0	1						0		
(8) Alisha Creel, Director	0	1						0	0	
(9) David S. Green, Director	0	1							0	
(10) Courtenay L. Kessler, Director	0	1						C	0	
(11) J. Mark Patek, Director	0	1						C	0	
(12) Robert H. Rosen, Director	0	1							0	
(13) A. Michael Ruderman, Clerk and Director	3	1		1					0	
(14) Marlowe A. Sigal, Director		1							) 0	

(17) Cammie O'Connor Wynn, Vice President and Director       1       √       √       0       0       0         (18) Timur Kaya Yontar, Treasurer and Director       2       √       √       0       0       0       0         (19)       (20)       (20)       (21)       (22)       (23)       (23)       (23)       (24)       (24)       (25)       0	Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighes	st C	ompensated E	mployees (d	ontini	ued)		
Second Control Second   Second Control Second Con		(A)	(B)			•	•			(D)	<b>(5)</b>			<b>(</b> D)	
Total   and compensation   For such as the compensation   Total   and com										1 1		e	Est		1
Idea   Comparison   Compariso			hours per							compensation	compensation		am	ount of	
(15) Peter Strauss, Director    1			1	악균	lns	Q	6	육	F			ns			an
(15) Peter Strauss, Director    1			1	direc	tıtut	îcer	y en	ploy	<u>ਜ਼</u>	organization	(W-2/1099-M		fro	m the	
(15) Peter Strauss, Director    1				tor to	iona		탏	eeco	`	(W-2/1099-MISC)			_		
(15) Peter Strauss, Director    1				uste	l trus		ee	nper							
(15) Peter Strauss, Director  (16) Evelyn J. Tate, Director  (17) Cammie O'Connor Wynn, Vice President and Director  (18) Timur Kaya Yontar, Treasurer and Director  (19)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  1			0,	&	stee			nsate							
(16) Evelyn J. Tate, Director  0	(15) Do	nter Strauss Director	-				-	<u>a</u>				$\rightarrow$			
(16) Evelyn J. Tate, Director  (17) Cammie O'Connor Wynn, Vice President and Director  (18) Timur Kaya Yontar, Treasurer and Director  (19) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(13)16	ice Strauss, Director	_						]						•
(17) Cammie O'Connor Wynn, Vice President and Director   1	(16) Ev	velyn J. Tate, Director		_	_	-						-			
1	3		0	1						0		o			0
18) Timur Kaya Yontar, Treasurer and Director   2	(17) Ca	ammie O'Connor Wynn, Vice President and	<del>-</del>						-						
2	Direct	or	11	1		✓				0		o			0
(20)   (21)   (22)   (23)   (23)   (24)   (25)   (25)   (25)   (26)   (27)	(18) Tii	mur Kaya Yontar, Treasurer and Director													
(21)   (23)   (25)	7100		2	✓		✓				0		0			0
(22)   (23)   (24)   (25)   (25)   (26)   (27)   (27)   (28)   (28)   (29)	(19)		-												
(22)   (23)   (24)   (25)   (25)   (26)   (27)   (27)   (28)   (28)   (29)	(20)						<u> </u>		L	-		-+			
(22)   (23)   (24)   (25)   (25)   (25)   (26)   (25)   (26)   (27)   (27)   (28)   (29)	(20)		-				ł								
(22)   (23)   (24)   (25)   (25)   (25)   (26)   (25)   (26)   (27)   (27)   (28)   (29)	(21)		-	ļ			$\vdash$								
(23)  1b Sub-total .	) <u></u>		-												
(23)  1b Sub-total .	(22)	-			<b>-</b>		H					$\neg$		-	
25    1b Sub-total			1												
1b Sub-total   c Total from continuation sheets to Part VII, Section A   d Total (add lines 1b and 1c)    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    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    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    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 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) (B) (C) (Compensation    Name and business address (including but not limited to those listed above) who	(23)														-
1b Sub-total   c Total from continuation sheets to Part VII, Section A   d Total (add lines 1b and 1c)    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    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    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    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 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) (B) (C) (Compensation    Name and business address (including but not limited to those listed above) who							<u> </u>								
1b Sub-total .	(24)		-												
1b Sub-total .	(05)				<u> </u>		<u> </u>					$\longrightarrow$			
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  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 ▶ Zero  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  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  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  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  2 Total number of independent contractors (including but not limited to those listed above) who	(25)		4												
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  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 ▶ Zero  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  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  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  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  2 Total number of independent contractors (including but not limited to those listed above) who	1b	Sub-total		L		<u> </u>	<b>!_</b>			-					
Total (add lines 1b and 1c)  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 ► Zero  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				n A			•		•		}				
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reportable compensation from the organization ► Zero  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  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  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  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  Compensation  Compensation  Compensation	2					e list	ted	above	e) w	ho received m	ore than \$10	00,000	0 of		
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  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		reportable compensation from the organ	izatıon ► z	ero							•				
employee on line 1a? If "Yes," complete Schedule J for such individual  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  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  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  Compensation  Compensation	•	B.1.1												Yes	No
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	3	Did the organization list any former of	fficer, direc	tor, o	or tr	ust	ee,	key €	emp	oloyee, or high	nest compe	nsate	ļ		
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	4								•					ļ	<b>↓</b> ✓
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  Section B. Independent Contractors  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)  (B)  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who	•	organization and related organizations	e sum of re areater th	poπa an \$1	DIE : 150	COL	npe 12 /	nsatic f "Vo	on a	and other comp	pensation fro	om the	e   .		*
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				αιι ψ 									<u> </u>	<del> </del>	1
for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m anv	ur ur	related organi	zation or ind	ividua		<del> </del>	┿
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)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who														<b> </b>	1
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	Section		_												
year  (A) Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	1	Complete this table for your five highest	compensat	ed in	dep	end	lent	contr	act	ors that receive	ed more tha	n \$10	0,000 o	f	
(A) Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who			port compe	nsati	on f	or th	ne c	alend	ar y	year ending wi	th or within t	he or	ganizatı	on's t	:ax
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who		·		-					т -						
Total number of independent contractors (including but not limited to those listed above) who			dress								services				
2 Total number of independent contractors (including but not limited to those listed above) who			<del></del>						+			<del></del>			
2 Total number of independent contractors (including but not limited to those listed above) who									+-	_					
Total number of independent contractors (including but not limited to those listed above) who			-						1						
2 Total number of independent contractors (including but not limited to those listed above) who															
2 Total number of independent contractors (including but not limited to those listed above) who									Ľ						
	2	Total number of independent contractor	ors (ıncludi	ng bi	ut n	ot	lımi	ted to	o th	nose listed ab	ove) who			2	

Parl	VIII	Statement of Revenue			_	- rage o
		·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	1			
ě, Š	c	Fundraising events 1c	1			
ar fr	d	Related organizations 1d	1			
S, E	e	Government grants (contributions) 1e	-			
Sis	f	All other contributions, gifts, grants,	-			
the Str		and similar amounts not included above 1f 3364	ا			
ᅙᆴ	g	Noncash contributions included in lines 1a-1f \$	<u> </u>			
Sor	h	Total. Add lines 1a–1f	33640			
		Business Code	00040			
lu)	2a		+			
æ	b					
<u>8</u>	c		<del>                                     </del>			
ē	d	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· -		<del></del>
S E	e		· · · · · · · · · · · · · · · · · · ·			
Program Service Revenue	f	All other program service revenue .				
P.	g	Total. Add lines 2a-2f ▶			<u> </u>	
	3	Investment income (including dividends, interest,				
		and other similar amounts)	22376			
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties		· · · · · · · · · · · · · · · · · · ·		
		(i) Real (ii) Personal				
	6a	Gross rents	i 🗼	,		*
	ь	Less: rental expenses	1			
	С	Rental income or (loss)	* *	` \$	,	**
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				
	•	assets other than inventory	- « I	,		,
	b	Less. cost or other basis				
		and sales expenses	*	*	` *	<b>!</b> `` '
	С	Gain or (loss)	7			
	d	Net gain or (loss)				· · · · · · · · · · · · · · · · · · ·
ø						
	8a	Gross income from fundraising				
Š		events (not including \$				,
Other Revenu		of contributions reported on line 1c).				,
Je		See Part IV, line 18				Ì
₹	b	Less: direct expenses b			,	
		Net income or (loss) from fundraising events . ▶				
	9a	Gross income from gaming activities.		*		
		See Part IV, line 19 a				
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b		<del></del>		
	C	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a			<del></del>		
	b					
	C	All			ļ	
	d	All other revenue		· · · · · · · · · · · · · · · · · · ·		
	12	Total. Add lines 11a–11d	56016		<u> </u>	
	1 1/2	THE TEVELUE SEE USUULUNDS	. EC010		•	

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizat	ons must complete all columns.	All other organizations must of	complete column (/	A) but are not
required to complete columns (B), (C), ai	nd (D).	3	, , , , , , , , , , , , , , , , , , , ,	,

	Check if Schedule O contains a respons	se to any question	in this Part IX		🗆
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	52910	52910		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				•
3	Grants and other assistance to governments,		<del></del>		
•	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
А	L L				
4 5	Benefits paid to or for members Compensation of current officers, directors,				<u> </u>
3	trustees, and key employees				
^	· · · · · · · · · · · · · · · · · · ·		·-		<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	İ			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17			, ,	
f	Investment management fees	1830		1830	
g	Other				
12	Advertising and promotion	_			
13	Office expenses				
14	Information technology				
15	Royalties	<del></del> -			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	<u> </u>			
21	Payments to affiliates		-		<del></del>
22	Depreciation, depletion, and amortization .				·
23	Insurance				
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.)				
а	· ·	470		4	
b	foreign taxes	473		473	<del></del> -
c			-		
d					
e	All other expenses miscellaneous	35		35	
25	Total functional expenses. Add lines 1 through 24e	55248	52910	2338	
26	Joint costs. Complete this line only if the	33240	32310		
•	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)				

P	art X	Balance Sheet			rage 11
		·	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		1	· ·
	2	Savings and temporary cash investments	8879	2	13746
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	<u> </u>
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Ş	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		-6	
Assets	7	Notes and loans receivable, net	<del></del>	7	
As	8	Inventories for sale or use		8	
,	9	Prepaid expenses and deferred charges		9	<del></del>
	10a	Land, buildings, and equipment, cost or	7 4 1 8	<b>9</b>	
		other basis. Complete Part VI of Schedule D	<b>*</b>	,	
	b	Less: accumulated depreciation 10b	<del> </del>	10c	
	11		1059929	_	1010541
	12	Investments – publicly traded securities	73305	11 12	1018541
	13	Investments – program-related. See Part IV, line 11	73305	13	74094
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1142113	16	1100201
_	17	Accounts payable and accrued expenses	1142113	17	1106381
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
S	22	Payables to current and former officers, directors, trustees, key	* * *	21	**7
Liabilities		employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			<u> </u>
<u>. a</u>	23	•		22	
	24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		24	
		of Schedule D		25	•
	26	Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	~ 4 9 9	<b>⋄</b> .	# p' + #
auc	27	Unrestricted net assets	1142113	27	1106381
3a	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets	<del></del>	29	
٦		Organizations that do not follow SFAS 117, check here ▶ □ and			
٥ <b>.</b> ا		complete lines 30 through 34.			•
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Š	33	Total net assets or fund balances	1142113	33	1106381
_	34	Total liabilities and net assets/fund balances	1142113	34	1103381

Page	1	2

Part	XI	Reconciliation of Net Assets				<u> </u>
		Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u></u>		<u> </u>
1	Total	I revenue (must equal Part VIII, column (A), line 12)	1		5	6016
2		I expenses (must equal Part IX, column (A), line 25)	2		5	5248
3		enue less expenses. Subtract line 2 from line 1	3			768
4	Net a	assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		114	2113
5	Othe	er changes in net assets or fund balances (explain in Schedule O)	5		(3	6500)
6	Net a	assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	colu	mn (B))	6		110	6381
Part	XII	Financial Statements and Reporting				
		Check if Schedule O contains a response to any question in this Part XII				
					Yes	No
1	Acco	ounting method used to prepare the Form 990: ✓ Cash ☐ Accrual ☐ Other				
		e organization changed its method of accounting from a prior year or checked "Other," ex	plain in	(		
	Sche	edule O			4	
2a	Were	e the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
b	Were	e the organization's financial statements audited by an independent accountant?		2b		<b>✓</b>
С	If "Y	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight			
	of th	e audit, review, or compilation of its financial statements and selection of an independent accord	untant?	2c		
	If the	e organization changed either its oversight process or selection process during the tax year, e	xplaın ın		. 3	
	Sche	edule O.			妆	
d	If "Y	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ear were	5,	*	« »
	issu	ed on a separate basis, consolidated basis, or both:			3	*
	□s	eparate basis			) \$ % 4.	N8
За	As a	result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the S	Single Audit Act and OMB Circular A-133?.		3a		✓
b		es," did the organization undergo the required audit or audits? If the organization did not und				
	requ	uired audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	audits	3b		
				For	n <b>990</b>	(2011)

### **SCHEDULE A** (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No 1545-0047

**Employer Identification number** 

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection

Harvard Band	Foundation	n Inc.							04-279	9839
Part I R	eason fo	r Public Chai	rity Status (All orga	nizations	s must c	omplete	this par	t.) See ir	nstructio	ns.
The organizati	on is not a	private founda	tion because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)		
1 🔲 A chu	urch, conv	ention of churcl	nes, or association of	churches	describe	ed in sect	ion 170(	b)(1)(A)(i)		
· 2 🔲 A sch	nool descr	ibed in <b>section</b>	170(b)(1)(A)(ii). (Attac	h Schedu	ule E.)					
3	spital or a	cooperative hos	spital service organiza	tion desc	ribed in s	section 1	70(b)(1)(	A)(iii).		
		arch organizations, city, and state	on operated in conjund e:	ction with	a hospita	al describ	ed in <b>se</b>	ction 170	(b)(1)(A)(i	ii). Enter the
		n operated for to (1)(A)(iv). (Comp	the benefit of a collect	ge or univ	versity ov	vned or o	perated	by a gov	/ernmenta	al unit described in
7 🗌 An o	rganizatioi	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	I part of					it or from	the general public
			n section 170(b)(1)(A)	•	oploto Da	<b>₩ 11 \</b>				
	-				•	•		l- 1		
recei	pts from a	activities related	receives: (1) more that d to its exempt function ont income and unrel	ons—sul	oject to d	ertain ex	ceptions	, and (2)	no more	than 331/3% of its
			fter June 30, 1975. Se						1 011 147	y nom baomeooo
•	-	_	operated exclusively					•	4)	
	•	•	nd operated exclusive		•	•			•	or to carry out the
purp	oses of or	ne or more pub	olicly supported organ describes the type of	nzations	described	d in secti	on 509(a	)(1) or se	ection 509	(a)(2). See section
	Type I				III-Functi					Type III-Other
			that the organization			•	~	v by one		
othe		ndation manage	ers and other than one							
			a written determination	on from t	the IRS t	hat it is	a Type	I. Type I	I, or Typ	e III supporting
		heck this box								· · · · · · · · ·
	e August wing perso		he organization accer	oted any	gift or co	ontributio	n from a	ny of the		_
			ndirectly controls, eithody of the supported							d Yes No 11g(i) ✓
•		-	on described in (i) abo	_					•	11g(ii) ✓
			a person described in							11g(iii) ✓
			ion about the support							119(11)
(i) Name of su		(II) EIN	(iii) Type of organization		organization		ou notify	(va)	s the	(vii) Amount of
organiza		(ii) 2.ii	(described on lines 1–9 above or IRC section (see instructions))	in col (i) la	sted in your document?	the organ	nization in of your port?	organizat	cion in col zed in the S ?	support
			(000 11100 000110),	Yes	No	Yes	No	Yes	No	
(A) Harvard Ur	niversity									
Band		04-3009105	501(c)(3)	1		<b>1</b>		1		52910
(B)										
(C)	-		<del> </del>							
(D)				<del></del> .						
(E)									<del> </del>	
Total			i	1	1	1	£ .		1	52910

Part	(Complete only if you checked th	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	) alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	,
	on A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	,	<i>*</i> \$	*	*	× <sub>4</sub>	
	shown on line 11, column (f)	```	¥	۸.	, ,	, \$	
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
Calen 7	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
8							
•	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	İ					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for th	e organizatior	n's first, secon-	d, third, fourth	i, or fifth tax ye	ear as a section	n 501(c)(3)
<del>~</del>	organization, check this box and stop her		<u> </u>	<u> </u>	<u>.</u>	<u> </u>	<b>&gt;</b> 🗆
	on C. Computation of Public Suppor						
14 15	Public support percentage for 2011 (line 6	i, column (f) di	vided by line 1	1, column (f))		14	%
16a	Public support percentage from 2010 Sch	ration did not	II, line 14 .			15	%
. • •	331/3% support test—2011. If the organization qual	ifies as a nubl	check the box	on line 13, and			neck this
b	331/3% support test—2010. If the organicheck this box and stop here. The organic	zation did no	t check a box	on line 13 or	· 16a. and line		or more,
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization meet Part IV how the organization meets the "factorganization".	11. If the orga	anization did no and-circumsta	ot check a box	on line 13, 16	d stop here. E	xolain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati Explain in Part IV how the organization me supported organization	ion meets the	facts-and-ci	rcumstances"	test, check th	is box and sto	n here
18	Private foundation. If the organization did instructions	d not check a	box on line 13,	16a, 16b, 17a	a, or 17b, check	k this box and s	see

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

• •	•	, , , , , , , , , , , , , , , , , , ,	
(Complete or	nly if you checked the box o	on line 9 of Part I or if the organization failed to qualify under F	art II.
If the organiz	ration fails to qualify under t	the tests listed below, please complete Part II.)	

Section	on A. Public Support	diaci ile te	oto lioted beig	ov, picase oc	ompiete i ait	.,	
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2001	(b) 2000	(0) 2009	(4) 2010	(e) 2011	(i) Total
2	received. (Do not include any "unusual grants") 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 7a	<b>Total.</b> Add lines 1 through 5 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			·			
8 	Add lines 7a and 7b		3 A				
	on B. Total Support	<u> </u>	,				
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						•
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			•	ear as a section	
Secti	on C. Computation of Public Suppo		<u> </u>				
15	Public support percentage for 2011 (line						%
16	Public support percentage from 2010 Sc			<u>.</u>	<u> </u>	16	%
	ion D. Computation of Investment In			<del></del>			
17	Investment income percentage for 2011						%
18	Investment income percentage from 201						% and line
19a	331/3% support tests—2011. If the organ 17 is not more than 331/3%, check this box						
b	331/3% support tests—2010. If the organization 18 is not more than 331/3%, check this	zation did not	check a box on	line 14 or line	19a, and line 1	6 is more than 3	33 <sup>1</sup> /3%, and
20	Private foundation. If the organization d			•			

	Form 990 or 990-EZ) 2011	Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		7.
	•	
-,		
·		
		·

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

2(

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Harvard	Band Foundation Inc		04-2799839
Part		or Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to F		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate contributions to (during year) .		
	Aggregate grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and funds are the organization's property, subje		
	• • • • •		
	Did the organization inform all grantees, do		
	only for charitable purposes and not for the conferring impermissible private benefit?		_
Part		olete if the organization answered "Yes	
	Purpose(s) of conservation easements held		to Form 990, Part IV, line 7.
	☐ Preservation of land for public use (e.g.,		of an historically important land area
	Protection of natural habitat	·	of a certified historic structure
	☐ Preservation of open space	Freseivation	of a certified historic structure
	Complete lines 2a through 2d if the organization	ation held a qualified conservation contribu	ition in the form of a conservation
	easement on the last day of the tax year	and the a qualified believe that of the terminal	
	,		🔭 । Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation ea		2b
	Number of conservation easements on a ce		2c
d	Number of conservation easements include	ded in (c) acquired after 8/17/06, and no	ot on a
	historic structure listed in the National Regi	ster	·   2d
	Number of conservation easements modified tax year ▶	ed, transferred, released, extinguished, or te	erminated by the organization during the
	Number of states where property subject to	conservation easement is located	
	Does the organization have a written po		nspection, handling of
	violations, and enforcement of the conserva	ation easements it holds?	· · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monit	oring, inspecting, and enforcing conservation	on easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring  \$\bigselow\$ \$	, inspecting, and enforcing conservation ea	asements during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	•	s of section 170(h)(4)(B)
9	In Part XIV, describe how the organization is balance sheet, and include, if applicable, the		nue and expense statement, and
	organization's accounting for conservation		manciai statements that describes the
Part	_ <del>_</del>	ections of Art, Historical Treasures,	or Other Similar Assets
i ai t		wered "Yes" to Form 990, Part IV, line	
1a	If the organization elected, as permitted un		
	works of art, historical treasures, or other	, , , , , , , , , , , , , , , , , , , ,	
	public service, provide, in Part XIV, the text		
b	If the organization elected, as permitted works of art, historical treasures, or other public service, provide the following amount	under SFAS 116 (ASC 958), to report in i	ts revenue statement and balance shee
	(i) Revenues included in Form 990, Part VI	II, line 1	▶ \$
	(ii) Assets included in Form 990, Part X .		<b>&gt;</b> \$
2	If the organization received or held works following amounts required to be reported	s of art, historical treasures, or other sim	ılar assets for financıal gaın, provide the
а	Revenues included in Form 990, Part VIII, I	, , ,	
	Assets included in Form 990, Part X		▶ \$

Page	2
, auc	

Part								
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and other	er records, checl	k any of the follow	ving that are a sig	nıfıcan	t use	of its
а	Public exhibition		d 🗌 Loan	or exchange prog	rams			
b	Scholarly research		e  Other					
С	Preservation for future generations	<b>;</b>						
4	Provide a description of the organizat		nd explain how th	nev further the ord	anızatıon's exemp	arua ta	ose in	Part
	XIV			,	,			
5	During the year, did the organization	solicit or receive d	onations of art. I	historical treasure	s, or other similar			
_	assets to be sold to raise funds rather						es 🗌	No
Part								
	line 9, or reported an amoun						,	,
1a	Is the organization an agent, trustee,			or contributions or	other assets not			
	included on Form 990, Part X? .						es 🗌	No
b	If "Yes," explain the arrangement in Pa							
	, or premium and a germanian				Am	ount		
С	Beginning balance			10				
d	Additions during the year			10				
e	Distributions during the year			16	<del></del>			
f	Ending balance							
2a	Did the organization include an amoun					Y	es 🗌	No
	If "Yes," explain the arrangement in Pa		177, 1110 211		• • • •	_ ·	<b>CO</b>	,
Pari			tion answered	"Yes" to Form 9	90. Part IV. line	10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back		ır years	back
1a	Beginning of year balance	1142113	1010553	746311	1072675		· *** 4	13 27
b	Contributions	33640	224	9517	46	T.	<del></del>	
c	Net investment earnings, gains, and					87.	<del></del>	视
•	losses	(14124)	175031	298158	(291068)	% ·	**	23/5
d	Grants or scholarships	(52910)	(40717)	(27759)	(31979)			J
e	Other expenditures for facilities and	(02010)	(40717)	(27700)	(01070)	Wag.	<del>-                                    </del>	-
·	programs			(2247)	(2004)	***		
f	Administrative expenses	(2338)	(2978)				\$;	- 1
	End of year balance	1106381	1142113		746311	7		- TSS
g 2	Provide the estimated percentage of t			<u> </u>	<u> </u>	L		
a	Board designated or quasi-endowmer			, coluitiii (a)) tielu	as.			
b	Permanent endowment	0 %	- 70					
C	Temporarily restricted endowment							
C	The percentages in lines 2a, 2b, and 2		10/					
32	Are there endowment funds not in th			at are held and as	Immetered for the			
34	organization by:	e possession of the	organization the	at are field and ac	arministered for the	,	Yes	No
	·					20/3	+	<del></del> -
	(i) unrelated organizations .					3a(i)		1
	(ii) related organizations		, .			3a(ii)	4	1
b 4	If "Yes" to 3a(ii), are the related organ					3b	<u> </u>	<u> </u>
4 Par	Describe in Part XIV the intended use VI Land, Buildings, and Equip				<del></del>			
Par			<del></del>		<u> </u>			
	Description of property	(a) Cost or oth (investme		1	Accumulated lepreciation	(d) Bo	ook valu	е
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
Total.	Add lines 1a through 1e. (Column (d) i	must equal Form 99	00, Part X, columi	n (B), line 10(c))	▶			

Part VII Investments - Other Securities.	See Form 990, Part X, I	ine 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial derivatives	<u>-</u>		
(2) Closely-held equity interests			
(3) Other Fidelity debentures			
(A) FMR Series E VR 12/31/20		end-of-year market value	
(B) FMR Series K-1 and K-2 VR 12/31/22		end-of-year market value	
(C) FMR Series L-1 and L-2 VR 12/31/23	<del></del>	end-of-year market value	
(D) FMR Series M-1 and M-2 VR 12/31/24		end-of-year market value	
(E) FMR Series N-1 and N-2 VR 12/31/25 (F) FMR Series P-2 VR 12/31/27		end-of-year market value	
(G) FMR Series S-1 VR 12/31/30		end-of-year market value	
(H)		end-of-year market value	
(I)	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	74094		
Part VIII Investments - Program Related		line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	n
,, ,		Cost or end-of-year marke	t value
(1)			<del></del>
(2)			
(3)			
(4)			
(5)			
(6)	<u></u>		
(7)			<del></del>
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	<u> </u>		
Part IX Other Assets. See Form 990, Pa	urt Y line 15		
	a) Description		(b) Book value
(1)	7 - 000// 100/		
(2)			
(3)			<del></del>
(4)	· · · · · · · · · · · · · · · · · · ·		
(5)			
(6)			
(7)			
(8)			
(9)	<u></u>		<del></del>
(10)			
Total. (Column (b) must equal Form 990, Part X, c		<u> </u>	
Part X Other Liabilities. See Form 990,	· — · — · — · — · — · — · — · — · · · ·		
1. (a) Description of liability  (1) Federal income taxes	(b) Book value	4	
	<del> </del>	4	
(2)		-	
(4)	<del>-</del>	4	
(5)			
(6)	<del> </del>		
(7)		-	
(8)	<del></del>	1	
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶			
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide		the organization's financial statemer	its that reports the
organization's liability for uncertain tax positions i	under FIN 48 (ASC 740)		

	e D (Form 990) 2011	<u> </u>		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Aud	ited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lin		10	
Part			r Rei	turn
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:		96.0	
a		2a		
b	<del>_</del>	2b	$\dashv \mathbb{X}$	<b>7</b>
c		2c	JŠ	8
d	· ' *	2d		[]
e	Add lines 2a through 2d	<del></del>	20	**************************************
3	Subtract line 2e from line 1		3	· <del>                                      </del>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			z.
a		4a		
b		4b	-160	
c	Add lines 4a and 4b		4	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
	XIII Reconciliation of Expenses per Audited Financial Stateme	<del></del>		<u> </u>
1	Total expenses and losses per audited financial statements	nto With Expenses	1	<del>-, </del>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			<u></u>
a		2a		
b		2b	$\dashv :$	
		2c		
ب 2	<u> </u>	2d		
d	Add lines 2a through 2d		2	
е 3	Subtract line 2e from line 1		3	<del></del>
			3	<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4		
a		4a		
b		4b		<u></u>
5	Add lines <b>4a</b> and <b>4b</b>		4	<del></del>
Dar	XIV Supplemental Information	10.)		<u> </u>
		Dark III. Lance de cont de	D1	1) / Jane 15 and 05
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9 /, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, li			
	dditional information.	nes zu and 4b. Also co	mpiei	te triis part to provide
•				ad the Heminard
Part	/, line 4: The purpose of the endowment is to be invested and provide income for	grants to, and supporting	ig trie	WORK OF THE HALVARD
Umise	waity Band, as described in Form 000 Best Line 1, and to provide income for any			a the Caumdation itself
UIIIV	ersity Band, as described in Form 990 Part I line 1; and to provide income for pay	ing the expenses of main	tainir	ig the Foundation itself.
	•			
		·		

Schedule D (For	n 990) 2011 Page <b>5</b>
	Supplemental Information (continued)
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	<b>,</b>

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

80

OMB No 1545-0047

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

Open to Public Inspection

**%** □ (h) Purpose of grant Employer identification number or assistance See Note, Part IV to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 04-2799839 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes' Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 52910 (d) Amount of cash grant Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)(3) 04-3009105 (D) EIN 1 (a) Name and address of organization 74 Mt Auburn St., Cambridge MA Harvard Band Foundation Inc. (1) Harvard University Band Name of the organization (2) 02138 Part I Part II ପ <u>(S</u> € 9 8 E 6 9 (12)

Schedule I (Form 990) (2011)

Cat No 50055P

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

Schedule I (Fo	Schedule I (Form 990) (2011)  Part III Grants and Other Assistance to Individuals Part III can be duplicated if additional space is	viduals in the Ul space is needed.	nited States. Com	plete if the organiz	ation answered "Yes" to	in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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
-						
8						
က						
4						
သ						
မ		-				
7						
Part IV Part I line 2	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.  Part I line 2: We monitor the use of grant funds through personal and on-premises contacts with the Harvard University Band, at least monthly and frequently weekly. Twice annually we	this part to proversonal and on-pren	nde the information	n required in Part I, le Harvard University E	line 2, and any other add land, at least monthly and free	itional information. quently weekly. Twice annually we
have key pe	have key personnel of the Harvard University Band report to meetings of the Directors of the Harvard Band Foundation and account for money granted to them, the reports then becoming	to meetings of the	Directors of the Harva	ird Band Foundation a	nd account for money granted	I to them, the reports then becoming
permanent	permanent parts of the minutes of our meetings. The Harvard University Band is required to submit written reports no later than one year after the receipt of any grant.	ard University Band	d is required to submi	t written reports no lat	er than one year after the rece	upt of any grant.
Part II line 1	Part II line 1(h): repair and purchase of musical instruments, subsidy of uniform and travel expense, commissions of new works, sponsorships of concerts.	ts, subsidy of unifor	rm and travel expense	e, commissions of new	works, sponsorships of conc	erts.
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		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		
				-		Schedule I (Form 990) (2011)

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Harvard Band Foundation Inc.

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.

Open to Public Inspection

Employer identification number

04-2799839

990 Part IV line 8b: committees report their activities to the full Board of Directors at our twice-annual meetings, and their activities then
become part of the permanent record of our minutes.
990 Part VI line 11a we have distributed by email a copy of this 990 and its Schedules to the Board of Directors and solicited their comments
prior to the filing deadline.
990 Part VI line 12c. all officers, directors, and committee members are aware of their duty to disclose a possible conflict of interest to the
Board of Directors whenever the Foundation is contemplating entering into a transaction or arrangement that might benefit the private
interest of such a person. The conflict of interest policy is affirmed annually by the newly-elected officers of the Foundation, and is re-
affirmed (tri-ennially) by each Director of the Foundation upon the commencement of his or her term of office.
990 Part VI line 19: the Foundation's Articles of Incorporation, Bylaws, Conflict of Interest Policy, and most recent Audited Financial
Statements (if prepared) are available upon request. We will provide these free of charge in electronic files, or for a minimal copying charge
if in hard copy The Foundation is an all-volunteer organization and requires five business days for fulfillment of such a request.
990 Part XI line 5: (\$36,500) consists of net unrealized losses on investments.
Schedule R Part V line 1m: The Foundation shares the Harvard University Band's mailing list and meeting space. We value this sharing
as below the threshold for reporting in Schedule R Part V line 2.
990 Part VI line 15. We pay no compensation to any officer or director, and we have no employees
990 Part VI line 2: Directors Lauren Bell and Jamie Bell are married to each other.
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chedule O (Form 990 or 990-62) (2011)	Page Z
lame of the organization	Employer identification number
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# SCHEDULE R (Form 990)

Harvard Band Foundation Inc. Department of the Treasury Internal Revenue Service Name of the organization

Part I

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

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Open to Public Inspection Employer identification number 201

OMB No 1545-0047

04-2799839

	•				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)				_	
(6)					
(4)					
(9)					
(9)					
Part II Identification of Related Tax-Exempt Organizations (Complete one or more related tax-exempt organizations during the tax year.)	<b>nizations</b> (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had sturing the tax year.)	answered "Yes" to	Form 990, Part	IV, line 34 becau	ise it had
, (a) Name, address, and EiN of related organization Prim	(b) (c) Primary activity Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
					Yes No
(1) Harvard University Band, 74 Mt. Auburn Street, Cambridge MA 02138 ElN 04-3009105	Music Performance Massachusetts	501(c)(3)	209(a)	509(a)(2) N/A	<b>&gt;</b>
(2)					
(5)					
(4)					
(9)					
(9)					
(1)					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Cat	Cat No 50135Y		Schedule R	Schedule R (Form 990) 2011

Identification of Related Organizations  Ses, and EIN Primary activity (e)  Identification of Related Organizations  Identification of Related Organizations  Incountry)  Identification of Related Organizations  Incountry
ation of Related Organiza  thad one or more related  (b)  Primary activity  (a)  (a)  y, and EIN of related organization
(2) (1) (2) (2) (3) (4) (6) (6) (6) (6) (6) (6) (6) (6) (6) (7) (1) (1) (1) (1) (2) (2) (3) (4) (4) (6) (6) (6) (6) (6) (6) (7)

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Schedule R (Form 990) 2011

Part V Transactic

<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	ž
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?	ated organizations listed	I in Parts II–IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			<b>1</b>		>
<b>b</b> Giff, grant, or capital contribution to related organization(s)			₽	>	
<b>c</b> Gift, grant, or capital contribution from related organization(s)			10		>
<b>d</b> Loans or loan guarantees to or for related organization(s)					>
e Loans or loan guarantees by related organization(s)			<b>9</b>		>
			<u> </u>		
f Sale of assets to related organization(s)			11		/
g Purchase of assets from related organization(s)			19		>
			÷		>
i Lease of facilities, equipment, or other assets to related organization(s)			<b>;=</b>		$ \cdot $
j Lease of facilities, equipment, or other assets from related organization(s)			F		>
k Performance of services or membership or fundraising solicitations for related organization(s)			<b>*</b>		>
l Performance of services or membership or fundraising solicitations by related organization(s)			=		^
$oldsymbol{m}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			÷ E	>	
n Sharing of paid employees with related organization(s)			<u>۔</u>		>
o Reimbursement paid to related organization(s) for expenses			우		>
<b>p</b> Reimbursement paid by related organization(s) for expenses			<del>م</del>		>
			<b>₽</b>		>
r Other transfer of cash or property from related organization(s)			+		>
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	s line, including covered	relationships and tran	saction thr	splouse	S
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	(d) thod of determinii amount involved	Бu
Harvard University Band (1)	Grants (1b)	52910	cash		
Harvard University Band (2)	Meeting space (1m)	nominal none	none		
(3)					
(4)					
(5)					
(9)			_		
		Sche	Schedule R (Form 990) 2011	m 990) 2	<u>5</u>

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

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.

of gross revering) that was not a related organization. Occurs regarding execusion of common particular particular and the particular particula	gainzanon, ee		ishing salah	13	9	1	1	5	6	
(a) Name, address, and EIN of entity	(b) Primary activity	Legal domicile	(a) Predominant	Are all partners	(u) Share of		Disproportional	e Code V—UBI		Per
	,	(state or foreign	income (related,	section	₽	⊭	allocations?	amount in box 20		
		country)		l 501(c)(3) organizations?		assets		of Schedule K-1 (Form 1065)		
			section 512-514)	Yes No			Yes No		Yes No	_
(1)									-	
(2)					,					
(6)									<del></del>	l
(4)										
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(9)										
(7)										
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(10)							<del></del> -			
(11)										
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(13)										
(14)										
(15)										
(16)				-						
								Sche	dule R (For	Schedule R (Form 990) 2011

	Form 990) 2011 Pr	age <b>5</b>
Part VII	Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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