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# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2016

Department of the Treasury Interital Revenue Service

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

Open to Public Inspection

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

A	For the	2016 cale	ndar year, or tax year beginn	ing April 1	, 2016, and end	i <b>ng</b> Mar	ch 31	, <b>20</b> 17	
В	Check If	applicable	C Name of organization Harvard					r identification nu	ımber
	Address	change	Doing business as Harvard B					04-2799839	
٠.	Name cl		Number and street (or P O box	f mail is not delivered to street a	ddress) Room/s	suite	E Telephon	e number	
]	Initial ref	turn	P O Box 381428					781-929-7847	
]	Fınal retu	rn/terminated	City or town, state or province, of	country, and ZIP or foreign posta	l code				
7	Amende	d return	Cambridge MA 02238-1428				<b>G</b> Gross red	ceipts \$	23890
			F Name and address of principal of	fficer	-	H(a) Is this a c	roup return for s	ubordinates? Yes	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Cammie Wynn, President, sa			1		ıncluded?  Yes	
_	Tax-exe	mpt status	✓ 501(c)(3)		947(a)(1) or 527			list (see instructio	
	Website		<u> </u>	(0) ( ) ( ) ( ) ( ) ( ) ( ) ( )	5 17 (L)(17 51 521	H(c) Group	exemption i	number >	
		_	✓ Corporation ☐ Trust ☐ Ass	ociation	L Year of form		<del></del>	of legal domicile	MA
	art I	Summ				1304			1000
	1		escribe the organization's m	ussion or most significant	activities The F	oundation su	nnorts the	work of the Ha	rvard
,	•	-	y Band (Marching Band, Jazz						
			s, the commissioning of new						
	2		is box ▶☐ if the organizati						
	3		of voting members of the g	· · · · · · · · · · · · · · · · · · ·	·	or more than	3	13 1101 433013	20
	4		of independent voting mem		-	)			20
	5		nber of individuals employe			<i>-</i> ,	5		
	6		nber of volunteers (estimate	•	ait v, iiile zaj		6		(
			elated business revenue fro	• •		• • •	. 7a		3
٠	7a		lated business taxable inco				7b		
_	b	Net une	lated business taxable inco	me nom romi 990-1, ime	34	Prior Y		Current Ye	
		Cantula	tions and grants (Dort VIII. I	ma 1h\			-	- Current 10	
	8		tions and grants (Part VIII, I	•			7044		175
	9	_	service revenue (Part VIII, I	•					
	10		ent income (Part VIII, columi				21715		2213
	11		venue (Part VIII, column (A),		·				
	12		enue-add lines 8 through 1				28759		2389
	13		nd similar amounts paid (Pa	39551		3364			
	14		paid to or for members (Pa						
	15		other compensation, employ	•	n (A), lines 5–10)				
	16a		onal fundraising fees (Part I)						
	b	Total fun	draising expenses (Part IX,	column (D), line 25) ▶		ļ			
	17	Other ex	penses (Part IX, column (A)	lines 11a-11d-111-24e)	/E:D: .  : .		4100		509
	18	Total exp	penses. Add lines 13-17 (m	ust equal <del>Part-IX, column</del>	(A) <del>, line 25)</del>		43651		3873
	19	Revenue	eless expenses Subtract In	ne 18 fr@m line 12, 20	<sub>2017</sub> .  ბ	ļ	(14892)		(14846
Š					88	Beginning of C	urrent Year	End of Ye	ar
Š	20		sets (Part X, line 16)		·		1162531		125547
Į.	21		oilities (Part X, line 26)	OGDEN	UT		0		
_			ets or fund balances. Subtra	ct line 21 from line 20		Ļ	1162531		125547
_	art II		ture Block						
Ur	der pen	alties of perju	ury, I declare that I have examined plete Declaration of preparer to be	this return, including accompany	ing schedules and sta	itements, and to	the best of n	ny knowledge and	f belief, it
tru	e, corre	ct, and comp	plete Declaration of preparer forms	than officer) is based on all inter	ration of which prepa	rer has any knov	vieage —————		_
			AMYORAY / CI	elleman (le	M		_//-/	3-2017	
	gn	Sign	nature of officer	1 01	/	D	ate	/	
le	re		4. Michael Kun	derman Cle	rk				
		Тур	e or print name and title	,					
) -	id	Print/T	ype preparer's name	Preparer's signature		Date	Check	T If PTIN	
	nu epar	ar			1		self-emp	oloyed	
	epari se On		name >			Fir	m's EIN ▶		
<i>,</i> :	e Uli	''y	address ▶		•		one no		
Λa	y the I		ss this return with the prepa	rer shown above? (see in	structions) .			☐ Ye:	s 🗌 No
-	•		iction Act Notice, see the se	<del></del>	· · · · · · · · · · · · · · · · · · ·	No 11282Y			990 (2016
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		•••				 
	•••••					 
						 ••
4 <sub>d</sub>	Other program service	es (Describe in Schedule O )				 
				) /D==	,	
	(Expenses \$	including grants of \$		) (Revenue \$	<u>. )</u>	 
4e	Total program servic	e expenses ►	33640			
	· · · · · · · · · · · · · · · · · · ·					Form <b>990</b> (2016)

Part	V Checklist of Required Schedules			
			Yes	No
1 ,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<b>\</b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<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</i> "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	· <del>-</del>	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	!	1
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		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		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.			, te
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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	11c		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a	<u> </u>	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		4		0 (224

Part	Checklist of Required Schedules (continued)			-3~
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A) line 33 if #Yea " complete School to J. Parts J. and #Y.			١.
-00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
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			
04-	employees? If "Yes," complete Schedule J	23		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a			1
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		-
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		<b>/</b>
_	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		•
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		/
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			<del>                                     </del>
	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	l.	✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
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		<b>/</b>
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			١.
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>/</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		1
50	conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,	30		<b>-</b>
	Part I	31		<b>/</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<del></del>		<del>                                     </del>
	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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
3F.	or IV, and Part V, line 1	34	✓	<u> </u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	-	<b>/</b>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		-
-	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	-50		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			T .
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			····
	Check if Schedule O contains a response or note to any line in this Part V	_•		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
þ	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
þ	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 as charitable contributions?	6a		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	{		
	required to file Form 8282?	7c	ļ	<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year		ļ	ļ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	_7f		<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
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. Did a donor advised fund maintained by the			ļ
	sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		<b>_</b>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
. b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<del> </del>
10	Section 501(c)(7) organizations. Enter			ļ
a	Initiation fees and capital contributions included on Part VIII, line 12	ł	ļ	ļ
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		Į
11	Section 501(c)(12) organizations. Enter.  Gross income from members or shareholders			
a b	Gross income from members or shareholders	1	1	
-	and the second and the second desired the second se			
120	,	120		├─
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a	-	<del> </del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
ıs a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del>                                     </del>	<del> </del>
a	Note. See the instructions for additional information the organization must report on Schedule O.	138	-	<del> </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which		İ	
-	the organization is licensed to issue qualified health plans			1
c	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	<del> </del>	┿
	21, man and a comment of the control	110		1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins		
Secti	on A. Governing Body and Management		•	_ <u></u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	<u> </u>	<b>✓</b>
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint	4 5 6		√ √ √
b	one or more members 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?	7a 7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	7.0		Ť
a	The governing body?	8a	<b>/</b>	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	· ·
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<b>✓</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	/	<b></b>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		•	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>Y</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	<b>\</b>	
13	Did the organization have a written whistleblower policy?	13	1	
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	✓	
а	The organization's CEO, Executive Director, or top management official	15a		<b>\</b>
b	Other officers or key employees of the organization	15b		<b>√</b>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ь	with a taxable entity during the year?	16a		<b>✓</b>
Ü	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			L
17 18	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 available for public inspection. Indicate how you made these available. Check all that apply	501(	c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	
	A Michael Ruderman (clerk), 9 Alton Street, Arlington MA 02474 telephone 781-929-7847			

Form 990 (2016)

	and the second s					
Part VII	Compensation of Officers, Directo	rs, Trustees	, Key Employees,	<b>Highest Compensated</b>	Employees, a	ınd
•	Independent Contractors					

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization no	or any relate	u org	anız		n co	ompe	nsa	ted any curren	t onicer, airector	, or trustee.
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an ee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	<b>(F)</b> Estimated amount of other
	week (list any hours for related organizations below dotted line)	ndividua or directo	Former Highest compensated employee Key employee Officer Institutional trustee individual trustee		trom the organization (W-2/1099-MISC)	organizations (W-2/1 099-MISC)	compensation from the organization and related organizations			
(1) Mark Bagley, Director	1	<b>✓</b>						0	0	(
(2) James A Bell, Director	11	/						0	0	(
(3) Lauren Bell, Director	111	1						0	0	
(4) Scott A Berney, Director	1		<u> </u>					0	0	(
(5) John S Connolly Jr , Director	11	·						0		
(6) Sam Coppersmith	1	· /						0		. (
(7) Alisha Creel, Vice President and Director	11	1		/				0		
(8) David S. Green, Director	11	1						0		(
(9) Rachel Hawkins, Director	11	1	<del>\</del>	<del> </del>	<u> </u>			0		
(10) Courtenay L. Kessler, Director	1	1						0		
(11) Elizabeth Moroney, Director	11							0		
(12) Elaine B Murphy, Director	11	· /	T					0		
(13) Corey O'Hara, Director	1	\ \ \	-		T		<del>                                     </del>	0		
(14) J Mark Patek, Director	1	, v						0		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos neck is pe	rson	than o	an ee)	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation fron related	ן ח	Estu	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compe fror orgar and	ensation in the nization related lizations	1
<b>(15)</b> St	nep Rainie, Director	11	1						0					0
(16) A	Michael Ruderman, Clerk and Director	3	1		1				0					0
(17) M	arlowe A Sigal, Director	11	1						0					0
(18) E	velyn J Tate, Director	11	1						0					0
(19) Ca	ammie O'Connor Wynn, President and	3	1	ļ	1				0					0
	mur Kaya Yontar, Treasurer and Director	3	1		1				0					0
(21)										,				
(22)								-						
(23)		<u> </u>												
(24)	,													
(25)														
1b c d	Sub-total  Total from continuation sheets to Part  Total (add lines 1b and 1c)	VII, Section	on A	•	_		· ·	<b>&gt; &gt; &gt;</b>	0		0			0
2	Total number of individuals (including bu reportable compensation from the organ		d to ti	nose	e lis	ted	abov	e) w	<u> </u>	ore than \$100,0	<del>-</del> 1	f		
3	Did the organization list any former of	fficer, direc					-	emp			ted		Yes	No
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the organization and related organizations	e sum of re	porta	ble	con	npe	nsatio					3		<b>✓</b>
5	Individual									 zation or individ	lual	4		<b>✓</b>
Secti	for services rendered to the organization on B. Independent Contractors	7 If "Yes," (	comp	lete	Sci	hed	ule J	tor :	such person		_	5	<u> </u>	✓_
1	Complete this table for your five highest compensation from the organization. Re year.													ax
	(A) (B) (C) Name and business address Description of services Compensation													
								_						
							_	-						
	Total number of independent control	oro locked	no L			1,	+ n -1 -		hoop based at	oug)hs				
2	Total number of independent contractor received more than \$100,000 of compens		_					υτΙ	nose listed ab	ovej wno				

Part	VIII				D4 \ (III)		
		Check if Schedule O contains a respor	ise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a			, 010/100		0.2014
Gre	b	Membership dues 1b					
fts,	C	Fundraising events 1c					
ig ig	d	Related organizations 1d		ļ			
Sin	e f	Government grants (contributions)  All other contributions, gifts, grants,		į			
utio	•	and similar amounts not included above	1753				
o it	g	Noncash contributions included in lines 1a-1f: \$	1/55				
Cor	h	Total. Add lines 1a–1f	•	1753			
			usiness Code	1.00	~		
ven	2a						
æ	b						
vice	С						
Sei	d						
ram	e	All					
Program Service Revenue	f g	All other program service revenue <b>Total.</b> Add lines 2a–2f	. •				
	3	Investment income (including dividend					
		and other similar amounts)		22137			
	4	Income from investment of tax-exempt bond	proceeds ▶	22,0,			
	5	Royalties	▶				
		(ı) Real	(II) Personal				
	6a	Gross rents .					
	b	Less: rental expenses		i			
	C	Rental income or (loss)  Net rental income or (loss)					
	d 7a	Gross amount from sales of (i) Securities	<b>&gt;</b> (ii) Other				<u> </u>
		assets other than inventory		i		į	
	b	Less: cost or other basis					
		and sales expenses .					İ
	С	Gain or (loss) .					
	d	Net gain or (loss)	►				
venue	8a	Gross income from fundraising events (not including \$					
Other Re		of contributions reported on line 1c) See Part IV, line 18 a					
₹		Less: direct expenses . b					
		Net income or (loss) from fundraising eve	ents <b>&gt;</b>				
	9a	Gross income from gaming activities See Part IV, line 19 a		İ			
	ь	Less: direct expenses b		]			
		Net income or (loss) from gaming activities	es ►				
		Gross sales of inventory, less					
		returns and allowances a		Ì			
		Less. cost of goods sold b					
	С	Net income or (loss) from sales of invento					
	44	Miscellaneous Revenue B	usiness Code				
	11a						
	b			-	·		
	d	All other revenue				<del> </del>	
		Total. Add lines 11a–11d	•				<u> </u>
	l	Total revenue See instructions					

Form 99	0 (2016)				Page 10
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				lumn (A).
	Check if Schedule O contains a respons				<u> </u>
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	33640	33640		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 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				
e	Professional fundraising services See Part IV, line 17				
f -	Investment management fees .				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
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	Foreign taxes on investments	798		798	
b	Fundraising	2418			2418
С					
d					
е	All other expenses Miscellaneous	1880		1880	
25	Total functional expenses. Add lines 1 through 24e	38736	33640	2678	2418
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sheet			
	•	Check if Schedule O contains a response or note to any line in this Par	tX		
٠			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	26697	1	22655
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	<del></del>
	9	Prepaid expenses and deferred charges		9	<del></del>
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
		· · · · · · · · · · · · · · · · · · ·			-
		Less accumulated depreciation 10b		10c	
	11	Investments – publicly traded securities	1135834	11	1232821
	12	Investments—other securities. See Part IV, line 11	0		0
	13 14	Investments—program-related. See Part IV, line 11		13 14	
	15	Other season One Best No. 1 and 1		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1102521	16	1255470
	17	Accounts payable and accrued expenses	1162531	17	1255476
	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	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		i	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	1136186	27	1224131
Ва	28	Temporarily restricted net assets	26345	_	31345
Б	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	1162531	33	1255476
	34	Total liabilities and net assets/fund balances	1162531	34	1255476
					Form <b>990</b> (2016)

Form 9	90 (2016)		Pag	ge <b>12</b>
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		2	3890
2	Total expenses (must equal Part IX, column (A), line 25)		3	873 <u>6</u>
3	Revenue less expenses Subtract line 2 from line 1		(1-	<u>4846)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .		116	2531
5	Net unrealized gains (losses) on investments		10	7791
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		125	5476
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990. 🗸 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2016)

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

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

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

2016 ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Harvard Band Foundation, Inc. 04-2799839 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) Ч that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) Harvard University Band 04-3009105 Line 7 33640 (B) (C) (D) (E)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts. grants. contributions. membership fees received (Do not include any "unusual grants.") revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3. . . . The portion of total contributions by 5 each (other person than governmental unıt or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2015 Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (e) 2016 (f) Total (c) 2014 Amounts from line 4 . . . . . . 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 . . . . . . . . 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . 14 % Public support percentage from 2015 Schedule A, Part II, line 14 . . . . . . 15 15 % 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . 331/3% support test -2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . b 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to quality	under the te	sis listed beit	ow, please co	mpiete Part		
	on A. Public Support	····					
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	I					
^	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the					İ	
	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	<b>Total.</b> Add lines 1 through 5. Amounts included on lines 1, 2, and 3.	<del></del>					
7a	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		1				
	or 1% of the amount on line 13 for the year  Add lines 7a and 7b						
с 8	Public support. (Subtract line 7c from						
0	line 6.)	Control of the second					
Sacti	on B. Total Support	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6	(4) 2012	(5) 2010	(0) 2014	(u) 2013	(6) 2010	(i) Total
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income (less				i		
	section 511 taxes) from businesses		:	•			
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business					<u> </u>	
• •	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	l					
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		<u> </u>		1		
	and 12)	L		<u> </u>			
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon		n, or fifth tax y 		
Secti	on C. Computation of Public Suppor	rt Percentag	je		·		<u>_</u>
15	Public support percentage for 2016 (line	8, column (f) d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2015 Scl	nedule A, Part	III, line 15 .		_ <u> </u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2016 (	line 10c, colur	mn (f) divided b	y line 13, colu	mn (f)) .	17	%
18	Investment income percentage from 2015	•	•			18	%
19a	331/3% support tests-2016. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2015. If the organiz						33 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this		-	•			
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ctions ▶ 🔲

#### Part IV Supporting Organizations

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

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

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
·a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<b>✓</b>
b	A family member of a person described in (a) above?	11b		✓
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		✓
Secti	on B. Type I Supporting Organizations			
	Did the direction has been accombined from a great and accompanies being the account.		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations		<u> </u>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	·		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2		1	/	ļi
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	1	
Secti	on E. Type III Functionally Integrated Supporting Organizations	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s)
а	☑ The organization satisfied the Activities Test Complete line 2 below			-,.
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity in	'see ın	struct	ions).
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	25		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	1	-
Ū	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	1	
3	Parent of Supported Organizations Answer (a) and (b) below.	20	\ <u> </u>	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	70		<del>                                     </del>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	Ĺ	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	····
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	trus lizati	st on Nov. 20, 1970 (expla ions must complete Secti	ain in Part VI). <b>See</b> ons A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
	8		<del> </del>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).  Section B - Minimum Asset Amount	18	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y ınt	egrated Type III supporting	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes					
`2							
	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.			-			
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to whice	h the organization is res	ponsive				
	(provide details in Part VI). See instructions	<b>.</b>	<b>,</b>				
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount			<del></del>			
	,		(ii)	(iii)			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6		. , , , , , , , , , , , , , , , , , , ,				
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions						
3	Excess distributions carryover, if any, to 2016.						
а							
b							
С	From 2013						
d	From 2014						
е	From 2015						
f	Total of lines 3a through e	-					
g	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount						
i	Carryover from 2011 not applied (see instructions)						
j	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2016 from						
	Section D, line 7 \$						
а	Applied to underdistributions of prior years						
b	Applied to 2016 distributable amount						
С	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2016, if		,,,				
	any Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI. See instructions.		,				
6	Remaining underdistributions for 2016. Subtract lines 3h			· · · · · · · · · · · · · · · · · · ·			
	and 4b from line 1 For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2017 Add lines 3 <sub>j</sub> and 4c.						
8	Breakdown of line 7:						
а							
b	Excess from 2013						
С	Excess from 2014						
d	Excess from 2015		<del></del>				
е	Excess from 2016						
	· · · · · · · · · · · · · · · · · · ·						

Part VI

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

Part IV, Section D, Question 2 Nearly all of the Harvard Band Foundation (HBF)'s directors were, in their student days, either Managers (the
chief executive officer) or members of the Senior Staff of the Harvard University Band (HUB), which together constitute the governing body of
the HUB (the supported organization) HBF directors maintain a close and continuous working relationship with today's HUB Manager and
Senior Staff through twice-yearly HBF Board of Directors meetings, the Manager and Senior Staff attending and contributing their views,
more frequent committee activities (HBF's directors' committees include and consult with their student counterparts for Alumni Relations,
Investments, and the like), and numerous, casual contacts between Directors and undergraduates at HUB performances. Additionally, the
music director of the HUB attends HBF board meetings, provides reports and consults frequently with the board of directors
IV, D. 3 Aside from its minimal operating overhead, the HBF spends no money from its funds for anything other the grants as specifically
requested by the HUB, thus ensuring that the HUB has a significant voice in directing the use of the HBF's assets. The HBF's investment
policies are structured to provide ongoing, reliable resources for the purposes proposed by the HUB
IV, E, 2a The HBF has no independent undertakings or Board-selected projects. We fund specific activities, and underwrite the specific
costs, of our one and only supported organization, the HUB Examples include the repair of and purchase of musical instruments, uniforms,
office technology and sound recording equipment, along with the costs of travel to performance venues and the securing of rights to perform
specific compositions. Every grant request is scrutinized by the Grants committee before funding and must be found to be in keeping with
the HUB's mission as a student performing organization
IV, E, 2b But for the HBF's funding of specifically requested needs of the HUB, as identified by the HUB, the HUB would have to spend its
own money on all and the same expenses, AND would have to engage in the same fundraising, donor cultivation, and investing the the HBF
performs to make these funds available

#### SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

**Supplemental Financial Statements** 

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Harvard Band Foundation Inc. 04-2799839 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 . (ii) Assets included in Form 990, Part X . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990. Part VIII. line 1 Assets included in Form 990, Part X .

Part	Organizations Maintaining	Collections of	Art, Historical 1	Treasures, or C	ther Similar Ass	ets (	conti	inue	<u>∍d)</u>
3	Using the organization's acquisition, a collection items (check all that apply):								
٠a	☐ Public exhibition		d 🗌 Loan	or exchange pro	grams				
b	Scholarly research		e Othe						
С	☐ Preservation for future generations		_						•
4	Provide a description of the organizati XIII.		ind explain how t	hey further the or	rganızatıon's exem	pt pu	rpose	ın !	Part
5	During the year, did the organization	solicit or receive of	donations of art.	historical treasur	es. or other sımılar				
	assets to be sold to raise funds rather						Yes	П	No
Part	V Escrow and Custodial Arra	ngements.	<u>-</u>	· · T ·					
	Complete if the organization 990, Part X, line 21.						on F	orm	I
1a	Is the organization an agent, trustee, included on Form 990, Part X?		er intermediary fo	or contributions o	or other assets not		Yes		No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following ta	able					
					An	ount			
С	Beginning balance			. 1	С				
d	Additions during the year			1	d				
е	Distributions during the year			. 1	е				
f	Ending balance				lf				
2a	Did the organization include an amoun				•				No
	If "Yes," explain the arrangement in Pa	ırt XIII Check here	of the explanation	n has been provid	ded on Part XIII .		<u>.                                    </u>		
Par									
	Complete if the organization				T. n =				
		(a) Current year	(b) Prior year	(c) Two years back	<u> </u>	(e) ⊢	our yea	ars ba	1CK
1a	Beginning of year balance	1162531	1242818						381
b	Contributions	1753	7044	16693	3 31594			3	3733
С	Net investment earnings, gains, and losses								
	<u> </u>	129928	(43680)	49472	<del>                                     </del>	 			3377
d	Grants or scholarships	(33640)	(39551)	(57866	) (78171)			(41-	481)
e	programs								
f	Administrative expenses	(5096)	(4100)			1		(3	205)
g	End of year balance	1255476	1162531			L		1148	3805
2	Provide the estimated percentage of the			ı, column (a)) helc	as.				
a	Board designated or quasi-endowmen		0%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ►	2 50%	2007						
3a	The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the			ot ava bald and a	d				
Ja	organization by:	possession or un	e organization th	at are nelo ano a	aministered for the		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. T.	
	(i) unrelated organizations					2-	Ye	SI	<u>No</u>
	(ii) related organizations		•	•	•	3a	_	-	<u>√</u>
b	If "Yes" on line 3a(ii), are the related or			chedule P2	• •	3a(			<u> </u>
4	Describe in Part XIII the intended uses					31			
Part			TO GIIGOTTIIOTE II	uriuu					
	Complete if the organization		on Form 990 I	Part IV line 11a	See Form 990 I	Part \	x lin∉	<u>۱</u> ۲	1
	Description of property	(a) Cost or oth	ner basis (b) Cost of	or other basis (c)	Accumulated depreciation		Book va		<u>,                                     </u>
	Land	<del>-  </del>	<del>`</del>						
b	Buildings		<del>-</del>	-					
C	Leasehold improvements		<del></del>						
d	Equipment								
e	Other	<del></del>	<del></del>					_	
	Add lines 1a through 1e. (Column (d) m	ust equal Form 00	0 Part X column	(B) line 10c \	•				
- 5.011		Soc oquai i Oilli 93	o, raich, coluitii	, 10, me 100.	· · · · · · · · · · · · · · · · · · ·				

Part VII	Investments – Other Securitie Complete if the organization ar		orm 990 Part IV line	e 11b. See Form	990. Part X. line 12.
•	(a) Description of security or categorical (including name of security)	··· · · · · · · · · · · · · · · · · ·	(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financia	derivatives				
	neld equity interests			·	
(3) Other					
(A)					
(B)					
(C)					
(D)			-		
(E)					
(F)					
(G) (H)					
	h) must equal Form 000. Part V and /D) inc 10.		-	·	
Part VIII	b) must equal Form 990, Part X, col (B) line 12) Investments—Program Relat		1		
r al t VIII	Complete if the organization ar		orm 990 Part IV line	11c See Form	000 Part V line 13
	(a) Description of investment	iswered res on to	(b) Book value		hod of valuation
	(a) Beschpton of investment		(b) Book value		of-year market value
(1)					
(2)		<del></del>			·
(3)					······································
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13)	<b>-</b>			
Part IX	Other Assets.				
	Complete if the organization ar		orm 990, Part IV, line	11d. See Form	
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)		<del></del>			
(5)					
(6)			<del></del>		
(7)					
(8)					
	mn (b) must equal Form 990, Part X	col. (B) line 15.)		. •	
Part X	Other Liabilities.	1 001. (2) 11.10 10.9	· · ·	· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization as	nswered "Yes" on Fo	orm 990, Part IV, line	e 11e or 11f. See	e Form 990, Part X,
1.	line 25.  (a) Description of liability	(b) Book value	<u> </u>		
(1) Federal II		(b) BOOK Value			
(2)	icome taxes				
(3)					
(4)					
(5)		-			
(6)			<del></del>		
(7)					
(8)		<del> </del>			
(9)					
	(b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>			
	r uncertain tax positions In Part XIII, pr		note to the organization	's financial stateme	ents that reports the
organization	's liability for uncertain tax positions un	der FIN 48 (ASC 740). Ch	eck here if the text of th	ne footnote has bee	n provided in Part XIII 🔲

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
e	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>	<i>.</i>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part	· · · · · · · · · · · · · · · · · · ·		es per Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1	· · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b	l l	
	· · · · · · · · · · · · · · · · · · ·			
С	Add lines <b>4a</b> and <b>4b</b>		4c	
с 5	Add lines <b>4a</b> and <b>4b</b>		4c 5	
c 5 Part	Add lines <b>4a</b> and <b>4b</b>	 e 18)	5	Part Y line
c 5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	2 4; Part IV, lines 1b a	5 nd 2b; Part V, line 4; F	Part X, line
c 5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	2 4; Part IV, lines 1b a	5 nd 2b; Part V, line 4; F	Part X, line
c 5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	2 4; Part IV, lines 1b a	5 nd 2b; Part V, line 4; F	Part X, line
c 5 Part Provid 2, Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and txI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b a	nd 2b; Part V, line 4; Fonal information.	
c 5 Part Provid 2, Par	Add lines <b>4a</b> and <b>4b</b>	d 4; Part IV, lines 1b a	nd 2b; Part V, line 4; Fonal information.	
c 5 Part Provid 2, Par Part V	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  Let the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part line 4 the purpose of the endowment is to be invested and provide income for	d 4; Part IV, lines 1b a to provide any addition	nd 2b; Part V, line 4; Fonal information.	vard
c 5 Part Provid 2, Par Part V	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and txI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b a to provide any addition	nd 2b; Part V, line 4; Fonal information.	vard
c 5 Part Provid 2, Par Part V	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  Let the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part line 4 the purpose of the endowment is to be invested and provide income for	d 4; Part IV, lines 1b a to provide any addition	nd 2b; Part V, line 4; Fonal information.	vard
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c 5 Part Provid 2, Par Part V	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  Let the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part line 4 the purpose of the endowment is to be invested and provide income for	d 4; Part IV, lines 1b a to provide any addition	nd 2b; Part V, line 4; Fonal information.	vard
c 5 Part Provid 2, Par Part V	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  Let the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part line 4 the purpose of the endowment is to be invested and provide income for	d 4; Part IV, lines 1b a to provide any addition	nd 2b; Part V, line 4; Fonal information.	vard
c 5 Part Provid 2, Par Part V	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  Let the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part line 4 the purpose of the endowment is to be invested and provide income for	d 4; Part IV, lines 1b a to provide any addition	nd 2b; Part V, line 4; Fonal information.	vard
c 5 Part Provid 2, Par Part V	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  Let the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part line 4 the purpose of the endowment is to be invested and provide income for	d 4; Part IV, lines 1b a to provide any addition	nd 2b; Part V, line 4; Fonal information.	vard
c 5 Part Provid 2, Par Part V	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  Let the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part line 4 the purpose of the endowment is to be invested and provide income for	d 4; Part IV, lines 1b a to provide any addition	nd 2b; Part V, line 4; Fonal information.	vard
c 5 Part Provid 2, Par Part V	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  Let the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part line 4 the purpose of the endowment is to be invested and provide income for	d 4; Part IV, lines 1b a to provide any addition	nd 2b; Part V, line 4; Fonal information.	vard
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c 5 Part Provid 2, Par Part V	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  Let the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part line 4 the purpose of the endowment is to be invested and provide income for	d 4; Part IV, lines 1b a to provide any addition	nd 2b; Part V, line 4; Fonal information.	vard
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c 5 Part Provid 2, Par Part V	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  Let the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part line 4 the purpose of the endowment is to be invested and provide income for	d 4; Part IV, lines 1b a to provide any addition	nd 2b; Part V, line 4; Fonal information.	vard
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c 5 Part Provid 2, Par Part V	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  Let the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part line 4 the purpose of the endowment is to be invested and provide income for	d 4; Part IV, lines 1b a to provide any addition	nd 2b; Part V, line 4; Fonal information.	vard

#### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22

► Attach to Form 990

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization					<u> </u>		Employer identi	fication numbe	er.
Harvard Band Foundation Inc							. 04	2799839	
Part I General Information									
Does the organization mainta			unt of the grants or	assistance, the g	grantees' eligibility f	or the grants or as			
the selection criteria used to a  Describe in Part IV the organi			45		0			✓ Yes	⊒ No
						£ 4b		V11 <b>-</b> -	
Part II Grants and Other As 990, Part IV, line 21, f	or any recipient	that received m	ore than \$5,000	Part II can be d	luplicated if additi	r the organization onal space is ne	eded	res" on Fo	rm
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description noncash assista		n) Purpose of gr or assistance	
(1) Harvard University Band									
74 Mt. Auburn St., Cambridge MA	04-3009105	501(c)(3)	33640				See no	te Part IV	
<b>(2)</b> 02138									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)				<u></u>					
(10)									
(11)									
(12)									
2 Enter total number of section	501(c)(3) and gov	vernment organiza	ations listed in the l	ine 1 table	1		<b></b>	1	
3 Enter total number of other or							<b>.</b>	········	••••
For Paperwork Reduction Act Notice,	see the Instruction	s for Form 990.		C	at No 50055P		Sch	edule I (Form 9	990) (2016)

Part III	Grants and Other Assistance to Part III can be duplicated if addit			ne organization ansv	vered "Yes" on Form 990,	Part IV, line 22
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						
art IV	Supplemental Information. Pro-	vide the information r	equired in Part I, I	ine 2, Part III, colum	n (b), and any other additi	onal information
art I line 2	we monitor the use of grant funds thro	ugh personal and on-pre	mises contacts with t	the Harvard University E	Band at least monthly and free	quently weekly. Twice annually we
ave key p	ersonnel of the Harvard University Band	report to meetings of the	Directors of this Fou	undation and account fo	or the money granted to them,	the reports then becoming permaner
arts of the	minutes of our meetings. The Harvard L	Iniversity Band is require	ed to submit written r	eports no later than one	e year after the receipt of any o	grant
						****
art II, line	2(h) repair and purchase of musical insi	truments subsidy of unif	orm and travel exper	ise, commissions of ne	w works, sponsorship of conc	erts

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

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

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Harvard Band Foundation Inc	04-2799839
990 Part VI line 11(b) we have distributed by email a copy of this 990 and its schedules to the Director	-
prior to the filing deadline	
990 Part VI line 12(c) 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	ent that might benefit private interests
of such a person. The conflict of interest policy is affirmed annually by the newly-elected officers of the	e Foundation, and is re-affirmed
triennially 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 n	nost 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 su	ch a request
Schedule R Part VI line 1(n) the Foundation shares the Harvard University Band's mailing list and mee	eting space. We value this sharing as
below the threshold for reporting in Schedule R Part V line 2	
990 Part VI line 2 directors Lauren Bell and Jamie Bell are married to each other	
·····	
	-

#### SCHEDULE R (Form 990)

(5) (6)

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

#### **Related Organizations and Unrelated Partnerships**

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

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

Department of the Treasury Internal Revenue Service Name of the organization

2016 Inspection

OMB No 1545-0047

Schedule R (Form 990) 2016

Harvard Band Foundation Inc. 04 2799839 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) (a)
Name, address and EIN (if applicable) of disregarded entity (b) Primary activity (f) Direct controlling entity (3)

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Part II one or more related tax-exempt organizations during the tax year (c) Legal domicile (state or foreign country) (e)
Public charity status
(if section 501(c)(3)) (a)
Name, address, and EIN of related organization (g) Section 512(b)(13) controlled entity? Yes No (1) Harvard University Band, 74 Mount Auburn Street Cambridge MA 02138 EIN 04 3009105 Music Performance Massachusetts 501(c)(3) 509(a)(2) (3) (5) (6)

Cat No 50135Y

Schedule R (Form 990) 2016												Page 2
Part III Identification of because it had on	Related Organizatione or more related org	ns Taxable anizations	e as a Partners treated as a pa	ship. Complete i artnership during	f the organiz the tax year	ation answer	ed "Y	es" c	on Form 990	), Part I	V, line	34
(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of year assets	- Disprop	h) iortionate ations?	e Code V—UB amount in box of Schedule K (Form 1065)	20 ma (-1 pa	(j) neral or inaging irtner?	(k) Percentage ownership
		ļ				1	Yes	No	1	Ye	s No	1
(1)												
(2)											1	
. (3)		1			-		1					
(4)					-							
(5)		<del> </del>									$\dagger$	
(6)												
(7)												
Part IV Identification of line 34 because it	Related Organization had one or more related to the control of the	ns Taxable ted organiz	as a Corpora zations treated	ition or Trust. C as a corporation	omplete if the or trust dur	ie organization	n ans	were	ed "Yes" on	Form 9	990, F	art IV,
(a) Name, address and EIN of relate		(b) Primary activity	(c)	micile Direct cont	rolling Type	(e) of entity Sha	(f) re of tot ncome		(g) Share of d-of-year assets	(h) Percenta ownersi		(i) ction 512(b)(13) controlled entity?
											7	es No
(1)										l		

Name, address and EIN of related organization

Primary activity

Legal domole (state or foreign country)

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Primary activity

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Schedule R (Form 990) 2016

Part	Transactions With Related Organizations. Complete if the organization answ	ered "Yes" on Form	990, Part IV, line 3	4, 35b, or 36							
Note	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule										
1											
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•		1	1a						
b	Gift, grant, or capital contribution to related organization(s)			Ī	1b	1					
C	the second second second second second second second second second second second second second second second se										
d	Loans or loan guarantees to or for related organization(s)			Ī	1d	$\neg \neg$	<u>√</u>				
e	Loans or loan guarantees by related organization(s)			T I	1e	$\neg \neg$	7				
				ļ l			<u> </u>				
f	Dividends from related organization(s)			ļ.	11		7				
a	Sale of assets to related organization(s)			Ī	1g	$\neg \neg$	<u> </u>				
h	Purchase of assets from related organization(s)			<u> </u>	1h		Ţ				
	Exchange of assets with related organization(s)			ŀ	1i	$\neg \neg$	÷				
i	Lease of facilities, equipment, or other assets to related organization(s)			1	1i	$\neg \neg$	Ť				
,	Estado of Idolinico, equipment, of other describ to related organization(s)			<u> </u>	-'-	-	<del>- 1</del>				
k	Lease of facilities, equipment, or other assets from related organization(s)			}	1k		7				
î	Performance of services or membership or fundraising solicitations for related organization(s)	1		<u> </u>	11		❖				
·	Performance of services or membership or fundraising solicitations by related organization(s)			<u> </u>	1m		<del>*</del>				
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			-	10	7					
	Sharing of facilities, equipment, making lists, or other assets with related organization(s)  Sharing of paid employees with related organization(s)			-			7				
0	Shalling of paid employees with related organization(s)			<b> </b>	10		<del></del>				
_	Reimbursement paid to related organization(s) for expenses			-			لب				
P	· · · · · · · · · · · · · · · · · · ·			}	1p		<u> </u>				
q	Reimbursement paid by related organization(s) for expenses			ļ	1q		┵,				
_	Other transfer of a selection of a s			1			لبِــ				
r	Other transfer of cash or property to related organization(s)			}	1r		<u> </u>				
s	Other transfer of cash or property from related organization(s)			<u> </u>	1s		<del>.                                    </del>				
_2_	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete this line, incli			n thre	eshol	ds				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amour	nt invol	ved				
(1) Ha	rvard University Band	Grants 1(b)	33640	cash							
(2) Ha	rvard University Band	meeting space 1(n)	nominal	none							
(3)											
(4)											
_(5)				<del> </del>							
(6)											
10/				Schedule R	(Form	n <b>990</b> )	2016				

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

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

(a) Name, address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related unrelated, excluded	organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			3600013 312-314)	Yes	No			Yes	No		Yes	No	
_(1)	-												
(2)	-				-								
. (3)	-												
(4)	-												
(5)													
(6)	-												
(7)	-					:							
(8)							-						
(9)	-												
(10)	-												
(11)	-												
(12)	-												
(13)	-												
(14)	-												-
(15)	-												-
(16)	-												
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Schedule R (Form 990) 2016