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SCANNED DEC 1 0 2010

Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

		if the Treasur nue Service	^y ▶ 1	The organization may have to use a cop	y of this return	to satisfy	y state	reporting red	quiren	nents.	Inspection
<u> </u>	For th	e 2009 ca	alendar	year, or tax year beginning A	pril 1 , :	2009, an	d endi	ng Ma	rch 3		, 20 10
В	heck if a	applicable	Please	C Name of organization Harvard Band	Foundation I	nc.			lo 1	Employ	er identification number
\Box ϵ	Address	change	use IRS label or	Doing Business As Harvard Band Fo					<u> </u>	04	2799839
	Name cl	hange	print or type	Number and street (or PO box if mail is not deli-	vered to street addr	ess) 1	Room/s	uite		•	ne number
<u> </u>	nitial ret	turn	See Specific	P.O. Box 381428					(7	781)	929-7847
□ 1	erminat	ted	Instruc-	City or town, state or country, and ZIP + 4	4				ł		00 790
	\mende	d return	tions	Cambridge MA 02238-1428					G	iross rec	cepts \$ 29,790
	pplicatio	on pending		ne and address of principal officer				H(a) Is th	ıs a gro	up return	for affiliates? Yes No
				C. Berney, President, same addres				H(b) Are	all aff	iliates ir	ncluded? Yes No
<u> </u>		empt status		501(c) (3) ◀ (insert no)	<u></u> 527			If "I	No," a	tach a	list (see instructions)
		ite: ► No						H(c) Group			
_		organization		oration ☐ Trust ☐ Association ☐ Other ►		L Year o	of forma	tion 1984	M 5	itate of	legal domicile. MA
Pa	rt I	Summ									
	1 1	Briefly de Harvard	escribe Unive	the organization's mission or most rsity Marching Band, Jazz Band, a	significant ac	tivities: emble,	by ma	oundation	sup s for	ports speci	the work of the al projects, travel,
Activities & Governance		instrum	ent pur	rchases, commissioning of new m	usic, sponso	rship o	fcond	erts, and o	ther	activi	ty that cannot be
Ë		funded l	by the	Band's own budget.							
ove	2 (Check this	box ►	if the organization discontinued its operation	tions or disposed	of more t	than 259	% of its net as:	sets		
Ű	l			ng members of the governing body					. l	3	<u>16</u>
es ?	ı			pendent voting members of the gov	-	-	line 1	b) .	. [4	16
Ž	ı			f employees (Part V, line 2a)	,			·	. [5	0
Act	1			f volunteers (estimate if necessary)					.	6	30
	7a -	Total gro	ss unre	elated business revenue from Part V	'III, column (C), line 12	2		.	7a	
	b	Net unrel	ated bu	usiness taxable income from Form 9	390-T, line 34	<u> </u>	<u> </u>			7b	
								Prior Y	'ear		Current Year
60	8 (Contribut	tions ar	nd grants (Part VIII, line 1h)			.				9260
Ĕ	9 1	Program	service	e revenue (Part VIII, line 2g)							
Revenue	10	Investme	stment income (Part VIII, column (A), lines 3, 4, and 7d)						26	383	20273
ш.				nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .						46	257
	12	Total reve	nue-a	add lines 8 through 11 (must equal Par	t VIII, column	(A), line	12)		26	429	29790
	13 (Grants ai	nd simı	ılar amounts paıd (Part IX, column (A), lines 1-3)				31	979	27759
	14 1	Benefits	paid to	or for members (Part IX , column (A	\), lino-4)	·,					
Expenses	15 3	Salaries, d	other co	ompensation, employee benefits Part	[X,feo]ù/fi[-(A))	lines 5–	-10)				
per	16a I	Professio	nal fun	draising fees (Part IX, column (A), line	e-1-1e)		- 1				
Ä	b ·	Total fund	draising	j expenses (Part IX, columb (D), liျာရ25	i) 🟲 -ezora	7224		*	74		
	17 (Other ex	penses	(Part IX, column (A), lines 11a-11d	, 191 <u>52</u> 490,10					363	13427
	18	Total exp	enses.	Add lines 13-17 (must equal Part I	X, column (A)	<u>. ine 25</u>	5) .			342	43433
. 60	19	Revenue	less exp	penses Subtract line 18 from Ine 12-	15N-115					913)	(13643)
ls o					7518, UI			Beginning of (End of Year
Bala	20			art X, line 16)					746	311	1010553
Net Assets or Fund Balances	21			Part X, line 26)						0	0
	22 rt			und balances. Subtract line 21 from Block	mie ZU	<u> </u>			746	311	1010553
-6				f perjury, I declare that I have examined this re	tura including on		na cobo	dulas and state	monto		the best of my keepyledge
		and belie	f, it is you	ie, correct, and complete. Declaration of prepare	arer (other than o	officer) is b	ased or	all information	of w	, and to nich pre	parer has any knowledge
e:~	.	. .	[1]	Muhar Scholer				1.	<i>k [.</i> .		C 2440
Sig He		Stone	ature of c						VU.	<i>y.</i> 7,	5, 2010
пе		L Oigin	1	Michael Victory	Clark						f
		Type	or print	name and title	LIGH					——	
_		<u> </u>	_	The same same		Date	To	heck if	D-a-	aror's 14	lantihina numbar
		Preparer's				-a.c	se	elf		instructi	lentifying number (
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	arer's	Firm's na	me (or vo	ours L				les.			
Use	Only	if self-em	ployed),					EIN	<u> </u>	,	
	, the l	address,		return with the propagar chaws ab		tm.ot.o		Phone	10 P	`	

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The Foundation supports the work of the Harvard University Marching Band, Jazz Band, and Wind Ensemble, by making grants for special projects, travel, instrument purchases, commissioning of new music, sponsorship of concerts, and other activity that cannot be funded by the Band's own budget.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 43433 including grants of \$ 27759) (Revenue \$) Grants to the Harvard University Band, as described in Line 1 above.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program services expenses \$ 27750

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		✓
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		✓
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; 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_		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	/	Control State
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
٩	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.			
•	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.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			T
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		1	
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	, ,	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	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	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_ ✓

Form	990 (2009)		Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):	F.,	TV-M	·漢·
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	\	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		✓	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			Ļ
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		/
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	-	V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). 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	·	# ✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	-
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		+
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
^	organization, have excess business holdings at any time during the year?	8		√
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12		li I	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders		ľ	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			1
	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.	12a	,	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	2.5	**	
ь	Enter the number of voting members that are independent	is if	4.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	4		
	any other officer, director, trustee, or key employee?	2		✓
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		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	L	√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		/
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		V
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	ida Y	S 150 100 10
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	70.00	/	477
_	The governing body?	8a	V	
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	0-		./
<u></u>	tion B. Policies (This Section B requests information about policies not required by the International Control of the International	9a	L	V
	enue Code.)	siliai		
1100	chue couc.)		Yes	No
40-	Describe average have local chapters bronches as offlicted?	10a	1.55	1
	Does the organization have local chapters, branches, or affiliates?		·	<u> </u>
В	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
44	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the			
11	form?	11	✓	
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	*	- 1- 2	33 °
12a		12a	1	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	✓	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this is done	12c	✓_	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	√	ļ,
15	Did the process for determining compensation of the following persons include a review and approval by		· ·	** ' ' '
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>	<u> </u>	<u>``\$``</u>
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	
b	Other officers or key employees of the organization	15b	Maria Ton	100 1 E.J
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1	1	1000
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		37	100
	with a taxable entity during the year?	16a	O-A SA	√
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1		P.
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	100	3777	6.22 (J.
<u></u>	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Massachusetts	-1/21-		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (5016)	c)(3)S	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website Upon request	of*	orost	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	oi int	eres(
20	policy, and financial statements available to the public.	rdo o	f tha	
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization: ► A. Michael Ruderman (Clerk), 9 Alton Street, Arlington MA 02474 telephone 781-929-784	7 7		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not c		any o	curr			cer, c	urec		(5)	<u> </u>
(A)	(B)	<u>.</u> .			C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Mark Bagley, Director	0	1						0	0	0
Lauren Bell, Director	0	1						0	0	0
Scott A. Berney, President and Director	1	1		1				0	0	0
Robert C. Bray, Director	0	1						0	0	0
John S. Connolly, Jr., Director	0	1						0	0	0
Sam Coppersmith, Director	- 0	1						0	0	0
Alisha Creel, Director	0	1						0	0	0
David S. Green, Director	0	1						0	0	0
J. Mark Patek, Director	0	1						0	0	0
Robert H. Rosen, Director	0	1						0	0	0
A. Michael Ruderman, Clerk and Director	3	1		1				0	0	0
Marlowe A. Sigal, Director	0	1						0	0	0
Peter Strauss, Director	0	1				_		0	0	0
Evelyn J. Tate, Director	0	1						0	0	0
Cammie O'Connor Wynn, Vice President and Director	1	▼		1				0	0	0
Timur Kaya Yontar, Treasurer and Director	2							0	0	0

Part VII Section A. Officers, Directors, Tru (A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	5 Institutional trustee	Officer	a Key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation from the organization and related organizations
1b Total							▶	0		0 0
Total number of individuals (including but reportable compensation from the organization list any former office) 3 Did the organization list any former office	ation ► Zei	ro								Yes No
 employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the s the organization and related organizations 	<i>chedule J</i> sum of repo	<i>for su</i> ortabl	ch e c	<i>indi</i> omp	vidu ens	<i>ial</i> sation	and	other compe	nsation from	3 🗸
individual	•							·		4 🗸
services rendered to the organization? If "Section B. Independent Contractors	Yes," comp	olete	Sch	edu	le J	for s	uch	person		5 ✓
Complete this table for your five highest co	mpensate	d ind	epe	nde	nt c	ontra	ctor	s that receive	d more than \$	100,000 of
compensation from the organization.								(D)	···	(0)
Name and business add	ress							(B) Description of s	ervices	(C) Compensation
No independent contractors										
							_			
2 Total number of independent contractors (in						hose	liste	ed above) who	received	

Pari	VIII	Statement of Revenue	·					
a		Statement of Nevenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions). All other contributions, gifts, grants, and similar amounts not included above	1a 1b 1c 1d 1e	9260				
a d		Noncash contributions included in lines 1a-1			0000			
	n	Total. Add lines 1a-1f	' '	Business Code	9260			
Program Service Revenue	2a b c d e f	All other program service revenue						
	g	Total. Add lines 2a-2f	<u></u>	▶				
	3 4 5	Investment income (including divident other similar amounts)	 ot bond	▶	20273			
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)		(ii) Personal			4	
		Gross amount from sales of assets other than inventory (i) Securities		(ii) Other				
	С	Less: cost or other basis and sales expenses		▶	·			
Revenue	8a	Gross income from fundraisir events (not including \$	c).	1				
Other I	b c	See Part IV, line 18	. b[rents ►				
		Gross income from gaming activities See Part IV, line 19	. a _					
	С	Less: direct expenses	activit	ies ▶				
	b	Gross sales of inventory, les returns and allowances Less: cost of goods sold Net income or (loss) from sales of in Miscellaneous Revenue	a . b	ry ► Business Code				
	 	Settlements from securities cl		ousiness Code				ļJ
			}		257			
	Ь							
	ر د د	All other revenue						
		Total. Add lines 11a–11d		>	257			
	12	Total revenue. See instructions.			29790			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are no	t required to comp	olete columns (B),	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	27759	27759	· · · · · · · · · · · · · · · · · · ·	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members			en e	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 10	Other employee benefits				
11 a	Fees for services (non-employees): Management			- "	
ь	Legal	9007		9007	
С	Accounting		·		
	Lobbying				
е	Professional fundraising services See Part IV, line 17	4545	я-	4545	
f	Investment management fees	1545		1545	
g	Other				
12	Advertising and promotion				
13	Office expenses				_
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses 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. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Printing (for fundraising letters)	2247			2247
b	Foreign taxes	1391		1391	
c	Miscellaneous (meals, parking, filing fees,	1484		1484	
d			<u>-</u>		
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	43433	27759	13427	2247
26	Joint costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				

2 Savings and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(0)(1)) and persons described in section 4958(0)(1)). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepand expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities 11 Investments—publicly traded securities 12 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 25 Total liabilities. Add lines 17 through 25 to unrelated third parties 27 Univestricted net assets 28 Temporarily restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 24. 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 20 Capital stock or trust principal, or current funds 21 Padinary restricted net assets 20 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 throu	Pa	rt X	Balance Sheet			
2 Savings and temporary cash investments				(A) Beginning of year		(B) End of year
2 Savings and temporary cash investments 3 Pietges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepard expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D b Less: accumulated depreciation 11 Investments—publicity traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Total assets. Add lines 1 through 15 (must equal line 34) 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 25 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Congulazions that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 24. 29 Tax-end to the trust of through 34. 20 Capital stock or trust principal, or current funds 21 Pad-in or capital surplus, or land, building, or equipment fund 21 Retained earnings, endowment, accumulated income, or other funds 23		1	Cash—non-interest-bearing		_	
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Unsecured notes and loans payable to unrelated third parties		23			23	
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Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		25	· ·		25	
complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		26	Total liabilities. Add lines 17 through 25	0	26	0
complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets			Organizations that follow SFAS 117, check here ▶ ☑ and			
Unrestricted net assets	ë		complete lines 27 through 29, and lines 33 and 34.			
Temporarily restricted net assets	lan	27	Unrestricted net assets	746311	27	1010553
Permanently restricted net assets Organizations that do not follow SFAS 117, check here □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances 746311 34 1010553	Bal				28	
Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	Þ	I	· · · · ·		29	
and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	Ξ					
30 Capital stock or trust principal, or current funds	5		and complete lines 30 through 34.			
Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances	ts	30	Capital stock or trust principal, or current funds		30	
32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances	Se				31	
33 Total net assets or fund balances	As				32	
34 Total liabilities and net assets/fund balances	det	l .		746311	33	1010553
			Total liabilities and net assets/fund balances	746311	34	1010553

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:			
	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a 2b		√
	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. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
u	issued on a consolidated basis, separate basis, or both. Separate basis Consolidated basis Both consolidated and separate basis			
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		1
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** (2009)

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 charitable trust.

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

OMB No 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

<u>Hai</u>	vare	Bang Foun	dation inc.						04 :		199639	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganızati	ons mus	t compl	ete this	part.) Se	e instru	ctions.	
Γhe	orga	anization is n	ot a private four	dation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box	.)		
1	_			rches, or association								
2				on 170(b)(1)(A)(ii). (Att					. ,, ,,	•••		
3	$\overline{\Box}$			nospital service organ			ın sectio	n 170(b)	(1)(A)(iii).			
4	$\overline{\Box}$			ition operated in conj)(A)(iii).	Enter the
•	_		me, city, and st		onotion .		opilai co				,,,,,,,,,,	
5		•	•	the benefit of a colle	ae ar uni	versity o	wned or a	nerated	hy a gov	ernmenta	Lunit de	scribed in
		section 170	(b)(1)(A)(iv). (Co	mplete Part II.)								30,100G 111
6	Ш	A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v)) .		
7		-	•	/ receives a substantia (1)(A)(vi). (Complete F	•	its suppo	ort from a	governn	nental uni	t or from	the gene	ral public
8		A community	v trust described	in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)					
9				receives: (1) more that				m contrib	utions, m	embersh	p fees, a	and gross
		_	-	ed to its exempt funct							•	-
		support fron	n gross investm	ent income and unre	lated but	siness ta	xable inc	ome (les	s section	511 tax)	from b	usinesses
		acquired by	the organization	after June 30, 1975	See sec	tion 509	(a)(2). (Co	omplete f	Part III)			
10		An organizat	ion organized a	nd operated exclusive	elv to tes	t for publ	lic safety.	See sec	tion 509	(a)(4).		
11				ind operated exclusiv							r to cam	v out the
•	_			olicly supported organ								
				at describes the type								
		a 🔲 Type				e III-Fun					Type II	
e	Z			ify that the organizat			-	_				
·				n managers and other								
		•	section 509(a)(2)	=			. ,	• •	J			
f				a written determinati	on from	the IRS	that it is	a Type	Type II	or Type	III sunn	ortino
		-	check this box		011 110111		mar it io	а туро	, .,pc	, 0, 1,00	iii oupp	,g
_		•		the organization acce	· ented anv	offorc	ontribution	n from a	nv of the			٠ . ب
g		following per		and organization door	pica an	, giit oi o		311 11 0111 0	, 0			
		• •		r indirectly controls, e	ather ale	ne or too	athar wil	h nereor	e doecri	and in (ii)	Γ,	Yes No
				ning body of the sup		-		iii peisoi	is descri	Jea III (II)	11g(i)	1
			-	- ,		_					11g(II)	1
				rson described in (i) a of a person described		 (u) above					11g(iii)	- '/-
h			•	ation about the suppo							[1.8()]	
_		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	640	s the	(vii) An	nount of
(1)		ganization	(11) (11)	(described on lines 1-9		sted in your		nization in		ion in col		port
				above or IRC section	governing	document?		of your		zed in the S ?		
				(see instructions))		No.		port?				
				·	Yes	No	Yes_	No	Yes	No		
		University	04 0000405	501(c)(3)	,							07750
Ban	<u>a</u>		04-3009105		✓	 	- ✓		-			27759
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Total

27759

Şched	fule A (Form 990 or 990-EZ) 2009				. <u> </u>		Page 2
	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)						
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		1 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	San Charles de la company	/		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				L Martin A. 19	A Francis	
6_	Public support. Subtract line 5 from line 4	<u> </u>			<u></u>	<u></u>	
	tion B. Total Support	(-) 0005	(h) 0006	(-) 2007	(4) 0000	(-) 0000	(O Total
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	 -					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						·····
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				W. W. B. E. G. Ta Valley State		
11	Total support. Add lines 7 through 10 .	THE STATE OF	37 T. S.			A LANGE	
12	Gross receipts from related activities, etc.	•	•			12	
13	organization, check this box and stop here						
	tion C. Computation of Public Su			t anima: (0)		144	0/
14	Public support percentage for 2009 (line			i, column (i))		14	<u>%</u>
15	Public support percentage from 2008 Schedule A, Part II, line 14						
16a	33½% support test—2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box						
h	and stop here. The organization qualifies as a publicly supported organization						
b	box and stop here. The organization qua					33/3 /6 OF HIOLE,	> []
172	10%-facts-and-circumstances test—20					 . 16h and line 1.	
170	more, and if the organization meets the "f organization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box	and <mark>stop here</mark> .	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	facts-and-circum ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. By supported or	Explain in Part ganization	IV how the ▶ □

schedule A (Form 990 of 990-EZ) 2009						
Part III	Support Schedule for Organizations Described in Section 509(a)(2)					
	(Complete only if you checked the box on line 9 of Part I.)					
Section A	. Public Support					

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	· · · · · · · · · · · · · · · · · · ·					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					<u> </u>	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		, ,	-	, ,		
	tion B. Total Support			()	(0 0000	T	
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for organization, check this box and stop	here	. <u></u>	nd, third, fourti			on 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su					, , , , , , , , , , , , , , , , , , , 	
15	Public support percentage for 2009 (lin			ne 13, column	(f)	15	%
16	Public support percentage from 2008 S				 .	16	
Sec	tion D. Computation of Investmen					T I	
17	Investment income percentage for 200					17	<u>~_</u>
18	Investment income percentage from 20						
19a	33% % support tests – 2009. If the organism not more than 33% %, check this b	ox and stop h	e re. The organi	zation qualifies	s as a publicly	supported orga	anization 🕨 📙
b	331/3 % support tests - 2008. If the organine 18 is not more than 331/3 %, check this	nization did not s box and stop	check a box or here. The orga	n line 14 or line nization qualifie	19a, and line 1 es as a publicly	6 is more than supported orga	33½%, and nization ► □
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this b	ox and see ins	tructions 🕨 🔲

chedule A (F	orm 990 or 990-EZ) 2	2009				_	Page 4
Part IV	Supplementa Part II, line 17	al Information. 7a or 17b; and	Complete this Part III, line 12	s part to provide. Provide any	e the explanationther additional i	ns required by nformation. Se	Part II, line 10; e instructions.
•••••	••••						
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number 2799839 Harvard Band Foundation Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate 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 L 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area 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 a Total number of conservation easements. 2b Total acreage restricted by conservation easements . . . 2c Number of conservation easements on a certified historic structure included in (a) . Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 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 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, 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. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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: 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 relating to these items: Revenues included in Form 990, Part VIII, line 1

Page	. 2

Par	t III Organizations Maintain	ing Collections	of Art, Historica	Il Treasures, o	r Other Similar	Assets (continued)	
3	Using the organization's acquisition collection items (check all that appl		other records, che	eck any of the fo	llowing that are a	significant use of its	
а	Public exhibition		d 🔲 L	oan or exchang	e programs		
b	Scholarly research		e 🗌 (Other			
С	Preservation for future general						
4	Provide a description of the organiz Part XIV.	ation's collections	s and explain hov	v they further th	e organization's ex	xempt purpose in	
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta	ained as part of the	e organization's	collection?	Yes No	
Par	Escrow and Custodial A IV, line 9, or reported an				wered "Yes" to F	orm 990, Part	
	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?						
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the followi	ng table:		A	
				}	1c	Amount	
С	Beginning balance						
d	Additions during the year				1d		
е	Distributions during the year .			· · · · -	1e 1f		
f	Ending balance					Yes No	
2a b		Part XIV.					
Par	t V Endowment Funds. Co				1		
		(a) Current year	(b) Prior year	(c) Two years bad			
1a	Beginning of year balance	746311	1072675				
b	Contributions	9517	46				
С	Net investment earnings, gains, and losses	298158	(291068)				
d	Grants or scholarships	(27759)	(31979)				
е	Other expenditures for facilities	(00.47)	(000.0)				
	and programs	(2247)	(2004)				
f g	Administrative expenses . End of year balance	(13427) 1010553	(1359) 746311				
2	Provide the estimated percentage of	of the year end ba	lance heid as.				
а	400.04						
þ							
С	Term endowment ►	6					
3a	Are there endowment funds not in the	e possession of th	ne organization tha	at are held and a	dministered for the	9	
	organization by					Yes No	
	(i) unrelated organizations					3a(i) /	
_	(ii) related organizations				 .	3a(ii) ✓	
	If "Yes" to 3a(ii), are the related org Describe in Part XIV the intended u	anizations listed a	is required on Sci	nedule R? .		. 3b	
4 Por	t VI Investments—Land, Bu				Y line 10		
Par				· · · ·		(4) Danie	
	Description of investment	(a) Cost or ot (investm		is (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land						
b	Buildings						
С	Leasehold improvements						
	Equipment	.					
	Other	· ·	00.0.435	(D) ('- 10(1)			
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X, column	(B), line 10(c).)	<u> ▶ </u>		

Schedule D (Form 990) 2009			rage O
Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other Fidelity FMR Debentures Ser E 12/31/20	6597	Cost	
Fidelity FMR Debentures Ser K-1 & K-2 12/31/2			
Fidelity FMR Debentures Ser L-1 & L-2 12/31/2		Cost	
Fidelity FMR Debentures Ser M-1 & M-2 12/31/:			
Fidelity FMR Debentures Ser N-1 & N-2 12/31/2			
Fidelity FMR Debentures Ser P-2 12/31/27	1650		
Fidelity FMR Debentures Ser S-1 12/31/30	8796	Cost	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	72020		
Part VIII Investments—Program Relate		line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu	ation
(a) Description of investment type	(b) Book value	Cost or end-of-year ma	
	- 1-W		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)			1
Part IX Other Assets. See Form 990, Pa	rt X, line 15.		
	(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		
Part X Other Liabilities. See Form 990,	Part X, line 25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes			ļ
			•
		□	
			İ
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Page	

Sche	dule D (FORM 990) 2009		- 490 1
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29790
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	43433
3	Excess or (deficit) for the year Subtract line 2 from line 1	. 3	(13643)
4	Net unrealized gains (losses) on investments	. 4	277885
5	Donated services and use of facilities	. 5	*****
6	Investment expenses	6	
7	Prior period adjustments	. 7	
8	Other (Describe in Part XIV)	. 8	
9	Total adjustments (net) Add lines 4 through 8	. 9	277885
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	. 10	264242
Pai	rt XII Reconciliation of Revenue per Audited Financial Statements With Re		_
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	*^*a	
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	necoveries of prior year grants		
d	Other (Describe in Fait XIV)	2e	
е	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	investment expenses not included on Form 990, Fait vin, line 70 .		
р	Other (Describe in Part XIV)	. 4c	
с 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With E	<u> </u>	
		1	
1	Total expenses and losses per audited financial statements	• •	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Dollated Services and use of racinities	 '	
b	Phot year adjustments		
C	Other losses		
d	Other (Describe in Fait Aiv.)	2e	
е 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		
h	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pai	rt XIV Supplemental Information		
and this	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, line part to provide any additional information.	s 2d and 4b. Also comp	olete
Pa	rt V, line 4: The purpose of the endowment is to be invested and provide income for gr	ants to, and supporting	g the work
• • • • •	the Harvard University Band, as described in Form 990 Part I line 1; and to provide incommaintaining the Foundation itself.	come for paying the ex	penses
Pa	rt XI line 6: Already included at line 2, from 990/IX/A/25, which incorporates 990/IX/A/11	f, investment manager	ment fees.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public 2009

Name of the organization						Employer ident	Employer identification number
Harvard Band Foundation Inc.						04	2799839
Part General Information on Grants and Assistance	on Grants and	Assistance					
	n records to subs	tantiate the amou	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ance?	sistance, the grantees	s' eligibility for the gra	grants or assistance, ar	id 🖂 Yes 🗆 No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	sistance to Government of the Sistance of	rernments and plent that received additional space	Organizations in the ded more than \$5,00	in the Onlice States. le United States. Co. Check this box	Complete if the orgaif no one recipient r	inization answered received more than	"Yes" to \$5,000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	ash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Harvard University Band 74 Mt. Auburn Street	04-3009105	501(c)(3)					See Note in Part IV
Cambridge MA 02138							
	01(c)(3) and govern	ment organizations					
3 Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ganizations .	ee the Instructions	for Form 990.		Cat. No 50055P		Schedule I (Form 990) 200

Schedule I (Form 990) 2009

	Assistanc
	Other
) 2009	Grants and Other A
nedule I (Form 990) 2009	Gra
edule	art III

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	dividuals in the 390) if additional	ils in the United States, Cor additional space is needed.	mplete if the organi	zation answered "Yes"	to Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	Supplemental Information. Complete this		ovide the informatic	on required in Part	I, line 2, and any other	part to provide the information required in Part I, line 2, and any other additional information.
Part I line	Part I line 2: We monitor the use of grant funds through p	ough personal a	nd on-premises cont	acts with the Harvar	d University Band, at lea	ersonal and on-premises contacts with the Harvard University Band, at least monthly and frequently weekly.
Twice an	Twice annually we have key personnel of the Harvard University Band report to meetings of the Directors of the Harvard Band Foundation and account for money	ard University Ba	ind report to meeting	gs of the Directors of	the Harvard Band Foun	dation and account for money
granted	granted to them, the reports then becoming permanent parts of the minutes of our meetings. The Harvard University Band is required to submit written reports no	anent parts of the	minutes of our mee	etings. The Harvard l	Jniversity Band is requir	ed to submit written reports no
later that	ater that one year after receipt of any grant.					
Part II lin	Part II line 1(h): Repair and purchase of musical instruments, subsidy of uniform and travel expenses, commissions of new works, sponsorships of concerts	struments, subsi	dy of uniform and tr	avel expenses, comr	nissions of new works, s	ponsorships of concerts.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. Inspection Employer Identification number 04 2799839 Harvard Band Foundation Inc. 990 Part VI line 8b; committees report their activities to the full Board of Directors at our twice-annual meetings, and

<u></u>
their activities then become part of the permanent record of our minutes.
990 Part VI line 11A: we have distributed by email a copy of this 990 to the Board of Directors and solicited their comments
at the following meeting of the Board, all prior to the filing deadline.
990 Part VI line 19: the Foundation's Articles of Incorporation, Bylaws, Conflict of Interest Policy, and most recent Audited
Financial Statements (if prepared) are available upon request. We will provide these free of charge in electronic files, or for
a minimal copying charge if in hard copy. The Foundation is an all-volunteer organization and requires five business days
for fulfillment of such a request.
990 Part VI line 12c: all officers, directors, and committee members are aware of their duty to disclose a possible conflict
of interest to the Board of Directors whenever the Foundation is contemplating entering into a transaction or arrangement
that might benefit the private interest of such a person. The conflict of interest policy is affirmed annually by the newly-
elected officers of the Foundation, and is reaffirmed (triennially) by each director of the Foundation upon the commence-
ment of his or her term of office.
Schedule R Part V lines 1k and 1m: A Foundation solicitation to former members of the Harvard University Band offered
donors the opportunity to include a contribution to the Harvard University Band as well as to the Foundation. The Foun-
dation shares the Harvard University Band's mailing list and meeting space. We value these transactions as below the
threshold for reporting in Schedule R Part V line 2.

SCHEDULE R (Form 990)

Harvard Band Foundation Inc.

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

	2009	Open to Public Inspection
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OMB No. 1545-0047

Employer identification number

2799839

9

See separate instructions. Attach to Form 990.

Schedule R (Form 990) 2009 (f)
Direct controlling
entity (f)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) ۲ 509(a)(2) Public charity status (if section 501(c)(3)) (e) End-of-year assets <u>e</u> Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) 501(c)(3) (d) Exempt Code section (d) Total income Cat. No. 50135Y (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) Massachusetts Music performances Primary activity Primary activity Harvard University Band, 74 Mount Auburn Street, Cambridge MA 02138 EIN 04-3009105 (a)Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity Part I Part II

managing partner? Yes No General or Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) 9 (h)
Orsproportionate
allocations? Yes No (g) Share of end-of-year assets (f) Share of total income Ð (e)
Predominant
income (related,
unrelated,
excluded from tax under sections 512-514) (d) (d) Entert controlling entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Part IV Part III

Percentage ownership Share of end-of-year assets (f) Share of total income Type of entity (C corp, S corp, or trust) Direct controlling entity Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

Schedule R (Form 990) 2009

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		<u>ځ</u>	Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Parts II-IV?			
		_a	_	
Giff grant or capital contribution to other organization(s)		2]
		<u>ن</u> -	,	
din, grant, of capital continuous in one organization		7		
d Loans or loan guarantees to or for other organization(s)		2	1].
e Loans or loan guarantees by other organization(s)		10	}	
				ŀ
f Sale of assets to other organization(s)		= =	7	
		19	_	<u> </u>
		<u>ج</u>)	
Excitatige of assets		 ;		.
i Lease of facilities, equipment, or other assets to other organization(s)		-	>	
			-	
i Lease of facilities equipment or other assets from other organization(s)		7	_	<u> </u>
b Defermence of constraints are fundamental and other properties.	•	, ¥		
		Ŧ		1
Performance of services or membership or fundralising solicitations by other organization(s)		<u> </u>	<u> </u>	
m Sharing of facilities, equipment, mailing lists, or other assets		E .	+	J.
n Sharing of baid employees		-Tu	•	
				1
Doing to and to other productions for a proposed		9	-	
p Reimbursement paid by other organization for expenses		2	>	
		,	~	,
q Other transfer of cash or property to other organization(s)		b r	7	ا
_		. 1r	`	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ationships and trans	action thre	shold	3
(a) Name of other organization	(b) Transaction	(c) Amount involved	olved	
	type (a-r)			J
(1)	_			j
	-			
(5)				
(4)				
			Ì	
(5)				
(6)	Air bodes	Schodule B (Earn 900) 2009	2000	8
	170170	5 = 15 L) L B	3	500

Part VI Unrela

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to 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.

(b) (c) (d) (d)	(q)	(c)	9	_	(e)	L	9	(6)	٦	 æ
Name, address, and EIN of entity	Primary activity		Are all par	tners	Share of	Disprop	onate	_	Gene	eral or
		(state or foreign country)	section 501(c)(3) organizations?	s) ons	end-of-year assets			amount in box 20 of Schedule K-1 (Form 1065)	man	managing partner?
			Yes	Š		Yes	ş		Yes	Yes No
						_				
				!						
						_				
G										
		;								
								Schedule R (Form 990) 2009	m 990) 2009