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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

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

Dep	artment of	f the Treasury	▶ Do not e	nter social secui	rity numbers on	this form as	ıt may be	made publi	ıc.	Open to					
		ue Service	▶ Informat	tion about Form	990 and its instr	uctions is at	www.irs.g	gov/form99	0.	Inspect	tion				
A	For the		ndar year, or tax year		Aprıl 1	, 2014, a	nd ending	<u>Mar</u>	ch 31	, 20 15					
В	Check if	applicable	C Name of organization H	larvard Band For	undation Inc				D Employer	ıdentıficatıon n	umber				
	Address	change	Doing business as Hai	rvard Band Foun	dation Inc					04-2799839					
	Name ch	nange	Number and street (or P	O box if mail is no	t delivered to street	address)	Room/suit	е	E Telephone	number					
	Initial ret	urn	P O Box 381428						7	81-929-7847					
	Final retu	rn/terminated	City or town, state or pr	ovince, country, and	ZIP or foreign pos	tal code									
	Amende	d return	Cambridge MA 02238	-1428					G Gross reco	eipts \$	40820				
	Applicat	on pending	F Name and address of pr	incipal officer		•		H(a) Is this a g	. ✓ No						
			Cammie Wynn, Presid	dent, same addre	ess as above			1		ncluded? 🔲 Yes	_				
$\overline{}$	Tax-exe	mpt status	✓ 501(c)(3)	501(c) (If "N	If "No," attach a list (see instructions)									
J	Website); ▶				4947(a)(1) or		H(c) Group	exemption n	umber ▶					
ĸ	Form of	organization [Corporation Trust	Association	Other ▶	L Yea	r of formation			f legal domicile	MA				
Р	art I	Summ								<u>-</u>					
	1		scribe the organizati	on's mission or	most significar	nt activities:	The For	ındation su	pports the v	vork of the Ha	rvard				
ģ		-	Band (Marching Ban		•										
auc	1										••••				
Activities & Governance	2	purchases, the commissioning of new music, sponsorship of concerts and other activities beyond the Band's budget Check this box ▶□ if the organization discontinued its operations or disposed of more than 25% of its net assets.													
Š	3		of voting members of		•		sposou o	i inoro triai	3	3 1101 455515.	10				
8	4		of independent voting				line 1h		4		<u>19</u> 19				
es	5		nber of individuals er	-	-		•		5		0				
Ϋ́	6		nber of volunteers (e:		•	(i ait v, iiiie	Zaj	•	6						
Ç	7a	Total upr	elated business reve	nuo from Dort V	Saly)	100 12	• •	•	7a		30				
1	b	Not uprol	otad business revel		•	7b									
	b Net unrelated business taxable income from Form 990-T, line 34 (n								1	Current Y					
e		O		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10V . # 20	15 6		Prior Y		- Current I					
	8	Contribut	ions and grants (Par	t viii, line in) .	101 1 1 CC	10.	_		31594		16693				
ē	9	_	service revenue (Par	1 7		U	·								
Revenue	10		nt income (Part VIII,			27035		24127							
	11														
_	12		nue-add lines 8 thro				ne 12)		58629		40820				
	13		nd sımılar amounts p			–3)	· · _	•=-	78171		57866				
	14	Benefits (oald to or for membe	ers (Part IX, colu	ımn (A), lıne 4)										
es	15		other compensation, e	• •	•		5–10)								
Expenses	16a	Profession	nal fundraising fees	(Part IX, columr	n (A), line 11e)	•	· L								
ĝ	b	Total fund	draising expenses (P	art IX, column (D), line 25) 🕨		3		- 455	w X	i in				
ũ	17	Other exp	oenses (Part IX, colui	mn (A), lines 11a	a-11d, 11f-24e)			4426		1323				
	18	Total exp	enses Add lines 13-	-17 (must equal	Part IX, colum	n (A), line 25) . [82597		59189				
	19		less expenses. Subt				🗆		(23968)		(18369)				
5 9	3	<u> </u>				·	В	leginning of C	urrent Year	End of Ye	ear				
Net Assets or	20	Total ass	ets (Part X, line 16)				. [1235842		1242818				
ASS	21	Total liab	ilities (Part X, line 26))			🗀		0		0				
3	22		s or fund balances.		from line 20		🗀		1235842		1242818				
Р	art II		ure Block					-							
				amined this returnati	Reluding accompar	vina schedules	and staten	nents and to	the best of my	knowledge and	t belief, it is				
Sig		Sign	ry, I declare that I have exete Department of the Department of th	e Ruder	derma	ermation of which	ch preparer		Nowe ate	substit 9	2015				
		1,	or print name and title	10			15	40		DTIM					
Pa	aid	Print/Ty	pe preparer's name	Prepa	rer's signature		Dat	te	Check] if PTIN					
	epare	er							self-emple	oyed					
	se On		ame >					Fire	m's EIN ▶						
		Firm's a	ddress ▶					Ph	one no						
Ma	ay the li	RS discus:	s this return with the	preparer shows	n above? (see ii	nstructions)				☐ Ye	s 🗌 No				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y



Form **990** (2014)

Form 99	0 (2014)		<u> </u>	Page 2
Part				
1	Briefly describe the organization's mis	a response or note to any line in this P	art III	<u> L</u>
1	•	sion. e Harvard University Band (Marching Band	lazz Rand Wind Ensemble) by makir	na
		ment purchases, the commissioning of ne		
	activity that cannot be funded by the Bar			
	D. d. H.			
2		gnificant program services during the ye		Yes ☑ No
	If "Yes," describe these new services			163 110
3	Did the organization cease conduct	ting, or make significant changes in h		Yes 🗸 No
	If "Yes," describe these changes on S	chedule O.		
4		service accomplishments for each of its		
	expenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any	c)(4) organizations are required to repor y, for each program service reported.	t the amount of grants and allocation	ons to others
4a	(Code) (Expenses \$	59189 including grants of \$	57866) (Revenue \$)
		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 S			
	(Expenses \$ including	g grants of \$) (Revenue	\$)	

57866

Total program service expenses ▶

Form 99				Page 3
			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 (see instructions)?	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		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	_	<u> </u>
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		√
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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, 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, VIII, IX, or X as applicable.		* (4)	
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		./
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		√
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?			
20 -	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	<u> </u>	+

Part				Page 4
· art	Checking of Frequence Continued		Yes	No
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	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	_	1
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):		- 2	24
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
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 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, Part II, III, or IV, and Part V, line 1	34	1	
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 controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		✓
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		1
	10. 110.007 Mill offi odd filod did foquilod to dompieto deficultie O		m 99 0	0 (2014

1a [Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable				
1a		. 1			
ıa į			aldo fa 1 1 f	Yes	No
		1a 0 1b 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to				
	reportable gaming (gambling) winnings to prize winners?		1c	J	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	, da, 5. 250	7000	Yazi
;	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b I	If at least one is reported on line 2a, did the organization file all required federal employment to	ax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr		San San	~, *, *, *,	<u> </u>
	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sc		3b		-
(At any time during the calendar year, did the organization have an interest in, or a signature o over, a financial account in a foreign country (such as a bank account, securities account, o account)?		4a		1
b i	If "Yes," enter the name of the foreign country: ▶		4657	ئىسى ئى ئى ئى	
;	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fir (FBAR).	ancial Accounts	1000000	*** ****	(1) (1) (1) (1) (1) (2) (1) (1) (2) (1)
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	vear?	5a		√
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	•	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,00				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		✓
	If "Yes," did the organization include with every solicitation an express statement that such	contributions or	٠.		
	gifts were not tax deductible?		6b	6. 1 ,	25,263 h
	Did the organization receive a payment in excess of \$75 made partly as a contribution and	nartly for goods	And the	N#	
	and services provided to the payor?		7a		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Ť
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for required to file Form 8282?		7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	applied in the	Assessed A	200
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e		✓
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f		✓
-	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g	ļ	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h	da	Fr = . 9/32
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m sponsoring organization have excess business holdings at any time during the year?	airitairieu by trie	8	2 Ra	MC
	Sponsoring organization have excess business holdings at any time during the year?			in i	gat 11 cm
	Did the sponsoring organization make any taxable distributions under section 4966?		9a	1424	11.515.7
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	on?	9b		
	Section 501(c)(7) organizations. Enter:		735		i):
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		T' 6	
	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders	11a	-[0]		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu or		12a	11111111	. Marsh
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Langelijke Langelijke	de tratage et restate	363
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule	e O			no Y
	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	11 /18	17 17 17	1.000
	Did the organization receive any payments for indoor tanning services during the tax year? . If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in S	 Schedule O	14a		

Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O		itructi	_				
Secti	Check if Schedule O contains a response or note to any line in this Part VI	•	<u> </u>	. <u>V</u>				
36011	on A. Governing Body and Management		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15		165	NO				
Iu	Enter the number of voting members of the governing body at the end of the tax year 1a 1s 1s 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		72.34	** ***				
	committee, explain in Schedule O.	3.4						
b	Enter the number of voting merchan maled at the design of the second of		i i restrict					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		100	404				
	any other officer, director, trustee, or key employee?	2	4.6.7.					
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		1				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	1				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	ļ	1				
6	· · · · · · · · · · · · · · · · · · ·							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6	\vdash	√				
	one or more members of the governing body?	7a		1				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			Ť				
	stockholders, or persons other than the governing body?	7b		✓				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	· 1000		M. 355.				
	the year by the following.							
а	The governing body?	8a	1	200				
b	Each committee with authority to act on behalf of the governing body?	8b		1				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at							
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ĺ	1				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u></u>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	55/	27.45					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	<u></u>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ŀ	١.					
	describe in Schedule O how this was done	12c	✓	<u> </u>				
13	Did the organization have a written whistleblower policy?	13	√	-				
14	Did the organization have a written document retention and destruction policy?	14	√	16.29 Se				
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?	11,0,3000						
a	The organization's CEO, Executive Director, or top management official	15a		-				
b	Other officers or key employees of the organization	15b						
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150						
IVa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	1135	15-1-94 540					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		V				
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	n ing man	#145 LT					
	organization's exempt status with respect to such arrangements?	16b	S. Pari	1000				
Secti	on C. Disclosure	100	L	<u> </u>				
17	List the states with which a copy of this Form 990 is required to be filed ► Massachusetts							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 5010	c)(3)s	only)				
_	available for public inspection. Indicate how you made these available. Check all that apply.		-,,5,0)				
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	polici	v. and				
	financial statements available to the public during the tax year.		, 50	, ,				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: >					
	A. Michael Ruderman (clerk), 9 Alton Street, Arlington MA 02474 telephone 781-929-7847							

	•		
orm	990	(2014)	

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

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

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

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

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

Check this box if neither the organization n	or any relate	d org	anız			ompe	nsa	ted any currer	t officer, director	r, or trustee.	_
(A) Name and Title	(B) Average hours per	box,	untes	Pos neck s pe	more rson	e than o is both or/trust	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
· 	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)	compensation from the organization and related organizations	
(1) Mark Bagley, Director	11	1						0	0		0
(2) James A. Bell, Director	1	1						0	0		0
(3) Lauren Bell, Director	1	1						0	0		0
(4) Scott A Berney, Director	11	1						0	0		0
(5) Robert C. Bray, Director	1	1						0	0		0
(6) John S. Connolly Jr , Director	1	1						0	0		0
(7) Sam Coppersmith, Director	1	1						. 0	0		0
(8) Alisha Creel, Vice President and Director	3	1		1				0	0		0
(9) Thomas G. Everett, Director	1	1						0	0		0
(10) David S. Green, Director	1	1						0	0		0
(11) Courtenay L. Kessler, Director	1	1						0	0		0
(12) Elizabeth Moroney, Director	1	1						0	0		0
(13) J. Mark Patek, Director	1							0	0		0
(14) A. Michael Ruderman, Clerk and Director	3	1		1				0	0		0

Part	Section A. Officers, Directors, Trust	tees, Key E	mploy	yees		<u>1d F</u> 2)	lighes	st C	ompensated E	mployees (co	intinu	ied)		
	40				Pos								-	
	(A)	(B)			neck	more	than c		(D)	(E)			(F)	
	Name and title	Average hours per					ıs both or/trust		Reportable compensation	Reportable compensation f			mated unt of	
		week (list any			_			—	from	related			her	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key e	npic	Former	the organization	organization: (W-2/1099-MIS			ensatior n the	י
		organizations	dua	ıt or	*	ä	st c	□ 4	(W-2/1099-MISC)	,	-/	organ	nization	
		below dotted line)	× =	nat t		/ employee	dmo						related izations	
			stee	ust		Φ.	ens				1	Organi	Zullonio	•
				æ			Highest compensated employee							
(15) Ma	rlowe A. Sigal, Director	1												
			✓						0		0			0
(16) Ev	elyn J. Tate, Director	1												
			✓						0		o			0
(17) Ca	mmie O'Connor Wynn, President and	3												
Directo	or		✓		✓				0		0			0
(18) Ti	nur Kaya Yontar, Treasurer and Director	3												
			✓		✓				0		0			
(19) EI	aine B. Murphy, Director	11									- 1			
			✓						0		0			
(20)		ļ												
(0.4)				ļ	ļ	-	ļ				\dashv			
(21)		ļ												
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(22)		 	-		i									
(22)								-			\dashv			
(23)		 -	1											
(24)	, w.e.	 	-	-								-		
147/			1								ŀ			
(25)														
35.27		 								İ	ļ			
1b	Sub-total				_				0		0			0
C	Total from continuation sheets to Part	VII. Sectio	n A					•	0	·	0			
d	Total (add lines 1b and 1c)	-						•	0	 	0			(
2	Total number of individuals (including bu						above	e) w			0.000	O of		
	reportable compensation from the organ				_			,			•			
													Yes	No
3	Did the organization list any former of							emp	oloyee, or high	nest compen	sate	d		
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ivid	ual					3		✓
4	For any individual listed on line 1a, is the													1
	organization and related organizations	greater th	an \$	150,	,000)? [f "Ye	s, "	complete Sch	nedule J for	suci	h		
	ındıvıdual	•			•	•	•				•	4		✓
5	Did any person listed on line 1a receive of									zation or indi	ıdua	[
	for services rendered to the organization	? If "Yes," o	compi	ete	Scr	nedi	ule J i	or s	such person	<u> </u>	<u> </u>	5		<u> </u>
	on B. Independent Contractors									<u> </u>				
1	Complete this table for your five highest													
	compensation from the organization Re	ort compe	nsau	on re	or tr	ne c	aieno	iar y	year ending wi	in or within tr	ie org	ganizatio	JII S (a	1X
	year													
	(A) Name and business address								(B) Description of s	services		(C) Compens	ation	
				-								<u> </u>		
	The second secon							\vdash						
					···-			 						
			-					 						
2	Total number of independent contractor	ors (includii	ng bi	ut n	ot	lımı	ted to	tr	nose listed ab	ove) who	100 p.* 1	sutaujulim v,		
	received more than \$100,000 of compen								Zero				Marian de la como de l La como de la como de l La como de la como	ange englig

Par	t VIII	Check if Schedule C		0 r0c	nanca ar nata t	o ony lino in thu	n Dort VIII		
	× × × × × × × × × × × × × × × × × × ×	Check if Schedule C	detains	a res	ponse or note t	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u></u>	., ., ., .,,		. 444	c - Arriga	Marie Control		revenue	revenue	512-514
s, Grants Amounts	1a	Federated campaigns		1a			THE STATE OF THE STATE OF		
S a	b	Membership dues .		1b			//-		ATTOURNESS LANGUAGES
Ę,	С	Fundraising events		1c		a talendary (V.)		and details the look	
ons, Gifts, Similar Ar	d			1d					A second second
	е	Government grants (cor		1e				Friedrich is	
	f	All other contributions, g				100	, ,	Positive and	# + ,* B :
혈		and similar amounts not inc	luded above	1f	16693				3. st 1
Contributivand and Other	g	Noncash contributions include	ded in lines 1a	-1f [.] \$		4,1	, , ,		· ·
ပ္ပ ၕ	h	Total. Add lines 1a-1	f		>	16693	. , '	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,
_e					Business Code	E.S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		1	
Ę.	2a								<u></u>
æ	b								
<u>8</u>	c	***************************************				-			
ēZ	ď		••						
S	-				· · · · · ·				
Program Service Revenue		All other program ser				-			
õ	,	· -					Same and the same of the same	* 10x80xx4U3.** (430	
	3 3	Total. Add lines 2a-2 Investment income				<u> </u>	《大学》	i i i i i i i i i i i i i i i i i i i	enter de la composition della composition dell
		and other similar amo							
			•			24127			
	4	Income from investmen		mpt be	ond proceeds ▶				
	5	Royalties	· · · ·		▶	alabert		Lot Commence during	(e
			(ı) Real		(ii) Personal		estima i de militar de la		*."
	6a	Gross rents	<u></u>				grayia s		****** //
	b	Less. rental expenses				Class.			4
	С	Rental income or (loss)				100 100 100 100 100 100 100 100 100 100	1, 1	2.6	4-2
	d	Net rental income or	(loss) .		🕨				_
	7a	Gross amount from sales of	(ı) Securit	ies	(II) Other	1,000	19.46		
		assets other than inventory					para representa	i debi di	CACALLANDER
	b	Less cost or other basis	-				्रवास्त्राहरू । जिल्लाहरू सम्बद्धाः सम्बद्धाः		
		and sales expenses					4.47,599	gara Saran	
	C	Gain or (loss)							
	d	Net gain or (loss) .			· •	links to the state of the state	***************************************	(1986)	hilliment no and the control of the
		J (,				Jedgay X	Salar	100	WANTED TO THE PERSON OF THE PE
ne	8a	Gross income from fu	ındraising			Charles of the comment	Marin 11. market	3 No 44 H 3 S S	** 4 '
ē	"-	events (not including \$,			,		, ,
ě		of contributions reporte	ed on line 1	c)			. , , , , ,	A Section of the second of	
<u>.</u>		See Part IV, line 18 .		•				no on discher Walter prove	
Other Revenu		·		a			, stylenance		<u> </u>
Ò	b	Less: direct expenses		. b		encomes and multipliers	**		
	C	Net income or (loss) f			events . ▶	Excitationististististis (1)	- Dan 1 ' Chicat Casa	wasie. Tret.Co. 500	
	9a	Gross income from gassee Part IV, line 19 .							
				а					
	b	Less: direct expenses		. b	L. <u></u> .			25.5	
	C	Net income or (loss) f	•	~	vities >				
	10a	Gross sales of in	•	less					
		returns and allowance		· a			The state of the s		
	b	Less. cost of goods s					Same contrasts		\$5.60 m · · ·
	С	Net income or (loss) f	rom sales	of inv	entory .				
		Miscellaneous F	levenue		Business Code	Chickly Control	, , ,	(o v omodenskipppppings .	w.
	11a								
	b	•							
	c	***************************************							
	d	All other revenue .			***************************************				
	e	Total. Add lines 11a-	11d						
	12	Total revenue. See in	-			40000	3 11 2 3 2 3 2 3 2 3 3 3 5 5 5 5 5 5 5 5 5 5	200 - 1811 MENNY TO 1744	1 - Londontonandou A. Say

1 3111 000 (2014)	Page IL
Part IX Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)	

Check if Schedule O contains a response or note to any line in this Part IX											
	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)						
8b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations				* *						
	and domestic governments. See Part IV, line 21	57866	57866								
2	Grants and other assistance to domestic										
	ındıvıduals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign			San Sugar Sugar							
	individuals. See Part IV, lines 15 and 16				12.0						
4 5	Benefits paid to or for members										
5	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)										
a	Management										
b	Legal				.,						
C C	Accounting										
d e	Lobbying	·									
f	Investment management fees		* · · · · · · · · · · · · · · · · · · ·								
g	Other. (If line 11g amount exceeds 10% of line 25, column										
Ū	(A) amount, list line 11g expenses on Schedule O)										
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		4		ă ´´						
	above (List miscellaneous expenses in line 24e. If	447									
	line 24e amount exceeds 10% of line 25, column	****									
_	(A) amount, list line 24e expenses on Schedule O)			**	<u> </u>						
a	Foreign taxes on investments Miscellaneous	692		692							
D C	MISCERGIEGUS	631		631							
d											
e	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	59189	57866	1323							
26	Joint costs. Complete this line only if the	33,00	2.500								
	organization reported in column (B) joint costs from a combined educational campaign and										
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)										

					Tuge .
ناي	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	\\		
		", "Otherwise of contains a response of flote to any line in this Pa	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	14681	1	23030
	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	THE PARTY OF THE P	5	
its	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		4	all seekhin e i pirke.
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			AND CONTRACTOR
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	1221161	11	121978
	12	Investments – other securities. See Part IV, line 11	o	12	
	13	Investments-program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1235842	16	124281
	17	Accounts payable and accrued expenses		17	
	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	
es	22	Loans and other payables to current and former officers, directors,		WHEEP.	Continue Continue
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
J	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 of Schedule D		05	
	26	Total liabilities. Add lines 17 through 25		25 26	
_	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		20	AND REPORT OF STATES
ces		complete lines 27 through 29, and lines 33 and 34.	with the late of the control of the		
<u>ala</u>	27	Unrestricted net assets	1235842	27	122090
ä	28	Temporarily restricted net assets		28	2191
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Õ	30	Capital stock or trust principal, or current funds	Linear Carlot State Control of the C	20	***************************************
šet	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	32	Retained earnings, endowment, accumulated income, or other funds.		32	
e	33	Total net assets or fund balances	4225040		404004
Z	34	Total liabilities and net assets/fund balances	1235842	34	124281

Form 9	90 (2014)			Pa	ge 12
Par	t XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1			40820
2	Total expenses (must equal Part IX, column (A), line 25)	2			59189
3	Revenue less expenses. Subtract line 2 from line 1	3			8369)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			35842
5	Net unrealized gains (losses) on investments	5			25345
6	Donated services and use of facilities	6			<u> </u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		12	42818
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," ex	plaın ın			
	Schedule O.		1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled 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		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed 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 or	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in	, ,		
	Schedule O.	•	Euro ·	24	
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** (2014)

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.

OMB No 1545-0047

2014

Open to Public

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number Name of the organization 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 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a 🔲 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C [7] 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) 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetan (vi) Amount of listed in your governing (described on lines 1-9 support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) Harvard University Band 04-3009105 501(c)(3) (B) (Ç) (DÌ (E)

Part II

Part	Support Schedule for Organization (Complete only if you checked the						
	Part III. If the organization fails to				•	•	any under
Secti	on A. Public Support	o quality unde	i the tests ha	ited below, p	lease comple	te rait iii.j	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(5) 2011	(6) 2012	(4) 2010	(6) 2011	(i) rotar
-	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	32.0		3.00 P	14750 · 1480	A Park	
Secti	on B. Total Support			<u> </u>			
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	•	· · · · · · · · · · · · · · · · · · ·		All Control of the Co	12	- E04(-\/0\
13	First five years. If the Form 990 is for t	ne organizatioi	n's tirst, secon	ia, thira, tourtr	n, or tiπn tax y	ear as a sectio	n 501(c)(3) . ▶ □
Secti	organization, check this box and stop he on C. Computation of Public Suppo				<u> </u>	<u> </u>	<u> </u>
14	Public support percentage for 2014 (line			11 column (fl)		14	
15 16a	Public support percentage from 2013 Sc 331/3% support test—2014. If the organ box and stop here. The organization quality	chedule A, Part ezation did not	II, line 14 . check the box	on line 13, an	 d line 14 is 33	15 /3% or more, c	% heck this
b	331/3% support test—2013. If the organicheck this box and stop here. The organic	inization did no	ot check a box	x on line 13 o	r 16a, and line		
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- facts-and-circ	and-circumstaumstaumstaumstances" te	ances" test, ch st. The organiz	eck this box at ation qualifies	nd stop here. E	Explain in upported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets the meets the	e "facts-and-c s-and-circums	ircumstances" stances" test 1	test, check ti The organization	nis box and st on qualifies as a	op here.
18	Private foundation. If the organization constructions	lid not check a	box on line 13	s, 16a, 16b, 17	a, or 17b, chec	k this box and	see

	ule A (Form 990 or 990-EZ) 2014						Page 3
Part	(Complete only if you checked the	he box on line	e 9 of Part I o	or if the organ	ization failed	to qualify unc	ler Part II.
Sect	If the organization fails to qualify ion A. Public Support	under the te	sts listed bei	ow, please co	omplete Part	II.)	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(2) 25.5	(2) 2011	(0) 2012	(4, 2010	(6) 2014	(i) rotar
	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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)	-			14.77 7. 76 ft.		
Secti	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						•
10a	Gross income from interest, dividends,						·-
	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						

Sect	tion C. Computation of Public Support	Percentage	3				
	organization, check this box and stop here	<u>.</u> .					. ▶ [
14	First five years. If the Form 990 is for the	organization	's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	and 12)						
13	Total support. (Add lines 9, 10c, 11,						
	(Explain in Part VI.)						

	acquired after June 30, 1975	İ					
С 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon		o, or fifth tax yea	arasa s	ection 501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2014 (line	3, column (f) di	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2013 Sci	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2014 (line 10c, colun	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2013	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests - 2014. If the organ						
	17 is not more than 331/3%, check this box	and stop here .	. The organizati	on qualifies as	a publicly suppo	rted orga	nization ▶ 🗍
b	331/3% support tests – 2013. If the organize line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box a	ınd see ii	nstructions > 🗀
					Sche	dule A (Fo	rm 990 or 990-EZ) 2014

Yes No

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's govern documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of sta under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," ans (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization") "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the fore supported organization? If "Yes," describe in Part VI how the organization had such control and discre despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determina under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization u to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2 purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yo answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such act (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the ac was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class alre designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities anyone other than (a) its supported organizations, (b) individuals that are part of the charitable cl benefited by one or more of its supported organizations; or (c) other supporting organizations that support or benefit one or more of the filing organization's supported organizations? If "Yes," provide deta
- Did the organization provide a grant, loan, compensation, or other similar payment to a substail contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percentage of a substantial contributor. controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 99)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or m disqualified persons as defined in section 4946 (other than foundation managers and organizations described) in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in W the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal bei from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 49-(regarding certain Type II supporting organizations, and all Type III non-functionally integrated support organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720 determine whether the organization had excess business holdings.)

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Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		*. *. *. *. *. *. *. *. *. *. *. *. *. *	F
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		ئـــــــــــــــــــــــــــــــــــــ	
h	below, the governing body of a supported organization?	11a 11b		-
	A family member of a person described in (a) above? 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		\ <u>\</u>
	on B. Type I Supporting Organizations	110	L	
000111	71 51 Type 1 64 pporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		.,	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	*		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	* *		
	controlled the organization's activities. If the organization had more than one supported organization,	alibro i	.,,	, 449,00 m 1 3,92,45
	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.		250	
_		1		300000 Y
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1	1.3	
	supervised, or controlled the supporting organization.	2	500	<u> </u>
Section	on C. Type II Supporting Organizations			L
<u> </u>	and the manker and and an armedianie		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	*****	*:	£ 4 40 17
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			, i,
	or management of the supporting organization was vested in the same persons that controlled or managed	L		
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
		6853	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		. 373 and 1	
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	1397~36		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
•		1	 √	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1	Series .	440 00 A
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		1
3	By reason of the relationship described in (2), did the organization's supported organizations have a	- 	5,3	30 cm
•	significant voice in the organization's investment policies and in directing the use of the organization's		45	ا - مبد
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		/ \^;	¥94
	supported organizations played in this regard.	3	1	
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	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			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	struct	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
2			res	mo m
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1000	16 1
	those supported organizations and explain how these activities directly furthered their exempt purposes,		Street P.	
	how the organization was responsive to those supported organizations, and how the organization determined		1	J=10
	that these activities constituted substantially all of its activities.	2a	1	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			.x>
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	*,		See.
	reasons for the organization's position that its supported organization(s) would have engaged in these	300	L. and	
	activities but for the organization's involvement	2b	1	
3	Parent of Supported Organizations Answer (a) and (b) below.	5 d		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u></u>	100	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-	آهـــا	200
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	I

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-			structions. All
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		(7) 0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	#*. * - `		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		Andrew Colored	
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	The second secon	
7 Check here if the current year is the organization's first as a non-functional	ly-ın		g organization (see
instructions).	-		

Part	7) Supporting Organi	zations (continuea)	
Secti	on D - Distributions	· · · · · · · · · · · · · · · · · · ·		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
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			L
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2014 from Section C, line 6	-		
10	Line 8 amount divided by Line 9 amount			
	Elifo o amount dividod by Elifo o amount	-	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	2016年4月1日 · 1000年1月		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014		Control Clark	
	Excess distributions carryover, if any, to 2014			
<u>b</u>	The state of the second			
C			7. A 1. A	
d		The second of th		
- е	From 2013			
- č	Total of lines 3a through e			
g	Applied to underdistributions of prior years	en and the second Wild second		
_9	Applied to 2014 distributable amount		Contain Contains	
- 	Carryover from 2009 not applied (see instructions)		\$2.50 = \$2.50 million (10.5 \$2.50)	© 10 15 5 3 5 7 2 3 4 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
<u>:</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	2. 11		200 - 200 - 1
4	Distributions for 2014 from Section	The state of the s		
-	D, line 7.	170		
	Applied to underdistributions of prior years	9-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3		
b	Applied to 2014 distributable amount	269 A. C.	- 1 16 m	
C	Remainder, Subtract lines 4a and 4b from 4.			Spailtra
5	Remaining underdistributions for years prior to 2014, if		71250 STATISTIC AL., 17 " 07 3000 SANSANIA	
	any. Subtract lines 3g and 4a from line 2 (if amount	7.7		A CARLON SERVICE
	greater than zero, see instructions).			F. Cale
6	Remaining underdistributions for 2014. Subtract lines 3h	44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	and 4b from line 1 (if amount greater than zero, see			
	instructions).	Constitution of the Consti	4-5-40-40-5	
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7:		Market and the second s	
а	The state of the s			
b	一直的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一			
С			HVARANE IS	
d	Excess from 2013	redo disconi di Baranti di Salik		
ее	Excess from 2014			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
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 Senio
Staff through twice-yearly HBF Board of Directors meetings, the Manager and Senior Staff attending and contributing their views; more
frequent committee activities (HBF directors' committees include and consult with their undergraduate counterparts for Alumni Relations,
Investments, and the like); and numerous, casual contacts between Directors and undergraduates at HUB performances.
Section D, question 3. Aside from its minimal operating overhead, the HBF spends no money from its funds for anything other than grants a
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.
Section E, question 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 right
to perform specific compositions. Every grant request is scrutinized by the Grants committee and, before funding, must be found to be in
keeping with the HUB's mission as a student performing organization.
Section E, question 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 that the HBFperforms to make these funds available.
,

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	f the or	ganization		Employer identification number
Harvar	d Band	Foundation Inc		04-2799839
Par	t I	Organizations Maintaining Donor Adv Complete if the organization answered		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate value of contributions to (during year)		
3	Aggre	egate value of grants from (during year)		
4	Aggre	egate value at end of year		
5		he organization inform all donors and donor are the organization's property, subject to the		
6	only 1	ne organization inform all grantees, donors, a or charitable purposes and not for the bene orring impermissible private benefit?	fit of the donor or donor advisor, or f	or any other purpose
Par	Ш	Conservation Easements.		
		Complete if the organization answered		
1		ose(s) of conservation easements held by the		
		reservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation o	f a historically important land area
		rotection of natural habitat	☐ Preservation o	f a certified historic structure
_		reservation of open space		
2	Comp	plete lines 2a through 2d if the organization he	eld a qualified conservation contribution	·····
		ment on the last day of the tax year.		Held at the End of the Tax Year
а		number of conservation easements		2a
b		acreage restricted by conservation easement		. 2b
C		per of conservation easements on a certified I	` ,	
d		per of conservation easements included in its structure listed in the National Register .	(c) acquired after 8/17/06, and not	on a 2d
3	Numb tax ye	per of conservation easements modified, trans ear ►	sferred, released, extinguished, or terr	minated by the organization during the
4	Numb	per of states where property subject to conse	rvation easement is located ►	
5		the organization have a written policy re- ions, and enforcement of the conservation ea		pection, handling of Yes . No
6	Staff	and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation	easements during the year
7	Amou ▶\$	unt of expenses incurred in monitoring, inspec	cting, and enforcing conservation ease	ements during the year
8	Does and s	each conservation easement reported on line ection 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
9	In Pa	rt XIII, describe how the organization reports	conservation easements in its revenue	and expense statement, and
	balan	ce sheet, and include, if applicable, the text of	of the footnote to the organization's fir	
		ization's accounting for conservation easeme	ents.	
Part	Ш	Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
		Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
1a	works	organization elected, as permitted under SF s of art, historical treasures, or other similar service, provide, in Part XIII, the text of the f	assets held for public exhibition, ed	ducation, or research in furtherance of
b	works	organization elected, as permitted under S s of art, historical treasures, or other similar c service, provide the following amounts relat	assets held for public exhibition, ed	revenue statement and balance sheet ducation, or research in furtherance of
		evenue included in Form 990, Part VIII, line 1		b ¢
	(ii) As	sets included in Form 990, Part X		· · · · • •
2	If the	organization received or held works of art ving amounts required to be reported under S	, historical treasures, or other similar	assets for financial gain, provide the
a	Reve	nue included in Form 990, Part VIII, line 1 .		

, Par						
3	Using the organization's acquisition, a collection items (check all that apply):					
а	☐ Public exhibition		d 🗌 Loa	n or exchange pi	ograms	
b	☐ Scholarly research					
С	☐ Preservation for future generations	;		***************************************		
4	Provide a description of the organizat XIII.	ion's collections a	nd explain how	they further the	organization's exem	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta				ar 🗌 Yes 🗌 No
Part		•				
	Complete if the organization 990, Part X, line 21.				•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?				or other assets no	ot 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following	table.	Ar	mount
C	Beginning balance			[1c	
d	Additions during the year			[1d	··
е	Distributions during the year				1e	
f	Ending balance			[1f	
2a	Did the organization include an amour				•	
b Par	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the explanat	on has been pro-	/ided in Part XIII .	<u>· · </u>
rai	Complete if the organization	answered "Vee"	to Form 990	Part IV line 10		
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years bac		(e) Four years back
1a	Beginning of year balance	1235842	114880	 		-
b	Contributions	16693	3159		33 33640	
c	Net investment earnings, gains, and	10033		3,	33 33040	, 224
	losses	49472	13804	.0 833	77 (14124	175031
d	Grants or scholarships .	(57866)	(7817		•	
е	Other expenditures for facilities and	(0.000)		(111)	(02010	(.0,)
	programs					(2978)
f	Administrative expenses	(1323)	(442	5) (320)5) (2338	
g	End of year balance	1242818	123584	2 11488	05 1106381	1 1142113
2	Provide the estimated percentage of t	he current year en	d balance (line ⁻	lg, column (a)) he	ld as	
а	Board designated or quasi-endowmer	nt ▶ 98.2	<u>4</u> %			
b	Permanent endowment >	%				
C	Temporarily restricted endowment ▶					
_	The percentages in lines 2a, 2b, and 2	•				
3a	Are there endowment funds not in the	e possession of the	e organization t	hat are held and	administered for th	
	organization by					Yes No
	(i) unrelated organizations					3a(i) ✓
b	(ii) related organizations					3a(ii) ✓ 3b
4	Describe in Part XIII the intended uses					SD
Pari				Tarradi.		
	Complete if the organization		to Form 990.	Part IV. line 11:	a. See Form 990. I	Part X. line 10.
	Description of property	(a) Cost or oth	ner basis (b) Cos		(c) Accumulated depreciation	(d) Book value
	Land	,	·	· · ·		
b	Buildings				Maria Carlos Salara Carlos Car	
C	Leasehold improvements					
d	Equipment					
e	Other					
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	90, Part X, colur	nn (B), line 10c.)	•	

Part VII Investments—Other Securities.

	(a) Description of security or ca (including name of security		(b) Book value		ethod of valuation id-of-year market value
1) Financial	derivatives	<u></u>			· · · · · · · · · · · · · · · · · · ·
	held equity interests				
	•				
(A)	·····				,
(B)		***************************************			
(C)					***
(D)					
(E)					
(F)					
(G)					
(H)	·				
	(b) must equal Form 990, Part X, col (B) line 12			* ' , , ,	. 1875 "." 1885
Part VIII	Investments - Program Rel				
	Complete if the organization			<u>ne 11c. See Forn</u>	n 990, Part X, line 13.
	(a) Description of investme	ent	(b) Book value		ethod of valuation nd-of-year market value
-				Cost or er	id-oi-year market value
(1)					
(2)					
(3)					
(4)			-		<u></u>
(5)					

(6)			1		
(7)		<u> </u>		1	
(7) (8)					
(7) (8) (9)	(b) must equal Form 990, Part X, col. (B) line 13 Other Assets.	3.) ▶		we be to some only that having necessarily a section of the sectio	Contract (C.)
(7) (8) (9) Total. (Column (·	orm 990, Part IV, Iır	No. 27-1-1900	
(7) (8) (9) Total. (Column (Part IX	Other Assets.	answered "Yes" to Fo	orm 990, Part IV, lin	No. 27-1-1900	n 990, Part X, line 15.
(7) (8) (9) Total. (Column (Part IX	Other Assets.	answered "Yes" to Fo	orm 990, Part IV, Iır	No. 27-1-1900	n 990, Part X, line 15.
(7) (8) (9) Total. (<i>Column</i> (Part IX) (1) (2) (3)	Other Assets.	answered "Yes" to Fo	orm 990, Part IV, Iır	No. 27-1-1900	n 990, Part X, line 15.
(7) (8) (9) Total. (Column (Part IX (1) (2) (3) (4)	Other Assets.	answered "Yes" to Fo	orm 990, Part IV, Iir	No. 27-1-1900	n 990, Part X, line 15.
(7) (8) (9) Total. (Column (Part IX (1) (2) (3) (4) (5)	Other Assets.	answered "Yes" to Fo	orm 990, Part IV, Iin	No. 27-1-1900	n 990, Part X, line 15.
(7) (8) (9) Total. (Column (Part IX (1) (2) (3) (4) (5) (6)	Other Assets.	answered "Yes" to Fo	orm 990, Part IV, Iır	No. 27-1-1900	n 990, Part X, line 15.
(7) (8) (9) Total. (Column (Part IX (1) (2) (3) (4) (5)	Other Assets.	answered "Yes" to Fo	orm 990, Part IV, Iir	No. 27-1-1900	n 990, Part X, line 15.
(7) (8) (9) Total. (Column (Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.	answered "Yes" to Fo	orm 990, Part IV, Iır	No. 27-1-1900	n 990, Part X, line 15.
(7) (8) (9) Total. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.	answered "Yes" to Fo	orm 990, Part IV, Iir	ne 11d. See Forn	n 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization	answered "Yes" to Fo (a) Description X, col (B) line 15.)		ne 11d. See Forn	n 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25.	answered "Yes" to Fo (a) Description X, col (B) line 15.) answered "Yes" to Fo	orm 990, Part IV, lin	ne 11d. See Forn	n 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Part X)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization	answered "Yes" to Fo (a) Description X, col (B) line 15.)	orm 990, Part IV, lin	ne 11d. See Forn	n 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Part X) 1. (1) Federal (1)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" to Fo (a) Description X, col (B) line 15.) answered "Yes" to Fo	orm 990, Part IV, lin	ne 11d. See Forn	n 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Part X)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" to Fo (a) Description X, col (B) line 15.) answered "Yes" to Fo	orm 990, Part IV, lin	ne 11d. See Forn	n 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Part X) 1. (1) Federal III (2)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" to Fo (a) Description X, col (B) line 15.) answered "Yes" to Fo	orm 990, Part IV, lin	ne 11d. See Forn	n 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Part X) 1. (1) Federal III (2) (3)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" to Fo (a) Description X, col (B) line 15.) answered "Yes" to Fo	orm 990, Part IV, lin	ne 11d. See Forn	n 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Part X) 1. (1) Federal (Part X) (2) (3) (4)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" to Fo (a) Description X, col (B) line 15.) answered "Yes" to Fo	orm 990, Part IV, lin	ne 11d. See Forn	n 990, Part X, line 15. (b) Book value
(7) (8) (9) Fotal. (Column) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column) Part X 1. (1) Federal III (2) (3) (4) (5)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" to Fo (a) Description X, col (B) line 15.) answered "Yes" to Fo	orm 990, Part IV, lin	ne 11d. See Forn	n 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column) Part X 1. (1) Federal III (2) (3) (4) (5) (6)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" to Fo (a) Description X, col (B) line 15.) answered "Yes" to Fo	orm 990, Part IV, lin	ne 11d. See Forn	n 990, Part X, line 15. (b) Book value
(7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) Federal III (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" to Fo (a) Description X, col (B) line 15.) answered "Yes" to Fo (b) Book value	orm 990, Part IV, lin	ne 11d. See Forn	n 990, Part X, line 15. (b) Book value

Fart	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, F			Retu	rn.	
		antiv	V, III le 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:	ا ۵-	I	,		
a	Net unrealized gains (losses) on investments	2a		3,500		
b	Donated services and use of facilities	2b		-		
C	Recoveries of prior year grants		 	N		
d	Other (Describe in Part XIII.)			Ni.		
e	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1	. ·		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII)		1			
c	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	<u> </u>	
Part	• • • • • • • • • • • • • • • • • • • •			er Het	turn.	
	Complete if the organization answered "Yes" to Form 990, F	art I	/, 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:		ı	· .		
а	Donated services and use of facilities	2a		*		
b	Prior year adjustments	2b		Legen.		
C	Other losses	2c		F		
d	Other (Describe in Part XIII.)	2d	A. C.	, ř., *		
е	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:			3.		
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				
С				4c		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)						
Part	XIII Supplemental Information.					
Part Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4, P	art IV, lines 1b and 2b	; Part	V, line 4, Part X, line	
Part Provid	XIII Supplemental Information.	d 4, P	art IV, lines 1b and 2b	; Part	V, line 4, Part X, line tion.	
Part Provid 2; Par	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4, P to pro	art IV, lines 1b and 2b ovide any additional ir	o; Part nforma	tion.	
Part Provid 2; Par	XIII Supplemental Information. e 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	d 4, P to pro	art IV, lines 1b and 2b ovide any additional ir	o; Part nforma	tion.	
Part Provid 2; Par Part V	XIII Supplemental Information. e 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	d 4, P to pro	art IV, lines 1b and 2b ovide any additional ir ts to, and supporting t	o; Part nforma he wor	tion. k of the Harvard	
Part Provid 2; Par Part V	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 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, P to pro	art IV, lines 1b and 2b ovide any additional ir ts to, and supporting t	o; Part nforma he wor	tion. k of the Harvard	
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Part Provid 2; Par Part V	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 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, P to pro	art IV, lines 1b and 2b ovide any additional ir ts to, and supporting t	o; Part nforma he wor	tion. k of the Harvard	
Part Provid 2; Par Part V	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 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, P to pro	art IV, lines 1b and 2b ovide any additional ir ts to, and supporting t	o; Part nforma he wor	tion. k of the Harvard	
Part Provid 2; Par Part V	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 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, P to pro	art IV, lines 1b and 2b ovide any additional ir ts to, and supporting t	o; Part nforma he wor	tion. k of the Harvard	
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Part Provid 2; Par Part V	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 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, P to pro	art IV, lines 1b and 2b ovide any additional ir ts to, and supporting t	o; Part nforma he wor	tion. k of the Harvard	
Part Provid 2; Par Part V	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 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, P to pro	art IV, lines 1b and 2b ovide any additional ir ts to, and supporting t	o; Part nforma he wor	tion. k of the Harvard	
Part Provid 2; Par Part V	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 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, P to pro	art IV, lines 1b and 2b ovide any additional ir ts to, and supporting t	o; Part nforma he wor	tion. k of the Harvard	

SCHEDULE (Form 990)

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

OMB No 1545-0047

Open to Public Inspection

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, ° □ 2014 (h) Purpose of grant or assistance **Employer identification number** See Note, Part IV ✓ Yes 04-2799839 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . . ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ Attach to Form 990. (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)(3) 04-3009105 (P) EIN 74 Mt. Auburn Street, Cambridge MA 1 (a) Name and address of organization Harvard Band Foundation Inc. (1) Harvard University Band or government Department of the Treasury Internal Revenue Service Name of the organization (2) 02138 Part | Part II ල Ø m 3 @ 8 <u>®</u> 6 6 (12) € Ξ

Schedule I (Form 990) (2014)

Cat No 50055P

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

Schedule I (F	Schedule I (Form 990) (2014)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individua I space is needed.	Is. Complete if the	organization answ	ered "Yes" to Form 990, I	
	(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
-				;		
2						
3			:			
4						
5						
9	•					
7						
Part I line 2	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part I line 2 We monitor the use of grant funds through personal and on-premises contacts with the Harvard University Band, at least monthly and frequently weekly. Twice annually we	the information re	equired in Part I, IIn.	2, Part III, column Harvard University B	on required in Part I, line 2, Part III, column (b), and any other additional information. -premises contacts with the Harvard University Band, at least monthly and frequently weekly. Twii	onal information. Idently weekly. Twice annually we
nave key p	nave key personnel of the Harvard University Band report to meetings of the Directors of this Foundation and account for money granted to them, the reports then becoming permanent	rt to meetings of the I	Directors of this Found	dation and account for	money granted to them, the r	eports then becoming permanent
varts of the	parts of the minutes of our meetings. The Harvard University Band is required to submit written reports no later than one year after the receipt of any grant.	rsity Band is required	to submit written rep	orts no later than one	year after the receipt of any g	rant.
art II line	Part II line 1h: repair and purchase of musical instruments subsidy of uniform and travel expense, commissions of new works, sponsorships of concerts.	ts subsidy of uniform	and travel expense, c	ommissions of new w	orks, sponsorships of concer	is.
					,	
; ; ; ; ; ; ; ; ; ; ; ;		1				
				: -	1	Schedule I (Form 990) (2014)

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.

2014

Employer identification number

04-2799838

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Harvard Band Foundation

▶ 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

990 Part VI line 8(b) committees report their activities to the full Board of Directors at our twice-annual meetings, and their activities then
become part of the permanent record of our minutes.
990 Part VI line (b): we have distributed by email a copy of this 990 and its schedules to the Board of Directors and solicited their comments
prior to the filing deadline.
th 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 Foundation is contemplating entering into a transaction or arrangement that might benefit the private interests
of such a person. The conflict of interest policy is affirmed annually by the newly-elected officers of the Foundation, and is re-affirmed
(tri-ennially) by each Director of the Foundation upon the commencement of his or her term of office
990 Part VI line 19. the Foundation's Articles of Incorporation, Bylaws, Conflict of Interest Policy and most recent Audited Financial
Statements (if prepared) are available upon request. We will provide these free of charge in electronic files, or for a minimal copying charge.
if in hard copy. The Foundation is an all-volunteer organization and requires five business days for fulfillment of such a request.
990 Part XI line 5 \$25345 consists of net unrealized gains on investments
Schedule R Part V line 1(n): the Foundation shares the Harvard University Band's mailing list and meeting space. We value this sharing as
below the threshold for reporting in Schedule R Part V line 2
990 Part VI line 15. we pay no compensation to any officer or director, and we have no employees.
990 Part VI line 2: directors Lauren Bell and Jamie Bell are married to each other.
,

SCHEDULE R (Form 990)

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

Part I

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

Related Organizations and Unrelated Partnerships

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2014 **4**

Inspection Employer identification number

Open to Public

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

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

04-2799839

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2014 (f)
Direct controlling
entity Yes No Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (f)
Direct controlling
entity (e) End-of-year assets 509(a)(2) N/A (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c) Legal domicile (state or foreign country) Massachusetts (b) Primary activity Music Performance (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization (1) Harvard University Band, 74 Mount Auburn Street, Cambridge MA 02138 EIN 04-3009105 Part II 9 Ø Ξ ල € <u>0</u> 2 Ε ල € 2 9

(l) Section 512(b)(13) controlled entity? (k) Percentage ownership ŝ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Into 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes (i) General or ŝ managing partner? (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (Form 1065) (i) Code V~UBI (g) Share of end-of-year assets (h) Disproportionate ŝ allocations? (f) Share of total income Yes (g) Share of end-ofyear assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total Income (d)
Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity Primary activity (c)
Legal
domicile
(state or
foreign
country) (b) Primary activity (a) Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV Ξ <u>(S</u> € 9 € 8 <u>(2</u> 2 2 8 2 ල Ξ 9

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

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

0) 2014	Form 99	Schedule R (Form 990) 2014			
					(9)
					(5)
					(4)
					(3)
		none	nominal none	meeting space 1(n)	(2) Harvard University Band
		cash	57866 cash	Grants 1(b)	(1) Harvard University Band
olved	mount inv	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a–s)	(a) Name of related organization
splc	thresho	ships and transaction	iding covered relation	omplete this line, inclu	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
>	15				
	<u>/</u>	<u> </u>			Tother transfer of each or exponents to related persons attented
>	19				
>	1р				p Reimbursement paid to related organization(s) for expenses
>	9	· .			o Sharing of paid employees with related organization(s)
	1n ~	· ·			
>	#				m Performance of services or membership or fundraising solicitations by related organization(s)
>	 				Lease of lacinities, equipment, or other assets from related organization(s) Lease of sequestions or membership or fundraising solicitations for related organization(s)
,	<u> </u>	**************************************			
>	1j				j Lease of facilities, equipment, or other assets to related organization(s)
>	it				
>	두			· · · · · · · · ·	b Purchase of assets from related organization(s)
>	10			•	
>	11	· · · · · · · · · · · · · · · · · · ·			f Dividends from related organization(s)
>	1e	·			e Loans or loan guarantees by related organization(s) .
>	1d				d Loans or loan guarantees to or for related organization(s)
>	10				c Gift, grant, or capital contribution from related organization(s)
	1b 🗸				Giff, grant, or capital contribution to related organization(s)
>	1a	•			a Receipt of (i) interest. (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity
	3	. II−IV?	izations listed in Parts	or more related organ	Note: Complete line it if any entity is listed in Farts II, III, or to be a conscious. 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?
2	Vac				

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross revenue, may was not a related organization. See instructions regaining exclusion for certain investment partities inpo-	gallization. See	IIISTUCTIONS IS	sgarding exclusi		all livestillerit pa			- 1		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excludec from tax under	Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No	-	Yes No	,
(1)										
(2)										
(3)										
(4)										
(5)										
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Schedule R (Form 990) 2014

Schedule R (I	-orm 990) 2014	Page 5
art VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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