

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CELEBRITY SERIES OF BOSTON, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 20 PARK PLAZA 1032 City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02116-4303 F Name and address of principal officer: GARY DUNNING SAME AS C ABOVE	D Employer identification number 22-2958508 E Telephone number 617-482-2595 G Gross receipts \$ 7,771,173. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CELEBRITYSERIES.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1938		M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PRESENT WORLD-CLASS PERFORMING ARTISTS WHO INSPIRE AND ENRICH OUR COMMUNITY. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 29 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 29 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 32 6 Total number of volunteers (estimate if necessary) 6 31 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 4,100. 7b Net unrelated business taxable income from Form 990-T, line 34 7b -8,237.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,697,086. Prior Year 2,957,461. Current Year 9 Program service revenue (Part VIII, line 2g) 3,817,380. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 507,382. 460,928. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -251,019. -257,639. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,770,829. 7,050,750.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,843,914. 1,946,347. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 40,130. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 642,733. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,626,396. 4,962,506. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,470,310. 6,948,983. 19 Revenue less expenses. Subtract line 18 from line 12 300,519. 101,767.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 8,943,440. Beginning of Current Year 8,847,288. End of Year 21 Total liabilities (Part X, line 26) 1,739,512. 1,730,016. 22 Net assets or fund balances. Subtract line 21 from line 20 7,203,928. 7,117,272.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer GARY DUNNING, PRESIDENT AND EXECUTIVE DIRECTOR Type or print name and title	Date 		
Paid Preparer Use Only	Print/Type preparer's name YEVGENIYA GORLOVSKY-SCHEPYEVGENIYA GORLOVSKY-	Preparer's signature YEVGENIYA GORLOVSKY-	Date 09/15/16	Check <input type="checkbox"/> if self-employed PTIN P00535908
	Firm's name ▶ ALEXANDER, ARONSON, FINNING & CO., P.C.	Firm's EIN ▶ 04-2571780	Phone no. 508-366-9100	
	Firm's address ▶ 21 EAST MAIN STREET WESTBORO, MA 01581			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE FORM 990 PART I, QUESTION 1.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,458,059. including grants of \$) (Revenue \$ 3,885,900.) PROGRAMMING/PERFORMANCES TOTAL ATTENDANCE = 60,366 NO. OF EVENTS = 52 NO. OF SHOWS = 63

DURING THE FY 2016 SEASON, OUR 77TH SEASON, WE PRESENTED THE FOLLOWING PERFORMANCES:

- 1.DAVID SEDARIS 2.SPELLBOUND CONTEMPORARY BALLET, "THE FOUR SEASONS" 3.DAWN UPSHAW, SOPRANO AND GILBERT KALISH, PIANO 4.PAVEL HAAS QUARTET - BOSTON DEBUT

4b (Code:) (Expenses \$ 107,792. including grants of \$) (Revenue \$) COMMUNITY OUTREACH/EDUCATION COMMUNITY AND EDUCATION OUTREACH: ARTS FOR ALL!

DURING FISCAL YEAR 2016, CELEBRITY SERIES OF BOSTON SPONSORED THE FOLLOWING PROGRAMS:

DURING THE 2015/2016 SEASON, CELEBRITY SERIES ENGAGED 16,460 YOUTH, FAMILIES AND COMMUNITY MEMBERS IN 157 PROGRAMS AND ACTIVITIES. THESE ACTIVITIES INCLUDED 31 ENGAGEMENTS WITH WORLD-CLASS ARTISTS IN BOSTON'S LEADING CONSERVATORIES, 63 FREE COMMUNITY-BASED EVENTS IN OUR PARTNER NEIGHBORHOODS OF DORCHESTER, HYDE PARK/ MATTAPAN, ROSLINDALE, ROXBURY AND THE SOUTH END. IN ADDITION TO THESE ACTIVITIES, 4,425 PEOPLE

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,565,851.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 122		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 32		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 29		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **GARY DUNNING - (617) 482-2595**
20 PARK PLAZA: SUITE 1032, BOSTON, MA 02116

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY ELISABETH SWERZ CHAIR OF FINANCE COMMITTEE	4.00	X					0.	0.	0.	
(2) JOSHUA BOGER, PH. D. CHAIR	4.00	X					0.	0.	0.	
(3) ILENE JACOBS DIRECTOR	2.00	X					0.	0.	0.	
(4) HOWARD APPLEBY DIRECTOR	2.00	X					0.	0.	0.	
(5) STEPHANIE BROWN DIRECTOR	2.00	X					0.	0.	0.	
(6) MICHAEL CANNING DIRECTOR	2.00	X					0.	0.	0.	
(7) JOSEPH CEFALU DIRECTOR	2.00	X					0.	0.	0.	
(8) TIMOTHY DIGGINS DIRECTOR	2.00	X					0.	0.	0.	
(9) DONNA EGAN DIRECTOR	2.00	X					0.	0.	0.	
(10) GABOR GARAI DIRECTOR	2.00	X					0.	0.	0.	
(11) YVETTE HOCHBERG DIRECTOR	2.00	X					0.	0.	0.	
(12) ANDREA HOFF DIRECTOR	2.00	X					0.	0.	0.	
(13) JANN LEEMING DIRECTOR	2.00	X					0.	0.	0.	
(14) JOSEPH MCNAY DIRECTOR	2.00	X					0.	0.	0.	
(15) GORDON MOORE DIRECTOR	2.00	X					0.	0.	0.	
(16) LAWRENCE STIFLER (START MAY16) DIRECTOR	2.00	X					0.	0.	0.	
(17) JAMES NUZZO DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ELEANOR PAO DIRECTOR	2.00	X					0.	0.	0.	
(19) JOHN PATTERSON DIRECTOR	2.00	X					0.	0.	0.	
(20) MELINDA RABB DIRECTOR	2.00	X					0.	0.	0.	
(21) SHARON RICH DIRECTOR	2.00	X					0.	0.	0.	
(22) SPRING SIRKIN DIRECTOR	2.00	X					0.	0.	0.	
(23) JANET TOBIN DIRECTOR	2.00	X					0.	0.	0.	
(24) BELINDA TERMEER DIRECTOR	2.00	X					0.	0.	0.	
(25) SANJAY VERMA DIRECTOR	2.00	X					0.	0.	0.	
(26) DOROTHY WEBER DIRECTOR	2.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							586,072.	0.	38,773.	
d Total (add lines 1b and 1c)							586,072.	0.	38,773.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALVIN AILEY DANCE FOUNDATION 405 WEST 55TH STREET, NEW YORK, NY 10019	ARTIST	238,324.
COLUMBIA ARTISTS MANAGEMENT, LLC 5 COLUMBUS CIRCLE, NEW YORK, NY 10019	ARTIST AGENT	109,500.
OPUS 3 ARTISTS, LLC 470 PARK AVENUE SOUTH, NEW YORK, NY 10016	ARTIST AGENT	106,500.
HIGH OUTPUT PRODUCTION SERVICES 495 TURNPIKE STREET, CARLTON, MA 02021	PRODUCTION SERVICES	104,240.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JANET LAWRENCE ZWANZIGER DIRECTOR	2.00	X					0.	0.	0.	
(28) MARGARET EAGLE DIRECTOR	2.00	X					0.	0.	0.	
(29) SUSAN THONIS DIRECTOR	2.00	X					0.	0.	0.	
(30) TAMMY NASON (LEFT DURING 2016) DIRECTOR	2.00	X					0.	0.	0.	
(31) GARY DUNNING PRESIDENT & EXEC. DIR	40.00			X			255,850.	0.	10,041.	
(32) EDWIN DERECHO CHIEF FINANCIAL OFFICER AND TREASURE	40.00			X			100,923.	0.	14,366.	
(33) SARA ROBINSON DIRECTOR OF DEVELOPMENT AND CLERK	40.00			X			124,822.	0.	14,366.	
(34) AMY LAM ARTISTIC PROGRAMMER	40.00				X		104,477.	0.	0.	
Total to Part VII, Section A, line 1c								586,072.		38,773.

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	527,704.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	58,200.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,371,557.			
	g Noncash contributions included in lines 1a-1f: \$		79,691.			
	h Total. Add lines 1a-1f		2,957,461.			
	Program Service Revenue	2 a <u>TICKET SALES, NET</u>	Business Code 711110	3,660,731.	3,660,731.	
b <u>STABILIZATION AND MANA</u>		711110	119,616.	119,616.		
c <u>PROCESSING FEES</u>		711110	105,553.	105,553.		
d <u>ADVERTISING</u>		711300	4,100.		4,100.	
e						
f All other program service revenue		711110				
g Total. Add lines 2a-2f			3,890,000.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		170,249.		170,249.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities		703,863.		
		(ii) Other				
		b Less: cost or other basis and sales expenses		413,184.		
		c Gain or (loss)		290,679.		
	d Net gain or (loss)		290,679.		290,679.	
	8 a Gross income from fundraising events (not including \$ 527,704. of contributions reported on line 1c). See Part IV, line 18	a		49,600.		
		b Less: direct expenses	b	307,239.		
c Net income or (loss) from fundraising events			-257,639.		-257,639.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.			7,050,750.	3,885,900.	4,100.	203,289.

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	537,900.	135,069.	257,183.	145,648.
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	1,165,714.	842,043.	143,222.	180,449.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	119,799.	86,870.	16,645.	16,284.
10 Payroll taxes	122,934.	71,162.	27,987.	23,785.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	47,627.		47,627.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	40,130.			40,130.
f Investment management fees	40,468.		40,468.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,108,445.	2,007,393.	34,886.	66,166.
12 Advertising and promotion	31,088.	31,088.		
13 Office expenses	302,332.	229,577.	38,428.	34,327.
14 Information technology				
15 Royalties				
16 Occupancy	210,881.	136,588.	35,955.	38,338.
17 Travel	99,639.	37,537.	46,682.	15,420.
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	43,387.	32,541.	5,423.	5,423.
23 Insurance	19,858.		19,858.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT PERFORMANCE COST	1,867,505.	1,867,505.		
b EQUIPMENT LEASES AND MA	91,719.	51,448.	25,830.	14,441.
c EVENTS	51,417.			51,417.
d DESIGN	36,003.	36,003.		
e All other expenses	12,137.	1,027.	205.	10,905.
25 Total functional expenses. Add lines 1 through 24e	6,948,983.	5,565,851.	740,399.	642,733.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,019,230.	1	640,414.
	2 Savings and temporary cash investments	1,028,454.	2	1,303,972.
	3 Pledges and grants receivable, net	579,840.	3	1,055,836.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	127,747.	9	139,394.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 636,168.		
	b Less: accumulated depreciation	10b 576,955.	86,822.	10c 59,213.
	11 Investments - publicly traded securities	6,101,347.	11	5,648,459.
	12 Investments - other securities. See Part IV, line 11		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)	8,943,440.	16	8,847,288.	
Liabilities	17 Accounts payable and accrued expenses	189,978.	17	245,435.
	18 Grants payable		18	
	19 Deferred revenue	1,549,534.	19	1,484,581.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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		25	
	26 Total liabilities. Add lines 17 through 25	1,739,512.	26	1,730,016.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	545,174.	27	382,556.
	28 Temporarily restricted net assets	2,403,939.	28	2,479,901.
	29 Permanently restricted net assets	4,254,815.	29	4,254,815.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,203,928.	33	7,117,272.
	34 Total liabilities and net assets/fund balances	8,943,440.	34	8,847,288.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,050,750.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,948,983.
3	Revenue less expenses. Subtract line 2 from line 1	3	101,767.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,203,928.
5	Net unrealized gains (losses) on investments	5	-188,423.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,117,272.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization THE CELEBRITY SERIES OF BOSTON, INC.
Employer identification number 22-2958508

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

The organization is not a private foundation because it is: (For lines 1 through 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 (Form 990 or 990-EZ).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
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.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,616,807.	3,004,002.	1,925,405.	2,697,086.	2,957,461.	12,200,761.
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	3,233,150.	3,559,344.	4,015,169.	3,817,380.	3,890,000.	18,515,043.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	4,849,957.	6,563,346.	5,940,574.	6,514,466.	6,847,461.	30,715,804.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	397,925.	1,595,002.	389,177.	1,385,666.	1,832,293.	5,600,063.
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						0.
c Add lines 7a and 7b	397,925.	1,595,002.	389,177.	1,385,666.	1,832,293.	5,600,063.
8 Public support. (Subtract line 7c from line 6.)						25,115,741.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	4,849,957.	6,563,346.	5,940,574.	6,514,466.	6,847,461.	30,715,804.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	185,658.	205,799.	253,254.	196,323.	170,249.	1,011,283.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	185,658.	205,799.	253,254.	196,323.	170,249.	1,011,283.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	5,035,615.	6,769,145.	6,193,828.	6,710,789.	7,017,710.	31,727,087.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	79.16 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	82.17 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	3.19 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	3.36 %

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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

COPY

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization THE CELEBRITY SERIES OF BOSTON, INC. **Employer identification number** 22-2958508

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,381,064.	5,656,766.	5,015,092.	4,518,147.	4,244,408.
b Contributions					10,407.
c Net investment earnings, gains, and losses	220,797.	-3,398.	895,697.	727,516.	4,392.
d Grants or scholarships					
e Other expenditures for facilities and programs	-276,711.	-272,304.	-254,023.	-230,571.	-204,280.
f Administrative expenses					
g End of year balance	5,325,150.	5,381,064.	5,656,766.	5,015,092.	4,518,147.

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

- a Board designated or quasi-endowment %
- b Permanent endowment 79.90 %
- c Temporarily restricted endowment 20.10 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		83,475.	77,733.	5,742.
d Equipment		552,693.	499,222.	53,471.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				59,213.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	6,821,859.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-188,423.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-188,423.
3	Subtract line 2e from line 1	3	7,010,282.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,468.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	40,468.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,050,750.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	6,908,515.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,908,515.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,468.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	40,468.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,948,983.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT JUNE 30, 2016 AND 2015. HOWEVER, THE ORGANIZATION'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE JURISDICTIONS.

PART V, LINE 4

Part XIII Supplemental Information *(continued)*

TO PROVIDE A LEVEL OF SUPPORT FOR THE ORGANIZATION AND ITS PROGRAMS.

COPY

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
 Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **THE CELEBRITY SERIES OF BOSTON, INC.** Employer identification number **22-2958508**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GRENZEBACH GLIER & ASSOCIATES - 401 N MICHIGAN AVE #2800,	FUNDRAISING AND CAPITAL CAMPAIGN CONSULTANTS		X	0.	40,130.	0.
Total	▶				40,130.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		77TH ANNIVERSARY (event type)	ONLINE AUCTION (event type)	NONE 0 (total number)	
Revenue	1	Gross receipts	554,624.	22,680.	577,304.
	2	Less: Contributions	527,704.	0.	527,704.
	3	Gross income (line 1 minus line 2)	26,920.	22,680.	49,600.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	45,634.		45,634.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	261,605.		261,605.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			307,239.
11	Net income summary. Subtract line 10 from line 3, column (d)			-257,639.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: GRENZEBACH GLIER & ASSOCIATES
 (I) ADDRESS OF FUNDRAISER: 401 N MICHIGAN AVE #2800, CHICAGO, IL 60611

SCH G PART I #2

THE ORGANIZATION ALSO REIMBURSED GRENZEBACH GLIER & ASSOCIATES \$8,870
 IN EXPENSES AS PER THE INVOICES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number
22-2958508

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GARY DUNNING PRESIDENT & EXEC. DIR	(i)	220,850.	30,000.	5,000.	0.	10,041.	265,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

COPY

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization
THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number
22-2958508

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

532131
10-02-15

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MELODY PAO	DAUGHTER OF ELEANOR	38,329.	COMPENSATIO		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MELODY PAO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF ELEANOR PAO - MEMBER OF BOARD OF DIRECTORS

(D) DESCRIPTION OF TRANSACTION: COMPENSATION PAID FOR EMPLOYMENT AT

CELEBRITY SERIES OF BOSTON. SHE WAS OFFERED THIS FULL TIME POSITION

AFTER MORE THAN SIX MONTHS AS A PART-TIME ASSOCIATE. SHE HAS BEEN A

FULL-TIME EMPLOYEE SINCE APRIL, 2014. COMPENSATION WAS DETERMINED IN

ACCORDANCE WITH PAYROLL POLICIES WHICH INCLUDES CONSIDERATION OF SUCH

FACTORS AS POSITION RESPONSIBILITIES, EMPLOYEE'S RELEVANT EXPERIENCE,

MARKET DATA AND OTHER EMPLOYEES' COMPENSATION LEVELS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE CELEBRITY SERIES OF BOSTON, INC.** Employer identification number **22-2958508**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	79,691.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2015)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ 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.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number

22-2958508

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE EXPRESS OUR VISION AS FOLLOWS: WE BELIEVE IN THE POWER OF
EXCELLENCE AND INNOVATION IN THE PERFORMING ARTS TO ENRICH LIFE
EXPERIENCE, TRANSFORM LIVES, AND BUILD BETTER COMMUNITIES. WE ENVISION
A COMMUNITY OF GREATER BOSTON WHERE THE PERFORMING ARTS ARE A VALUED,
LIFELONG, SHARED EXPERIENCE - ON STAGES, IN SCHOOLS, AT HOMES -
EVERYWHERE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

5. LANG LANG, PIANO

6. GIL SHAHAM, "BACH SIX SOLOS FOR VIOLIN", WITH ORIGINAL FILMS BY
DAVID MICHALEK

7. WHAT MAKES IT GREAT? WITH ROB KAPILOW, "ALL THE THINGS YOU ARE -
AMERICAN SONG FROM KERN TO COPLAND AND BEYOND"

8. MAVIS STAPLES AND JOAN OSBORNE, "SOLID SOUL"

9. BACH COLLEGIUM JAPAN WITH MASAOKI SUZUKI, CONDUCTOR AND JOANNE LUNN,
SOPRANO

10. CHUCHO VALDES, PIANO, "IRAKERE 40"

11. CIRCA, "OPUS" WITH QUATUOR DEBUSSY STRING QUARTET - BOSTON DEBUT

12. SOWETO GOSPEL CHOIR

13. YO-YO MA, CELLO AND KATHRYN STOTT, PIANO

14. JENNIFER KOH, VIOLIN (BOSTON RECITAL DEBUT) AND SHAI WOSNER, PIANO,
"BRIDGE TO BEETHOVEN"

15. CHILDREN OF THE LIGHT TRIO: DANILO P REZ, PIANO; JOHN PATITUCCI,
BASS AND BRIAN BLADE, DRUMS WITH SPECIAL OPENING BY JOEY ALEXANDER,

PIANO

Name of the organization THE CELEBRITY SERIES OF BOSTON, INC.	Employer identification number 22-2958508
--	--

16. BILLY COLLINS AND AIMEE MANN, "AN EVENING OF POETRY, ACOUSTIC MUSIC & CONVERSATION"

17. JAZZ AT LINCOLN CENTER ORCHESTRA WITH WYNTON MARSALIS

18. TARA ERRAUGHT, MEZZO-SOPRANO - BOSTON DEBUT

19. TAKACS QUARTET FEATURING BOSTON PREMIERE OF A NEW WORK BY TIMO ANDRES

20. DAVID FINCKEL, CELLO; WU HAN, PIANO AND DAVID SHIFRIN, CLARINET

21. DENIS KOZHUKHIN, PIANO - BOSTON DEBUT

22. BILLY CHILDS WITH BECCA STEVENS AND ALICIA OLATUJA, "REIMAGINING LAURA NYRO"

23. ORCHESTRE NATIONAL DE FRANCE WITH DANIELE GATTI, MUSIC DIRECTOR AND ALEXANDRE THARAUD, PIANO SOLOIST - BOSTON DEBUT

24. BALLETTYBOYZ - BOSTON DEBUT

25. MACK AVENUE SUPERBAND WITH GARY BURTON, VIBRAPHONE, TIA FULLER, SAXOPHONE, SEAN JONES, TRUMPET AND CHRISTIAN MCBRIDE TRIO

26. BROOKLYN RIDER WITH GABRIEL KAHANE

27. ANA GASTEYER IN CONCERT

28. ANDRAS SCHIFF, PIANO

29. CHRISTIAN TETZLAFF, VIOLIN; TANJA TETZLAFF, CELLO; LARS VOGT, PIANO

30. AN EVENING WITH KELLI O'HARA

31. ITZHAK PERLMAN, VIOLIN, "IN THE FIDDLER'S HOUSE 20TH ANNIVERSARY"

32. WHAT MAKES IT GREAT? WITH ROB KAPILOW AND NEC PHILHARMONIA - BEETHOVEN, SYMPHONY NO. 1

33. PAUL APPLEBY, TENOR

34. PATTY GRIFFIN, SARA WATKINS AND ANA S MITCHELL, "TOGETHER ON STAGE"

35. AVI AVITAL, MANDOLIN; KSENIJA SIDOROVA, ACCORDION AND ITAMAR DOARI, PERCUSSION, "BETWEEN WORLDS TOUR"

36. ALVIN AILEY AMERICAN DANCE THEATER

Name of the organization THE CELEBRITY SERIES OF BOSTON, INC.	Employer identification number 22-2958508
--	--

37. ACADEMY OF ST. MARTIN IN THE FIELDS WITH JOSHUA BELL, MUSIC

DIRECTOR AND VIOLIN SOLOIST

38. "BINGE-WORTHY JOURNALISM - BACKSTAGE WITH THE CREATORS OF SERIAL,

SARAH KOENIG AND JULIE SNYDER"

39. JEREMY DENK, PIANO

40. HUBBARD STREET DANCE CHICAGO

41. JERUSALEM STRING QUARTET WITH INON BARNATAN, PIANO

42. SF JAZZ COLLECTIVE, "THE MUSIC OF MICHAEL JACKSON AND ORIGINAL
COMPOSITIONS"

43. SUSAN GRAHAM, MEZZO-SOPRANO

44. EMANUEL AX, PIANO

45. SWEET HONEY IN THE ROCK

46. MALPASO DANCE COMPANY WITH ARTURO O'FARRILL AND THE AFRO-LATIN JAZZ
ENSEMBLE - BOSTON DEBUT

47. STAVE SESSIONS: BERKLEE NIGHT FEATURING SUDACAS AND MIXCLA

48. STAVE SESSIONS: SYBARITE5, "OUTLIERS"

49. STAVE SESSIONS: KNEEBODY + DAEDELUS = KNEEDELUS

50. STAVE SESSIONS: MY BRIGHTEST DIAMOND

51. STAVE SESSIONS: SAM AMIDON AND GLENN KOTCHE

52. STAVE SESSIONS: SO PERCUSSION WITH BUKE AND GASE

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ATTENDED 47 CELEBRITY SERIES MAIN STAGE PERFORMANCES THROUGH TAKE YOUR
SEAT, A FREE AND SUBSIDIZED TICKET PROGRAM.

THROUGH ARTS FOR ALL! PROGRAMS, WE PROVIDED TRANSFORMATIVE ARTISTIC
EXPERIENCES FOR THOUSANDS OF PEOPLE OF ALL AGES AND ABILITIES-FROM
YOUNG CHILDREN WITH DISABILITIES TO THE NEXT GENERATION OF ARTISTS

Name of the organization THE CELEBRITY SERIES OF BOSTON, INC.	Employer identification number 22-2958508
---	---

ENROLLED IN SOME OF THE LEADING CONSERVATORIES IN THE NATION.

ARTS FOR ALL! PROGRAM SUMMARY:

"NEIGHBORHOOD ARTS - COMMUNITY-BASED CONCERTS AND ARTS ENGAGEMENT PROGRAMS

"ARTIST CONNECTIONS - WORLD-CLASS ARTISTS TEACHING AND INSPIRING YOUTH

"TAKE YOUR SEAT - ACCESS FOR 4,000+ INDIVIDUALS TO ATTEND PERFORMANCES

"PUBLIC PERFORMANCE ART - CITY-WIDE PUBLIC ART PROJECTS

PROGRAMS AND ACTIVITIES: 157

PARTICIPANTS: 16,460

COMMUNITY PARTNERS: 89

PARTICIPATING TOWNS AND COMMUNITIES: 28

NEIGHBORHOOD ARTS

"OCTOBER 2015 - JUNE 2016

"63 FREE COMMUNITY-BASED EVENTS

"56 COMMUNITY PARTNERS

"29 ARTISTS AND 9 ENSEMBLES

"6,141 PEOPLE SERVED

NEIGHBORHOOD ARTS MISSION:

NEIGHBORHOOD ARTS ADDRESSES DEEP INEQUITIES IN ACCESS TO HIGH-CALIBER, PROFESSIONAL PERFORMING ARTS OPPORTUNITIES IN BOSTON. PRIMARILY FOCUSED IN LOWER INCOME AND UNDERSERVED NEIGHBORHOODS IN DORCHESTER, HYDE PARK, MATTAPAN, ROSLINDALE, ROXBURY, AND THE SOUTH END, NEIGHBORHOOD ARTS BRINGS THE JOY OF LIVE PERFORMANCE TO PEOPLE OF ALL AGES AND ABILITIES,

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number

22-2958508

DRAWING DEEPLY UPON PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS TO
 ACTIVATE NEIGHBORHOODS WITH A RICH AND VARIED ARRAY OF OPPORTUNITIES.
 ENGAGING LOCAL ARTISTS - NEIGHBORHOOD ARTS ARTISTS ARE A DIVERSE GROUP
 OF LOCALLY-BASED ENSEMBLES EXPERIENCED IN WORKING WITH YOUTH AND
 COMMITTED TO COMMUNITY ENGAGEMENT. ARTIST-DRIVEN CONTENT IS AT THE CORE
 OF WORKSHOPS AND CONCERTS.

CREATING COMMUNITY - NEIGHBORHOOD ARTS ENGAGED COMMUNITY LEADERS FROM
 46 COMMUNITY CENTERS, LOCAL ARTS AND SOCIAL SERVICE ORGANIZATIONS,
 SCHOOLS, AND MORE IN THE PLANNING AND IMPLEMENTATION OF ARTISTIC
 PROGRAMMING, WITH ACTIVITIES TAILORED TO THE NEEDS OF EACH PARTNER.

ACTIVATING NEIGHBORHOOD SPACES - NEIGHBORHOOD ARTS FEATURED 63 FREE
 EVENTS, INCLUDING INTERACTIVE ARTIST-LED WORKSHOPS AND COMMUNITY
 CONCERTS IN NEIGHBORHOOD VENUES. NEIGHBORHOOD ARTS ACTIVITIES TOOK
 PLACE IN 23 LOCAL VENUES SUCH AS COMMUNITY CENTERS, PERFORMANCE HALLS,
 CHURCHES, SCHOOLS, AND MUSEUMS, REACHING 5,207 PEOPLE OF ALL AGES.

WORLD-CLASS PERFORMANCES - NEIGHBORHOOD ARTS PARTNERS WERE INVITED TO
 ATTEND CELEBRITY SERIES MAIN STAGE PERFORMANCES FREE OF CHARGE. 934
 INDIVIDUALS EXPERIENCED SOME OF THE WORLD'S FINEST CLASSICAL, JAZZ, AND
 DANCE ARTISTS.

LOCAL ARTISTS

"ALASTAIR MOOCK

"BOSTON PUBLIC QUARTET

"EVE COSTARELLI AND ANTONIO TIRITI

"GUY MENDILOW ENSEMBLE

"JOHN HANIFIN BAND

"QUARTET OF HAPPINESS

"RYAN EDWARDS

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number

22-2958508

"SHAW PONG LIU

"SOL Y CANTO

NEIGHBORHOOD ARTS PARTNERS

DORCHESTER

"BLUE HILL BOYS & GIRLS CLUB

"BOSTON CITY SINGERS

"BOSTON COLLEGIATE CHARTER SCHOOL

"DR. WILLIAM W. HENDERSON K-12 INCLUSION SCHOOL

"PARISH OF ALL SAINTS

"THE UP TRUCK

HYDE PARK

"BOSTON COMMUNITY LEADERSHIP ACADEMY

"FRANCIS D. MARTINI MEMORIAL SHELL PARK

"SAVE OUR STREETS - BOSTON, INC.

"URBAN ARTS FESTIVAL

MATTAPAN

"CHITTICK ELEMENTARY SCHOOL

"CHURCH OF THE HOLY SPIRIT

"CITYCONNECTS

"MATTAPAN TEEN CENTER (BOYS & GIRLS CLUBS)

"MATTAPAN UNITED

ROSLINDALE

"MUSICCONNECTS

Name of the organization THE CELEBRITY SERIES OF BOSTON, INC.	Employer identification number 22-2958508
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"ROSLINDALE COMMUNITY CENTER

"SUMNER BOYS AND GIRLS CLUB

"SUMNER ELEMENTARY SCHOOL

ROXBURY

"BOSTON CITY-WIDE STRING ORCHESTRA

"BOSTON PUBLIC SCHOOLS PERFORMING ARTS DEPARTMENT

"CENTRAL BOSTON ELDER SERVICES, INC.

"CITY STRINGS UNITED

"HALEY HOUSE BAKERY

"RAFAEL HERN NDEZ K-8 SCHOOL

"HIBERNIAN HALL

"MADISON PARK DEVELOPMENT CORPORATION

"MERENGUE RESTAURANT

"STOP AND TASTE PIZZERIA

"TIMILTY MIDDLE SCHOOL

"TROPICAL FOODS SUPERMARKET

"URBAN EDGE

"YAWKEY BOYS & GIRLS CLUB OF ROXBURY

SOUTH END

"BENJAMIN FRANKLIN INSTITUTE OF TECHNOLOGY

"BLACKSTONE ELEMENTARY SCHOOL

"HURLEY K-8 SCHOOL

"ST. STEPHEN'S CHURCH (B-READY AFTERSCHOOL PROGRAM)

OTHER GREATER BOSTON NEIGHBORHOODS:

BERKLEE PERFORMANCE CENTER

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

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BIG SISTER ASSOCIATION OF GREATER BOSTON

BOSTON ARTS ACADEMY

BOSTON COLLEGIATE CHARTER SCHOOL

BOSTON CONSERVATORY

BOSTON LATIN SCHOOL

BOSTON PUBLIC SCHOOLS CITYWIDE DANCE COMPANY

BOSTON PUBLIC SCHOOLS PERFORMING ARTS DEPARTMENT

BOYS & GIRLS CLUB OF LAWRENCE

CHARLESTOWN BOYS AND GIRLS CLUB

CITI SHUBERT THEATRE

CITI WANG THEATRE

COMMONWEALTH SHAKESPEARE COMPANY

FENWAY ARTS CENTER AT NORTHEASTERN UNIVERSITY

FROM THE TOP

HARVARD UNIVERSITY

JEWISH COMMUNITY DAY SCHOOL

NEW ENGLAND CONSERVATORY

SHADY HILL SCHOOL

STAJEZ CULTURAL ARTS CENTER

SYMPHONY HALL

USS CONSTITUTION MUSEUM

WOMEN'S LUNCH PLACE

YOUNG AUDIENCES OF MASSACHUSETTS

ARTIST CONNECTIONS

"OCTOBER 2015 - MAY 2016

"29 ENGAGEMENTS WITH WORLD-CLASS ARTISTS

"1,828 STUDENTS (ELEMENTARY THROUGH CONSERVATORY LEVEL) SERVED

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

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ARTIST CONNECTIONS EXTENDS OUR UNPARALLELED ACCESS TO WORLD-CLASS ARTISTS TO STUDENTS FROM ELEMENTARY THROUGH CONSERVATORY LEVELS. MASTER CLASSES, LECTURE-DEMONSTRATIONS, AND INTERACTIVE WORKSHOPS PROVIDE OPPORTUNITIES FOR STUDENTS TO INTERACT WITH AND LEARN DIRECTLY FROM CELEBRITY SERIES' MAIN-STAGE ARTISTS IN INTIMATE SETTINGS.

ARTIST CONNECTIONS SPOTLIGHT

SOWETO GOSPEL CHOIR WORKSHOP WITH BOSTON CITY SINGERS

NOVEMBER 14, 2015

BLUE HILL BOYS & GIRLS CLUB, DORCHESTER

230 INDIVIDUALS SERVED

SOWETO GOSPEL CHOIR

THE SOWETO GOSPEL CHOIR PRESENTED A ONE HOUR CHORAL AND MOVEMENT WORKSHOP ON SOUTH AFRICAN REPERTOIRE WITH BOSTON CITY SINGERS, A DORCHESTER-BASED HIGH SCHOOL CHOIR, FOR THEIR FAMILIES AND DORCHESTER RESIDENTS. BOSTON CITY SINGERS PERFORMED FOUR SONGS FOR SGC: "NELSON MANDELA," "ASIMBONANGA," "EMLANJENI," AND "SHOSHOLOZA," WHICH THEY WILL SING IN SOUTH AFRICA ON TOUR DURING THE SUMMER OF 2016. BOSTON CITY SINGERS AND THEIR FACULTY (65 INDIVIDUALS TOTAL) ALSO ATTENDED THE SYMPHONY HALL PERFORMANCE OF SOWETO GOSPEL CHOIR THE DAY AFTER THE WORKSHOP.

ALVIN AILEY AMERICAN DANCE THEATER

MOVEMENT WORKSHOPS AT THE COTTING SCHOOL, HENDERSON LOWER SCHOOL, AND KENNEDY DAY SCHOOL

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MASTER CLASS AT BOSTON ARTS ACADEMY

JANUARY 21-22, 2016

240 CHILDREN WITH DISABILITIES AND 25 HIGH SCHOOL DANCE STUDENTS SERVED

ALVIN AILEY DANCERS PRESENTED THREE 50-MINUTE MOVEMENT

LECTURE/DEMONSTRATIONS AT SCHOOLS SERVING CHILDREN WITH PHYSICAL AND

DEVELOPMENTAL DISABILITIES AND OTHER SPECIAL NEEDS. STUDENTS HEARD A

BRIEF HISTORY OF THE AILEY COMPANY AND SAW EXCERPTS FROM ALVIN AILEY'S

REVELATIONS, ROBERT BATTLE'S AWAKENING, KYLE ABRAHAM'S UNTITLED AMERICA

AND RENNIE HARRIS' EXODUS. THE AILEY DANCERS LED STUDENTS IN WARMUP

EXERCISES AND TAUGHT THE STUDENTS CHOREOGRAPHY TO THE POPULAR SONG "NAE

NAE." THE DANCERS ALSO PRESENTED AN INTERACTIVE MASTER CLASS FOR

BOSTON ARTS ACADEMY DANCE STUDENTS.

ARTIST CONNECTION ENGAGEMENTS

BOSTON ARTS ACADEMY

"ALVIN AILEY AMERICAN DANCE THEATER MASTERCLASS

BOSTON CONSERVATORY

"BALLETBOYZ MASTERCLASS

THE DANCE COMPLEX

"HUBBARD STREET DANCE CHICAGO MASTERCLASS

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE AND EXECUTIVE

COMMITTEES OF THE BOARD. IT IS THEN MADE AVAILABLE TO BOARD MEMBERS FOR

REVIEW AND DISCUSSION.

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number

22-2958508

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR (INCLUDING THE CURRENT YEAR) THE ORGANIZATION DISTRIBUTES THE CONFLICT OF INTEREST POLICY TO EACH MEMBER OF THE BOARD OF DIRECTORS, WHO THEN RETURNS A SIGNED ACKNOWLEDGMENT AND DISCLOSURE STATEMENT. FOR THE FISCAL YEAR ENDED JUNE 30, 2016 ALL OF THE BOARD MEMBERS RETURNED FORMS CONFIRMING COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15A:

GARY DUNNING, THE CURRENT PRESIDENT AND EXECUTIVE DIRECTOR, WAS APPOINTED BY A SEARCH COMMITTEE FORMED BY THE BOARD OF DIRECTORS IN 2011. THE PRESIDENT AND EXECUTIVE DIRECTOR'S SALARY IS FIXED FOR A FIVE-YEAR CONTRACT PERIOD. A VARIETY OF FACTORS WERE CONSIDERED IN DETERMINING SALARY AND THE TERMS OF THE EMPLOYMENT AGREEMENT, INCLUDING RELEVANT SALARY SURVEY INFORMATION, INPUT FROM THE RETAINED EXECUTIVE SEARCH FIRM AND COMPETITIVE FACTORS. AT THE END OF EACH FISCAL YEAR, THE BOARD CHAIR, IN CONJUNCTION WITH THE EXECUTIVE COMMITTEE (WHICH INCLUDES THE CHAIR OF THE FINANCE COMMITTEE AND THE CHAIR OF THE HR/COMPENSATION SUBCOMMITTEE), REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AGAINST PREVIOUSLY ESTABLISHED ORGANIZATIONAL AND PERSONAL GOALS, CONSIDERS A VARIETY OF RELEVANT FACTORS AND SUBSEQUENTLY MAKES A RECOMMENDATION REGARDING AN ANNUAL BONUS, IF ANY, TO BE AWARDED TO THE EXECUTIVE DIRECTOR.

SALARY LEVELS FOR ALL KEY POSITIONS ARE REVIEWED AT THE END OF EACH FISCAL YEAR, AND CHANGES IF ANY ARE MADE AFTER TAKING INTO ACCOUNT ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE, BUDGET CONSIDERATIONS AND COMPETITIVE FACTORS. RESULTING SALARY LEVELS ARE INCORPORATED INTO THE FOLLOWING FISCAL YEAR'S ANNUAL BUDGET WHICH IS REVIEWED WITH THE FINANCE AND EXECUTIVE COMMITTEES OF THE BOARD AND ULTIMATELY APPROVED BY THE BOARD OF DIRECTORS.

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number

22-2958508

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC BUT ARE AVAILABLE UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FORM 990 IS AVAILABLE ONLINE AND UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

ARTIST FEES:

PROGRAM SERVICE EXPENSES	1,827,237.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,827,237.

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	94,662.
MANAGEMENT AND GENERAL EXPENSES	4,706.
FUNDRAISING EXPENSES	66,166.
TOTAL EXPENSES	165,534.

SERVICE AGREEMENTS:

PROGRAM SERVICE EXPENSES	81,841.
MANAGEMENT AND GENERAL EXPENSES	1,803.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	83,644.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	3,653.
MANAGEMENT AND GENERAL EXPENSES	28,377.

Name of the organization THE CELEBRITY SERIES OF BOSTON, INC.	Employer identification number 22-2958508
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 32,030.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,108,445.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR



Form M-990T-7004 Unrelated Business Income Tax Extension Worksheet

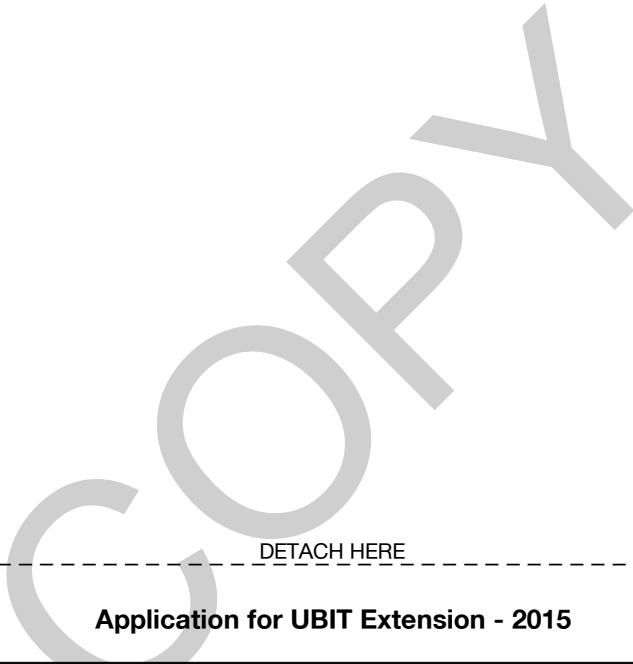
Massachusetts
Department of
Revenue

If you are mandated to file and pay electronically do *not* file this form. See TIR 15-9.

Tentative Return

1 Estimated amount of tax for the taxable year	1	
2 Advance and/or estimated payments made (if any)	2	
3 Tax due with this application. Subtract line 2 from line 1	3	

Payment in full of the tax due must be made with the extension request for it to be considered valid. If at least 50% of the tax due for the taxable year is not paid, the extension is null and void. Penalties for a late return will be assessed from the original due date of the return.



578041 02-03-16

DETACH HERE

Form M-990T-7004

Application for UBIT Extension - 2015

**Massachusetts
Department of Revenue**

Federal Identification number 22-2958508	Is the corporation incorporated in Massachusetts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period end date 06/30/16	Amount enclosed
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Tax type 036	Voucher type 18	ID type 004	Vendor code 1019
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Business name

THE CELEBRITY SERIES OF BOSTON, INC.

Type of extension being applied for
 a. Automatic eight-month b. Extension until:

Mailing address 20 PARK PLAZA, NO. 1032	City/Town BOSTON	State ZIP MA 02116-4303
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Sign here. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Signature of officer or agent GARY DUNNING	Signature of paid preparer YEVGENIYA GORLOVSKY-SCHEPP	Date 09/15/16
--	---	-------------------------

Employer Identification number of paid preparer 04-2571780	Social Security number or PTIN of paid preparer P00535908
--	---

00100222958508 063016 0000000000 036 180041019 0000000002



**Massachusetts Department of Revenue
Form M-990T
Unrelated Business Income Tax Return**

2015

For calendar year 2015 or taxable period beginning **JULY 1, 2015** and ending **JUNE 30, 2016**

Name of company **THE CELEBRITY SERIES OF BOSTON** Federal Identification number **22-2958508**

Mailing address
20 PARK PLAZA, NO. 1032

City/Town **BOSTON** State **MA** ZIP **02116-4303** Phone number **617-482-2595**

Name of treasurer **EDWIN DERECHO** Fill in if a Taxpayer Disclosure Statement is enclosed

Fill in if:
 Amended return (see "Amended return" in instructions) Federal amendment Federal audit Final return

Exempt under IRC section (fill in one only)
 501 408(e) 408A 529(a) 220(e) 530(a)

Organization type (fill in one only)
 Organization type 501(c) corporation 501(c) trust 401(a) trust Other

Excise calculation. Use whole dollar method.

1	Unrelated business taxable income (from U.S. Form 990T, line 34)	▶ 1	-8,237
2	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	▶ 2	
3	Section 168(k) "bonus" depreciation adjustment	▶ 3	
4	Section 31I and 31K intangible expense add back adjustment	▶ 4	
5	Federal NOL add back adjustment (from U.S. Form 990T, line 31)	▶ 5	
6	Section 31J and 31K interest expense add back adjustment	▶ 6	
7	Federal production activity add back adjustment	▶ 7	
8	Abandoned Building Renovation deduction Total cost <input type="text"/> x .10 =	▶ 8	
9	Other adjustments, including research and development expenses (enclose explanation)	▶ 9	
10	Income subject to apportionment. See instructions	▶ 10	-8,237
11	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	▶ 11	1.000000
12	Multiply line 10 by line 11	▶ 12	-8,237
13	Income not subject to apportionment	▶ 13	
14	Add lines 12 and 13	▶ 14	-8,237
15	Certified Massachusetts solar or wind power deduction	▶ 15	
16	Taxable income before net operating loss deduction	▶ 16	-8,237

Declaration

Under penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

Signature of appropriate corporate officer (see instructions) Date Social Security number Phone number
(617) 482-2595

Signature of paid preparer Date Employer Identification number Address
09/15/16 04-2571780 WESTBORO, MA 01581

If you are signing as an authorized delegate of the appropriate corporate officer, check here and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: **Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.**



Name of company THE CELEBRITY SERIES OF BOSTON, Federal Identification number 22-2958508

Excise calculation (cont'd.)

Table with 3 columns: Line number, Description, and Amount. Lines 17-21 showing loss carryover deduction, taxable income, and excise due before credits.

Credits. Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

Table with 3 columns: Line number, Description, and Amount. Lines 22-36 listing various tax credits such as Economic Opportunity Area Credit, Investment Tax Credit, and Total credits.

Excise after credits

Table with 3 columns: Line number, Description, and Amount. Lines 37-39 showing excise due before voluntary contributions and total excise plus voluntary contribution.



Name of company
THE CELEBRITY SERIES OF BOSTON, Federal Identification number
22-2958508

Payments

40	2014 overpayment applied to 2015 estimated tax	▶ 40	<input type="text"/>
41	2015 Massachusetts estimated tax payments (do not include amount in line 40)	▶ 41	<input type="text"/>
42	Payment made with extension	▶ 42	<input type="text"/>
43	Pass-through entity withholding	Payer Identification number ▶ <input type="text"/>	▶ 43 <input type="text"/>
44	Refundable film credit	▶ 44	<input type="text"/>
45	Refundable Dairy Credit	Certificate number ▶ <input type="text"/>	▶ 45 <input type="text"/>
46	Refundable life science credit	▶ 46	<input type="text"/>
47	Refundable economic development incentive program credit	▶ 47	<input type="text"/>
48	Refundable Conservation Land Credit	Certificate number ▶ <input type="text"/>	▶ 48 <input type="text"/>
49	Refundable Community Investment Credit	Certificate number ▶ <input type="text"/>	▶ 49 <input type="text"/>
50	Total payments. Add lines 40 through 49	50	<input type="text"/>

Refund or balance due

51	Amount overpaid. Subtract line 39 from line 50	51	<input type="text"/>
52	Amount overpaid to be credit to 2016 estimated tax	▶ 52	<input type="text"/>
53	Amount overpaid to be refunded. Subtract line 52 from line 51	▶ 53	<input type="text"/>
54	Balance due. Subtract line 50 from line 39	▶ 54	<input type="text"/>
55a	M-2220 penalty	▶ 55a	<input type="text"/>
55b	Other penalties	▶ 55b	<input type="text"/>
55	Total penalty. Add lines 55a and 55b	55	<input type="text"/>
56	Interest on unpaid balance	▶ 56	<input type="text"/>
57	Total payment due at time of filing	▶ 57	<input type="text"/>