Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2018

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

JUL 1, 2018 and ending JUN 30, A For the 2018 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change THE CELEBRITY SERIES OF BOSTON, INC. Name change 22-2958508 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 617-598-3215 20 PARK PLAZA 1032 termin-ated 12,106,548. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return BOSTON, MA 02116-4303 H(a) Is this a group return Applica-F Name and address of principal officer: GARY DUNNING Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.CELEBRITYSERIES.ORG **H(c)** Group exemption number ▶ L Year of formation: 1938 M State of legal domicile: MA K Form of organization: Corporation X Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: TO PRESENT PERFORMING ARTISTS Activities & Governance WHO INSPIRE AND ENRICH OUR COMMUNITY. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 26 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 26 <u>68</u> Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 105 6 Total number of volunteers (estimate if necessary) 6,077. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 38 7b **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 6,644,689. 6,510,613. Revenue 4,263,417. 3,892,985. Program service revenue (Part VIII, line 2g) 532,281. 476,202. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -237,904. -222,490. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,202,483. 10,657,310. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 2,209,301. 2,371,536. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 34,992. 91,455. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)

1,131,601. 5,598,158 5,551,520. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,958,048. 7,898,914. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,303,569. 2,699,262. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 18,474,910. 21,667,775. 20 Total assets (Part X, line 16) 2,067,475. 1,981,514. 21 Total liabilities (Part X, line 26) 19,686,261. 16,407,435. 22 Net assets or fund balances. Subtract line 21 from line 20 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. 23 October 2019 Signature of officer/ Sign GARY DUNNING, PRESIDENT AND EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed JOYCE RIPIANZI, CPA JOYCE RIPIANZI, CPA 10/14/19 P00535908 Paid Firm's name ALEXANDER, ARONSON, FINNING & CO., P.C. 04-2571780 Preparer Firm's EIN ▶ Firm's address > 50 WASHINGTON STREET Use Only WESTBOROUGH, MA 01581 Phone no. 508 - 366 - 9100

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,874,769 • including grants of \$) (Revenue \$ 3,886,908 •)
··u	DURING THE 2018-19 SEASON, WE PRESENTED THE FOLLOWING PERFORMANCES:
	1.ALAN CUMMING: LEGAL IMMIGRANT
	2.MAX RICHTER (BOSTON DEBUT) WITH ACME (AMERICAN CONTEMPORARY MUSIC
	ENSEMBLE - CELEBRITY SERIES DEBUT)
	3.ACADEMY OF ST. MARTIN IN THE FIELDS CHAMBER ENSEMBLE (BOSTON DEBUT)
	4.EPHRAT ASHERIE DANCE, ODEON (BOSTON DEBUT)
	5.EMANUEL AX, PIANO
	6.0K GO: THE LIVE VIDEO TOUR (CELEBRITY SERIES DEBUT)
	7. SANKOFA DANZAFRO, THE CITY OF OTHERS (BOSTON DEBUT)
	8. ANTHONY ROTH COSTANZO, COUNTERTENOR
	9.YELLOWJACKETS (CELEBRITY SERIES DEBUT) AND LUCIANA SOUZA'S WORD
	STRINGS
4b	104 224
40	(Code:) (Expenses \$ 194,224 including grants of \$) (Revenue \$)
	TOTAL ATTENDANCE = 60,268 IN FY19
	NUMBER OF EVENTS = 54 IN FY19
	TOTAL PERFORMANCES = 70 IN FY19
	TOTAL TERTORIEMCED - 70 IN 1113
	PROGRAM SERVICE ACCOMPLISHMENTS:
	IN 2018-19, CELEBRITY SERIES' ARTS FOR ALL! COMMUNITY ENGAGEMENT
	PROGRAMS PARTNERED WITH 90 ORGANIZATIONS TO ENGAGE 23,108 PEOPLE OF ALL
	AGES AND ABILITIES IN 207 ACTIVITIES, HARNESSING THE CREATIVE ENERGY OF
	THE PERFORMING ARTS TO ACTIVATE BOSTON NEIGHBORHOODS AND CULTIVATE THE
	NEXT GENERATION OF ARTISTS AND AUDIENCES. ARTS FOR ALL! PROGRAMS
	INCLUDE:
4c	
40	(Code:) (Expenses \$
• •	
4d	,
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}
4e	Total program service expenses ► 6,068,993.

Form 990 (2018) THE CELEBRIT 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		. v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
•	Schedule D, Part III	8		Λ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	l		. v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Δ.
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			. v
. -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	Х	
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	22	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2018) THE CELEBRITY SERI Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	Х	-
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 4 u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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	200		╫
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			177
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	Х	
Pai	Note. All Form 990 filers are required to complete Schedule 0 † V Statements Regarding Other IRS Filings and Tax Compliance	38	^_	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is defiduate a containe a response of flote to any line in this fact v			NI-
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	(gambling) winnings to prize winners?	1c	х	
	(3a)35 to prize transfer.	٠,٠		

Form 990 (2018) THE CELEBRITY SERIES OF BOSTON, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No				
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 68							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	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								
4a	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)?								
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 Ac		_		Х				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the line for the bid the organization file form 8886 TO		5b 5c						
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?	-	6a		Х				
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		- Oa						
	were not tax deductible?	-	6b						
7	Organizations that may receive deductible contributions under section 170(c).		0.0						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa								
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained l	•							
	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
а			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	100							
a		10a 10b							
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	IOD							
'' a	Gross income from members or shareholders	11a							
h	Gross income from other sources (Do not net amounts due or paid to other sources against								
-		11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a						
		12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	·							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note. See the instructions for additional information the organization must report on Schedule O.								
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							
		13c			-				
			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				v				
	excess parachute payment(s) during the year?		15		X				
40	If "Yes," see instructions and file Form 4720, Schedule N.	to a a man 0	40		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Λ				
	If "Yes," complete Form 4720, Schedule O.								

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.

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in scriedule 0. see instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 26			
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?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			3,7
	more members of the governing body?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١	v	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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	40		Х
	taxable entity during the year?	16a		
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	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MA Section 6104 requires an examination to make its Forms 1032 (1034 or 1034 A if applicable), 900, and 900 T (Section 501(a)(2))	د محاد ۲	Ove:	abla
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	anie
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	tinan	cial	
00	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 CARY DIMITIE - (617) 482-2595			
	GARY DUNNING - (617)482-2595 20 PARK PLAZA: SUITE 1032, BOSTON, MA 02116			
	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.

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

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

(A)	(B)	l	111126	(0		прс	iioai	(D)	(E)	(F)
Name and Title	Average	Positio (do not check mor			ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	officer and a director/trustee)		from the	from related organizations	other compensation				
	(list any hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	from the
	related	tee or	stee			Highest compensated employee		(W-2/1099-MISC)	(** = 2 ********************************	organization
	organizations	Itrus	nal tru		oyee	ompe				and related
	below	ividua	Institutional trustee	cer	Key employee	hest c	Former			organizations
41)	line)	pul	Inst	Officer	Key	High	교			
(1) MARY ELISABETH SWERZ	4.00	х						0.	0.	0
CHAIR OF FINANCE COMMITTEE	4.00	^	_					0.	0.	0.
(2) JOSHUA BOGER, PH. D. CHAIR	4.00	х		х				0.	0.	0.
(3) HOWARD APPLEBY	2.00	Λ		A				0.	0.	<u></u>
DIRECTOR	2.00	Х						0.	0.	0.
(4) STEPHANIE BROWN	2.00								<u> </u>	
DIRECTOR		х						0.	0.	0.
(5) MICHAEL CANNING	2.00				7					
DIRECTOR		X						0.	0.	0.
(6) PAUL D. GOLDENHEIM, MD	2.00									
DIRECTOR		Х						0.	0.	0.
(7) DONNA EGAN	2.00									
DIRECTOR		Х						0.	0.	0.
(8) GABOR GARAI	2.00									
DIRECTOR		Х						0.	0.	0.
(9) YVETTE HOCHBERG	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) ANDREA HOFF	2.00								•	•
DIRECTOR	2 00	Х						0.	0.	0.
(11) LAWRENCE STIFLER	2.00	Х							0	0
DIRECTOR	2.00	Λ						0.	0.	0.
(12) JOHN PATTERSON DIRECTOR	2.00	х						0.	0.	0.
(13) MELINDA RABB	2.00	^						0.	· ·	<u> </u>
DIRECTOR	2.00	Х						0.	0.	0.
(14) SHARON RICH	2.00								<u> </u>	
DIRECTOR		х						0.	0.	0.
(15) BELINDA TERMEER	2.00							•		
DIRECTOR		х						0.	0.	0.
(16) DOROTHY ALTMAN WEBER	2.00									
DIRECTOR		Х						0.	0.	0.
(17) JANET LAWRENCE ZWANZIGER	2.00									
DIRECTOR		Х						0.	0.	0.

Page 8

6

Part VII Section A. Officers, Directors,	Trustees, Key Em								es (continued)	JUU Fage U
(A)			(0)			(D)	(E)	(F)	
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					box, unless person is both an		Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) MARGARET EAGLE	2.00									
DIRECTOR		Х						0.	0.	0.
(19) SUSAN THONIS	2.00									•
DIRECTOR		Х						0.	0.	0.
(20) HANNAH GROVE	2.00									
DIRECTOR		Х						0.	0.	0.
(21) JOANNE CHENG	2.00								_	
DIRECTOR		Х						0.	0.	0.
(22) AMY D'ABLEMONT BURNES DIRECTOR	2.00	x						0.	0.	0.
(23) KATHLEEN GAFFNEY	2.00									
DIRECTOR		Х					4	0.	0.	0.
(24) STEVEN HOLTZMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(25) ANNA KOLCHINSKY	2.00									
DIRECTOR		Х	4					0.	0.	0.
(26) REUBEN REYNOLDS	2.00									
DIRECTOR		Х						0.	0.	0.
1b Sub-total						$\overline{}$		0.	0.	0.
c Total from continuation sheets to Pa								951,887.	0.	71,533.
d Total (add lines 1b and 1c)							lacksquare	951,887.	0.	71,533.
2 Total number of individuals (including								i d + l	000 - f	•

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

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

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 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.

(4)	(D)	(C)
(A) Name and business address	(B) Description of services	(C)
	Description of services	Compensation
OPUS 3, LLC, 470 PARK AVE SOUTH 9TH		
FLOOR-NORTH, NEW YORK, NY 10016	ARTIST	270,436.
ALVIN AILEY DANCE FOUNDATION, INC., 405		_
WEST 55TH STREET, 2ND FLOOR, NEW YORK, NY	ARTIST	263,151.
RAFANELLI EVENTS MANAGEMENT, INC., 867		_
BOYLSTON ST, 4TH FLOOR, BOSTON, MA 02116	GALA CONSULTANT	222,032.
UNIVERSAL WILDE, INC.	TICKET BROCHURE	_
P.O. BOX 12476, NEWARK, NJ 07101	PRINTING AND MAILING	178,841.
LOS ANGELES PHILHARMONIC ORCHESTRA, 151		_
SOUTH GRAND AVENUE, LOS ANGELES, CA 90012	ARTIST	170,000.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization		

	BRITY SI	šR.	LES	3 ()F	B	<u>)S'.</u>	ron, inc.	22-295	8508
Part VII Section A. Officers, Directors, Tr	ustees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	iduali	ution	<u></u>	oldm	est co	ь			5.ga <u>_</u> a
	line)	Indiv	Instit	Officer	Key employee	High	Former			
(27) GARY DUNNING	40.00									
PRESIDENT & EXEC. DIR		1		Х				374,082.	0.	13,561.
(28) EDWIN DERECHO	40.00									
CFO & TREASURER				Х				109,750.	0.	19,324.
(29) SARA ROBINSON	40.00								_	
CHF ADVANCM OFCR & CLRK				Х				132,749.	0.	19,324.
(30) AMY LAM	40.00							4		
ARTISTIC PROGRAMMER	1000					Х		130,056.	0.	0.
(31) JOHN WRIGHT	40.00	-				3,		104 100	0	10 224
DIRECTOR OF MARKETING AND	40.00					Х		104,108.	0.	19,324.
(32) KAREN BROWN DIRECTOR OF PERFORMANCE OPS.	40.00	\mathbf{I}				х		101,142.	0.	0.
DIRECTOR OF PERFORMANCE OPS.						Δ		101,142.	0.	0.
		1								
		1								
		-								
		1								
		1								
		L		L	L	L				
Total to Part VIII Section A line 15								951,887.		71,533.
tal to Part VII, Section A, line 1c 951,887.										

22-2958508 THE CELEBRITY SERIES OF BOSTON, INC. Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 399,367. c Fundraising events d Related organizations 1d 64,200. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 6,047,046. 87,844. g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f .. 6,510,613. Business Code Program Service Revenue 2 a TICKET SALES, NET 711110 3,680,083. 3,680,083 b STABILIZATION AND MANAGEMENT FEES 711110 118,996. 118,996 c PROCESSING FEES 711110 87,829 87,829 d ADVERTISING 711300 6,077. 6,077. f All other program service revenue 711110 g Total. Add lines 2a-2f 3,892,985. Investment income (including dividends, interest, and 411,998 411,998. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 1,218,571 assets other than inventory b Less: cost or other basis 1,154,367 and sales expenses 64,204. c Gain or (loss) d Net gain or (loss) 64,204 64,204. 8 a Gross income from fundraising events (not Revenue 399,367. of including \$ contributions reported on line 1c). See Part IV, line 18 a 72,381 Other 294.871. **b** Less: direct expenses -222,490. c Net income or (loss) from fundraising events -222,490 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses 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

Business Code

10,657,310.

6,077.

253,712.

3,886,908.

11 a b

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

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 respor				X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	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	697,397.	199,297.	336,926.	161,174.
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	1,379,224.	1,050,079.	78,927.	250,218.
8	Pension plan accruals and contributions (include	, ,	, ,	,	<u> </u>
_	section 401(k) and 403(b) employer contributions)	20,712.	12,844.	3,800.	4,068.
9	Other employee benefits	146,196.	116,314.	10,259.	4,068. 19,623.
10	Payroll taxes	128,007.	79,381.	23,485.	25,141.
11	Fees for services (non-employees):	.,			
	Management				
	Legal				
	Accounting	53,817.		53,817.	
	Lobbying			,	
	Professional fundraising services. See Part IV, line 17	34,992.			34,992.
f	Investment management fees	68,271.		68,271.	<u> </u>
	Other. (If line 11g amount exceeds 10% of line 25,			-	_
J	column (A) amount, list line 11g expenses on Sch O.)	2,127,108.	2,074,361.	17,046.	35,701.
12	Advertising and promotion	590,482.	590,482.	-	<u> </u>
13	Office expenses	351,503.	240,060.	25,356.	86,087.
14	Information technology		-		
15	Royalties				_
16	Occupancy	253,896.	160,361.	31,178.	62,357.
17	Travel	119,517.	44,971.	57,913.	16,633.
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	73,104.	46,172.	8,978.	17,954.
23	Insurance	24,426.		24,426.	
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 0.)				
а	DIRECT PERFORMANCE COST	1,353,326.	1,353,326.		
b	CAPITAL CAMPAIGN	316,673.			316,673.
С	EQUIPMENT LEASES AND MA	94,701.	59,813.	11,629.	23,259.
d	EVENTS	61,115.		966.	60,149.
е	All other expenses	63,581.	41,532.	4,477.	17,572.
25	Total functional expenses. Add lines 1 through 24e	7,958,048.	6,068,993.	757,454.	1,131,601.
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)				
					F 000 (0040)

Form 990 (2018)
Part X Balance Sheet

Pa	rt 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
	1	Cash - non-interest-bearing	630,002.	1	645,075.
	2	Savings and temporary cash investments	1,555,215.	2	1,284,204.
	3	Pledges and grants receivable, net	4,523,646.	3	6,271,571.
	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			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	253,065.	9	348,461.
	1 -	Land, buildings, and equipment: cost or other			3 2 3 7 2 3 2 3
		basis. Complete Part VI of Schedule D 10a 956,142.			
	Ь	Less: accumulated depreciation 10b 700,150.	266,220.	10c	255,992.
	11	Investments - publicly traded securities	11,246,762.	11	255,992. 12,862,472.
	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)	18,474,910.	16	21,667,775.
	17	Accounts payable and accrued expenses	288,534.	17	21,667,775. 253,314.
	18	Grants payable	•	18	
	19	Deferred revenue	1,778,941.	19	1,728,200.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		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	2,067,475.	26	1,981,514.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	131,457.	27	144,829.
3al	28	Temporarily restricted net assets	6,766,682.	28	8,909,254.
βE	29	Permanently restricted net assets	9,509,296.	29	10,632,178.
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	16,407,435.	33	19,686,261.
	34	Total liabilities and net assets/fund balances	18,474,910.	34	21,667,775.

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,95		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,69		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,40		
5	Net unrealized gains (losses) on investments	5	57	9,5	64.
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	19,68	6,2	61.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE CELEBRITY SERIES OF BOSTON, 22-2958508 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				4		
	supported organization) included			1	4		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(u) 2014	(5) 2010	(6) 2010	(4) 2017	(6) 2010	(i) rotal
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4					
	and income from similar sources						
	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			/			
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1					
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	eta (see instructi	000)			12	
	First five years. If the Form 990 is for			d fourth or fifth t			
	organization, check this box and stop	-			-		ightharpoonup
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (I			column (f))		14	%
	Public support percentage from 2017					-	<u> </u>
	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies	-					
	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual						
	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	-	
	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						ightharpoons
	Private foundation. If the organization						ns 🕨

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

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

Se	ction A. Public Support	elow, please comp	nete Fart II.)				
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(=)==::	(-, : :	(-/ : :	(-) == : :	(-)	(4)
-	membership fees received. (Do not						
	include any "unusual grants.")	2,697,086.	2,957,461.	8,854,500.	6,644,689.	6,510,613.	27,664,349.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	3,817,380.	3,890,000.	3,607,925.	4,263,417.	3,892,985.	19,471,707.
_	organization's tax-exempt purpose	3,017,300.	3,030,000.	3,007,323.	4,205,417.	3,032,303.	17,471,707.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				4		
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	6,514,466.	6,847,461.	12,462,425.	10,908,106.	10,403,598.	47,136,056.
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	1,385,666.	1,832,293.	6,015,213.	4,213,848.	4,129,449.	17,576,469.
ŀ	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.
	Add lines 7a and 7b	1,385,666.	1,832,293.	6,015,213.	4,213,848.	4,129,449.	17,576,469.
	Public support. (Subtract line 7c from line 6.)	, ,			, ,	, ,	29,559,587.
Se	ction B. Total Support						, ,
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	6,514,466.	6,847,461.	12,462,425.	10,908,106.	10,403,598.	47,136,056.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	196,323.	170,249.	6,015,213.	310,926.	411,998.	7,104,709.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	196,323.	170,249.	6,015,213.	310,926.	411,998.	7,104,709.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	13040130	1.072130	0,020,220.	010,75200	111/3360	,,202,,100.
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.)	6,710,789.	7,017,710.	18,477,638.	11,219,032.	10,815,596.	54,240,765.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	54.50 %
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	58.12 %
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	13.10 %
18	18 Investment income percentage from 2017 Schedule A, Part III, line 17						14.00 %
	a 33 1/3% support tests - 2018. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box at 33 1/3% support tests - 2017. If the	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	► X
-	line 18 is not more than 33 1/3%, che	· ·			•	·	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).
- **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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	-		
1		Yes	No
	1		
	2		
	За		
	3b		
	0-		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	30		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	30		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2018

За

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

Schedule A (Form 990 or 990-EZ) 2018 THE CELEBRITY SERIES OF BOSTON, INC. 22-2958508 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 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 5 5 Income tax imposed in prior year

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

Schedule A (Form 990 or 990-EZ) 2018

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions).

Section P - Distributions Current Year		dule A (Form 990 or 990-EZ) 2018 THE CELEBRITY			2-2958508 Page 7
1 Amounts paid to supported organizations to accomplish exempt purposes of auptored organizations, in excess of income from activity that directly furthers exempt purposes of supported organizations, in excess of income from activity and income from a facility and income from a facil		.,,	(a)(3) Supporting Orga	anizations _(continued)	
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 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount 9 Distributable amount for 2018 from Section C, line 6 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions. 9 Excess distributions carryover, if any, to 2018 9 From 2013 9 From 2014 9 From 2016 9 Applied to underdistributions of prior years 1 Applied to 2018 distributable amount 1 Carryover from 2013 not applied (see instructions) 1 Permainder Subtract lines 3g, sh, and 3f from 3f. 1 Permainder Subtract lines 3g, sh, and 3f from 3f. 1 Permainder Subtract lines 3g, sh, and 3f from 3f. 1 Permainder Subtract lines 3g and 4a from line 2, for result greater than zero, explain in Part VI). See instructions. 1 Permainder Subtract lines 3g and 4a from line 2, for result greater than zero, explain in Part VI). See instructions. 1 Permaining underdistributions for 2018, Subtract lines 3g and 4a from line 2, for result greater than zero, explain in Part VI). See instructions. 2 Permaining underdistributions for 2019, Add lines 3j and 4c. 3 Excess from 2014 4 Excess from 2015 5 Excess from 2015 6 Excess from 2014 6 Excess from 2014 6 Excess from 2014 6 Excess from 2014	-				Current Year
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Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistributions Distributable Amount for 2018 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D, line 7: S a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, if any, Subtract lines 3g and 4a from line 2, For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1, For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1, For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7. Excess from 2014 b Excess from 2015		,			
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Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2014 b Excess from 2015	•	9			
7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2014 b Excess from 2015					
and 4c. 8 Breakdown of line 7: 9 a Excess from 2014 9 b Excess from 2015 9	7				
8 Breakdown of line 7: a Excess from 2014 b Excess from 2015	•	-			
a Excess from 2014 b Excess from 2015	8				
b Excess from 2015					

Schedule A (Form 990 or 990-EZ) 2018

d Excess from 2017e Excess from 2018

Schedule A	(Form 990 or 99	D-EZ) 2018	THE CE	LEBRITY	SERIES	OF E	BOSTON,	INC.	22-2958508 Page	8
Part VI	Supplement Part IV, Section line 1; Part IV, S	tal Inform A, lines 1, 2 Section D, lin	ation. Pro , 3b, 3c, 4b es 2 and 3;	ovide the expla o, 4c, 5a, 6, 9a Part IV, Section	anations requir , 9b, 9c, 11a, 1 on E, lines 1c,	ed by Par 11b, and 1 2a, 2b, 3a	rt II, line 10; P I1c; Part IV, S a, and 3b; Part	art II, line 17a ection B, lines t V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,	
	Section D, lines (See instruction	5, 6, and 8; s.)	and Part V	, Section E, lin	es 2, 5, and 6.	Also com	plete this par	t for any addit	ional information.	
							4			
							-			
										_

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.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC. Employer identification number 22-2958508

Pai			ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o. (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		vised funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	· · ·	-
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by t	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	_
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	vation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	·	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	es the organization's accounting for
Da	conservation easements.	f Art Historical Transcripes	Other Circiles Assets
Pai	t III Organizations Maintaining Collections o	-	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (AS		*
	historical treasures, or other similar assets held for public exh		erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	bublic service, provide the following amounts
	relating to these items:		Φ Φ
	(i) Revenue included on Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical tre		cial gain, provide
_	the following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·	▶ ♦
a	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		

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	dule D (Form 990) 2018 THE CEL † III Organizations Maintaining C									age Z
3			•							ns
·	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):									
а										
b	Scholarly research	е		3 1 3						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they further tl	ne organizatio	n's exem	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "`	Yes" on F	Form 990), Part IV,	line 9, or		
	Is the organization an agent, trustee, custod	•	diary for contribution	s or other ass	sets not i	ncluded				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
	, .	•	J					Amoun	t	
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on F					ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	rm 990, Part	IV, line 10	0.				
		(a) Current year	(b) Prior year	(c) Two years	<u> </u>	<u>, </u>	ears back	` ,	•	
	Beginning of year balance	10,802,876.	8,370,614.	5,325		5,3	81,064.	5	,656,	766.
b	Contributions	1,441,759.	2,624,728.	2,829						
	Net investment earnings, gains, and losses	511,081.	306,134.	490	,926.	2	20,797.		-3,	398.
	Grants or scholarships									
е	Other expenditures for facilities	-12.50				_				
	and programs	646,877.	-498,600.	-274	,815.	-2	76,711.		-272,	304.
	Administrative expenses	12 100 020	10,000,076	0 270	C1.4	F 3	25 150		201	0.6.4
	End of year balance	12,108,839.	10,802,876.	-	,614.	5,3	25,150.	5	,381,	064.
	Provide the estimated percentage of the cur	rent year end baland	, , , , , , , , , , , , , , , , , , , ,	i)) neid as:						
	Board designated or quasi-endowment Permanent endowment 87.80	%	_%							
		2.20 %								
C	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse		ation that are held a	nd administer	ed for th	e organiz	zation			
ou	by:	socion of the organiz	ation that are noid a	na aaniiniotoi	ca for an	o organiz	ation	ſ	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations									Х
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11a. S	See Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Acc	cumulate	ed	(d) Boo	k valu	e
		basis (investr	ment) basis	(other)	depi	reciation				
1a	Land									
	Buildings									
	Leasehold improvements			3,475.		82,7				75.
d	Equipment		87	2,667.	6	17,4	50.	25	5,2	<u> 17.</u>
е	Other									

Schedule D (Form 990) 2018

255,992.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost	
(1) Financial derivatives			<u> </u>
(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	
(1)		.,	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
. ,			
(8)			
(9) Tatal (Col. (b) must agual Form 000, Part V. col. (P) line 12.)			
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 000 Part IV line	11d Soc Form 990 Part V line 15	•
	Description	Tit. Gee Form 990, Fart X, line 15	(b) Book value
	2000 II parol I		(2) Been value
(1)			
(2)			
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	÷ 15.)		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			▶
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			►
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X,	► line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			► line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2)			► line 25.
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (1) Federal income taxes (2) (3)			\ line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) (1) Federal income taxes (2) (3) (4)			► line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image			► line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)			► line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5)			► line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)			► line 25.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image			\ line 25.

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 X

SCITE	edule D (Folin 990) 2018 Ind Child British Ci Box	7 1 011	, 1110.	22	2730300 Fage T
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per R	eturi	n.
	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	11,168,603.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	579,564.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	579,564.
3	Subtract line 2e from line 1			3	10,589,039.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	68,271.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	68,271.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,657,310.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		4	1	7,538,112.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. \			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	7,538,112.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	68,271.		
b	Other (Describe in Part XIII.)	4b	351,665.		

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

c Add lines 4a and 4b

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, 2019. HOWEVER, THE ORGANIZATION'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE JURISDICTIONS.

419,936.

7,958,048.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number 22-2958508

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. e X Solicitation of non-government grants a X Mail solicitations X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events **d** X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) GRENZEBACH GLIER & ASSOCIATES Yes₄ No 200 S. MICHIGAN AVE. SUITE FUNDRAISING CONSULTING Х 0 34,992 -34,992. 34,992, -34 992 Total 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

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 ONLINE NONE (add col. (a) through 0 GALA AUCTION col. (c)) (event type) (event type) (total number) Revenue 19,381. 471,748. 1 Gross receipts 452,367. 399,367 399,367. 2 Less: Contributions 72,381. 53,000. 19,381. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 22,686. 22,686. 6 Rent/facility costs 62,246. 62,246. 7 Food and beverages 8 Entertainment 209,939. 209,939. 9 Other direct expenses 294,871. 10 Direct expense summary. Add lines 4 through 9 in column (d) -222,490. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor 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? 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:

Sch	nedule G (Form 990 or 990-EZ) 2018 THE CELEBRITY SERIES OF BOSTON, INC. 22-2	<u> 4958508</u>	Page 3
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	%
	o An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,,
••	Enter the name and address of the person who prepares the organization organization organization belong and resords.		
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
	Address		
16	Gaming manager information:		
10	daming manager information.		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	└── Yes	└── No
k	no 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 ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:	
, -	·\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
<u>(I</u>	NAME OF FUNDRAISER: GRENZEBACH GLIER & ASSOCIATES		
(I) ADDRESS OF FUNDRAISER:		
20	00 S. MICHIGAN AVE. SUITE 2100, CHICAGO, IL 60604		

Schedule G	G (Form 990 or 990-EZ)	THE CELEBR: formation (continued)	ITY SERIES	OF BOSTO	N, INC.	22-2958508 Page 4
Part IV	Supplemental In	formation (continued)				
-						
					*	

SCHEDULE J (Form 990)

Compensation Information

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE CELEBRITY SERIES OF BOSTON, INC. Employer identification number 22-2958508

Pa	art I Questions Regarding Compensation			
	·		Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as 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	1b		
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 on line 1a?	2		
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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X 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:	_		v
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Out			
_	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:	5a		Х
a h	The organization?	5b		X
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ü	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
~	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 nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

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 aren't 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) GARY DUNNING	(i)	249,082.	125,000.	0.	0.	13,561.	387,643.	0.
PRESIDENT & EXEC. DIR	(ii)	0.	0.	0.	0.	0.		
(2) SARA ROBINSON	(i)	132,749.	0.	0.	0.	19,324.		0.
CHF ADVANCM OFCR & CLRK	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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.
PART I, LINE 4:
AS PART OF THE EMPLOYMENT CONTRACT OF GARY DUNNING, PRESIDENT AND EXECUTIVE
DIRECTOR, HE WOULD CONTINUE TO BE PAID BENEFITS AND SALARY FOR 6 MONTHS IF
HE WAS INVOLUNTARILY TERMINATED BY THE BOARD OF DIRECTORS WITHOUT CAUSE.
HE WOULD ALSO BE PAID HALF OF HIS TARGET BONUS FOR THE YEAR, AND ANY
INCENTIVE BONUS EARNED THAT YEAR.
NO SUCH PAYMENTS WERE MADE IN FISCAL YEAR 2019.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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

Par	rt I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		_	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	tion ar	nount	S
1	Art - Works of art		items continuated	1 01111 000,1 411, 11110 19				
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	7	87,844.	FAIR MARKET	VA:	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
.0	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 ()			<u> </u>				
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29		-		
							Yes	No
30a				·	•			
								v
_		?				30a		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								Х
	•	-l /-\ *		u fan udala aak weer (-\ !	al card			
33	If the organization didn't report an amount in co	oiumn (c) fo	r a type of propert	y for which column (a) is che	скеа,			
b 31 32a b	Does the organization hire or use third parties of contributions? If "Yes," describe in Part II.	e of the initia	al contribution, and equires the review ganizations to soli	of any nonstandard contribution, process, or sell noncash	utions?	30a 31 32a		

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

Schedule M (Form 990) 2018

Schedule M	(Form 990) 2018	THE	CELE	BRITY	SERIES	OF	BOSTO	N, 1	INC.	22-2958508	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Inforr I, colun Iditional	nation. nn (b), the informat	Provide the number of the ion.	he informatior of contribution	requirns, the i	ed by Part number of i	I, lines 3 tems re	30b, 32b, and 33, aceived, or a comb	and whether the organiza nation of both. Also com	ition plete

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

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 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 NEIGHBORHOODS, ON STREETS - EVERYWHERE. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 10.DANCE HEGINBOTHAM (BOSTON DEBUT) 11.GIL SHAHAM & AKIRA EGUCHI 12.BLA FLECK, ZAKIR HUSSAIN (CELEBRITY SERIES DEBUT) & EDGAR MEYER 13. INON BARNATAN, PIANO 14.AN EVENING WITH THE JULIAN LAGE TRIO 15.WMIG WITH ORION WEISS - BEETHOVEN'S APPASSIONATA SONATA 16.DOVER QUARTET 17. SOWETO GOSPEL CHOIR, SONGS OF THE FREE 18. CHARLES LLOYD & THE MARVELS & LUCINDA WILLIAMS (CELEBRITY SERIES DEBUT) 19.LEIF OVE ANDSNES, PIANO 20.PABLO SINZ VILLEGAS, GUITAR (BOSTON DEBUT) 21.LIZZ WRIGHT AND LEAN ON ME: JOS JAMES (CELEBRITY SERIES DEBUT) CELEBRATES BILL WITHERS 22.NEDERLANDS DANS THEATER 2 23. THOMAS HAMPSON & LUCA PISARONI (BOSTON DEBUT), NO TENORS ALLOWED

24.MARK MORRIS DANCE GROUP, PEPPERLAND

Name of the organization **Employer identification number** THE CELEBRITY SERIES OF BOSTON, INC. 22-2958508 26.ALISA WEILERSTEIN, CELLO 27.BEATRICE RANA, PIANO (BOSTON DEBUT) 28.JOYCE DIDONATO, MEZZO-SOPRANO (CELEBRITY SERIES DEBUT) 29.WMIG WITH KYLE ATHAYDE DANCE PARTY - BANDS OF THE SWING ERA 30.STORM LARGE (CELEBRITY SERIES DEBUT) 31.KIRILL GERSTEIN & THOMAS ADS 32.MONTEREY JAZZ FESTIVAL'S 60TH ANNIVERSARY TOUR STARRING CCILE MCLORIN SALVANT 33. SHAWN COLVIN (CELEBRITY SERIES DEBUT) 34.HAGEN QUARTET 35.SAN FRANCISCO SYMPHONY W/ MICHAEL TILSON THOMAS & CHRISTIAN TETZLAFF 36.SO PERCUSSION, DRUMMING 37.DANILO PREZ'S GLOBAL MESSENGERS AND AMIR ELSAFFAR'S TWO RIVERS ENSEMBLE (BOSTON DEBUT) 38.CANTUS, ALONE TOGETHER (BOSTON DEBUT) 39.BATSHEVA DANCE COMPANY, VENEZUELA (BOSTON DEBUT) 40.GAUTIER CAPUON (CELEBRITY SERIES DEBUT) & YUJA WANG 41.JAZZ AT LINCOLN CENTER ORCHESTRA WITH WYNTON MARSALIS & SPECIAL GUEST CHARLES MCPHERSON (CELEBRITY SERIES DEBUT 42.DAVID SEDARIS 43.AUSTRALIAN CHAMBER ORCHESTRA W/ PAUL LEWIS 44.JACK DEJOHNETTE, JOE LOVANO, ESPERANZA SPALDING & LEONARDO GENOVESE - THE SPRING QUARTET 45.ITZHAK PERLMAN & EVGENY KISSIN 46.JOSHUA BELL, JEREMY DENK & STEVEN ISSERLIS (CELEBRITY SERIES DEBUT)

Name of the organization **Employer identification number** THE CELEBRITY SERIES OF BOSTON, INC. 22-2958508 48.PHILHARMONIX (BOSTON DEBUT) 49.ALFREDO RODRGUEZ (CELEBRITY SERIES DEBUT) & PEDRITO MARTINEZ DUO (CELEBRITY SERIES DEBUT) AND ARTURO O'FARRILL QUINTET 50.STAVE SESSIONS: ANNA & ELIZABETH 51.STAVE SESSIONS: EDMAR CASTANEDA TRIO 52.STAVE SESSIONS: LADAMA 53.STAVE SESSIONS: ORACLE HYSTERICAL & MUSICIANS FROM A FAR CRY 54.STAVE SESSIONS: TIGUE & AROOJ AFTAB WITH GYAN RILEY 55. HAPPY HOUR BY MONICA BILL BARNES & COMPANY FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ARTIST CONNECTIONS - ARTISTS FROM ACROSS THE GLOBE TEACHING AND INSPIRING YOUTH. TAKE YOUR SEAT - FREE AND DISCOUNTED TICKETS FOR THOUSANDS OF CHILDREN, STUDENTS AND FAMILIES NEIGHBORHOOD ARTS -INTERACTIVE WORKSHOPS AND FREE COMMUNITY CONCERTS IN SIX BOSTON NEIGHBORHOODS PUBLIC PERFORMANCE PROJECTS - FREE, PARTICIPATORY EVENTS FOR THE WHOLE CITY ARTIST CONNECTIONS MASTER CLASSES, LECTURE-DEMONSTRATIONS, AND INTERACTIVE WORKSHOPS WITH ARTISTS FROM ACROSS THE GLOBE OFFER UNPARALLELED ACCESS FOR STUDENTS FROM THE ELEMENTARY THROUGH CONSERVATORY LEVELS. POST-PERFORMANCE ARTIST TALKS CREATE A PERSONAL CONNECTION FOR OUR AUDIENCES. HIGHLIGHTS IN 2018-19 INCLUDED WORKSHOPS LED BY AFRO-COLOMBIAN DANCE COMPANY SANKOFA DANZAFRO AT BOSTON ARTS ACADEMY AND THE VERONICA ROBLES CULTURAL CENTER IN EAST BOSTON; DANCE FOR PD WORKSHOPS LED BY MARK

MORRIS DANCE GROUP AT BETH ISRAEL DEACONESS MEDICAL CENTER, HARVARD

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

MEDICAL SCHOOL AND URBANITY DANCE; WORKSHOPS BY ALVIN AILEY AMERICAN

DANCE THEATER FOR STUDENTS WITH DISABILITIES AT THE COTTING SCHOOL,

KENNEDY DAY SCHOOL, AND MURPHY SCHOOL; AND MASTER CLASSES BY EMERGING

TO ESTABLISHED ARTISTS AT LONGY SCHOOL OF MUSIC AND NEW ENGLAND

PROGRAMS AND ACTIVITIES: 30

COMMUNITY PARTNERS: 16

PARTICIPATING ARTISTS: 29 ARTISTS REPRESENTING 14 ENSEMBLES

PARTICIPANTS: 2,469

CONSERVATORY.

ARTIST CONNECTIONS ARTISTS:

ALVIN AILEY AMERICAN DANCE THEATER, INON BARNATAN, MONICA BILL BARNES &
COMPANY, BATSHEVA DANCE COMPANY, CANTUS, ANTHONY ROTH COSTANZO, DOVER
QUARTET, KIRILL GERSTEIN, THOMAS HAMPSON, MARK MORRIS DANCE COMPANY
(DANCE FOR PD), MNOZIL BRASS, NEDERLANDS DANS THEATER 2, BEATRICE RANA,
SANKOFA DANZAFRO

ARTIST CONNECTIONS PARTNERS:

BETH ISRAEL DEACONESS MEDICAL CENTER, BOCH CENTER SHUBERT THEATRE,

BOSTON ARTS ACADEMY, BOSTON BALLET, BOSTON CONSERVATORY AT BERKLEE,

BOSTON RENAISSANCE CHARTER SCHOOL, COTTING SCHOOL, DISTRICT HALL,

HARVARD MEDICAL SCHOOL, HARVARD UNIVERSITY, KENNEDY DAY SCHOOL AT

FRANCISCAN CHILDREN'S, LONGY SCHOOL OF MUSIC, MURPHY SCHOOL, NEW

ENGLAND CONSERVATORY, URBANITY DANCE, VERONICA ROBLES CULTURAL CENTER

NEIGHBORHOOD ARTS

NEIGHBORHOOD ARTS BRINGS THE JOY OF LIVE PERFORMANCE TO PEOPLE OF ALL

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization **Employer identification number** THE CELEBRITY SERIES OF BOSTON, INC. 22-2958508 AGES AND ABILITIES, DRAWING DEEPLY UPON PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS TO ACTIVATE SIX UNDERSERVED BOSTON NEIGHBORHOODS WITH A RICH AND VARIED ARRAY OF OPPORTUNITIES. PROGRAMS AND ACTIVITIES: 139 COMMUNITY PARTNERS: 55 PARTICIPATING ARTISTS: 14 ENSEMBLES AND GUEST ARTISTS TOTALING 75 LOCAL ARTISTS PARTICIPANTS: 8,463 ENGAGING LOCAL ARTISTS - NEIGHBORHOOD ARTS ARTISTS ARE A DIVERSE GROUP OF LOCALLY-BASED ENSEMBLES EXPERIENCED IN WORKING WITH YOUTH AND COMMITTED TO COMMUNITY ENGAGEMENT. ACTIVATING NEIGHBORHOODS - NEIGHBORHOOD ARTS FEATURED 119 FREE EVENTS, INCLUDING INTERACTIVE WORKSHOPS, RESIDENCIES, AND COMMUNITY CONCERTS IN NEIGHBORHOOD VENUES IN DORCHESTER, HYDE-PARK, MATTAPAN, ROSLINDALE, ROXBURY AND THE SOUTH END. COMMUNITY COLLABORATIONS - NEIGHBORHOOD ARTS PARTNERS WITH 50+ COMMUNITY ORGANIZATIONS, FROM LOCAL ARTS AND SOCIAL SERVICE ORGANIZATIONS, TO SCHOOLS, COMMUNITY CENTERS, AND MORE. WORLD-CLASS PERFORMANCES - NEIGHBORHOOD ARTS PARTNERS ATTENDED 19

CELEBRITY SERIES MAIN STAGE PERFORMANCES FREE OF CHARGE.

THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number 22-2958508

JEAN APPOLON EXPRESSIONS (HAITIAN DANCE) JORGE ARCE (PUERTO RICAN BOMBA Y PLENA) CASTLE OF OUR SKINS (CELEBRATING BLACK ARTISTRY THROUGH MUSIC)

RYAN EDWARDS (PERCUSSION/COMPOSITION) DEVIN FERREIRA (HIP-HOP) MARIA

FINKELMEIER (PERCUSSION/COMPOSITION) SHAW PONG LIU AND CODE LISTEN 3.0

GUEST ARTISTS GUY MENDILOW ENSEMBLE (WORLD MUSIC) JASON PALMER QUINTET

(JAZZ) SOUL YATRA TRIO (MIKE BLOCK - CELLO, SANDEEP DAS - TABLA, SHAW

PONG LIU - VIOLIN/ERHU) VERONICA ROBLES AND HER ALL FEMALE MARIACHI

ENSEMBLE VOCI ANGELICA TRIO (WORLD MUSIC) PAUL WHITE TRIO AND SACRED

JAZZ GUEST ARTISTS (JAZZ) WOMEN OF THE WORLD (WORLD MUSIC)

NEIGHBORHOOD ARTS PARTNERS, DORCHESTER, BLUE HILL BOYS & GIRLS CLUB,

BOSTON CITY SINGERS, BOSTON HOME, CONSERVATORY LAB CHARTER SCHOOL,

HYDE PARK, BOSTON RENAISSANCE CHARTER SCHOOL, HYDE PARK BRANCH LIBRARY

ROXBURY, BOSTON CITY-WIDE STRING ORCHESTRA, BOSTON POLICE DEPARTMENT,

CITY STRINGS UNITED, DUDLEY STREET NEIGHBORHOOD INITIATIVE, FIRST

BAPTIST CHURCH, HAMILTON-GARRETT MUSIC AND ARTS ACADEMY, HERNANDEZ K-8

SCHOOL, HIBERNIAN HALL, LEGACY LIVES ON, NATIONAL CENTER OF

AFRO-AMERICAN ARTISTS, PEOPLE'S BAPTIST CHURCH, ROXBURY PRESBYTERIAN

CHURCH, TEEN EMPOWERMENT, TIMILTY MIDDLE SCHOOL, TWELFTH BAPTIST CHURCH

EPIPHANY SCHOOL, HENDERSON UPPER SCHOOL, LOUIS D. BROWN PEACE

INSTITUTE, SALVATION ARMY KROC CENTER

SOUTH END

BENJAMIN FRANKLIN INSTITUTE OF TECHNOLOGY, CASTLE TENANTS ASSOCIATION,

COMMUNITY MUSIC CENTER OF BOSTON, FESTIVAL BETANCES, HURLEY K-8 SCHOOL,

INQUILINOS BORICUAS EN ACCION, MORE THAN WORDS, ST.STEPHENS B-READY

AFTER SCHOOL PROGRAM, UNION UNITED METHODIST CHURCH, URBAN ARTS

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

| Employer identification number 22-2958508

FESTIVAL

MATTAPAN, CHITTICK ELEMENTARY, CHURCH OF THE HOLY SPIRIT, MATTAPAN TEEN
CENTER

ROSLINDALE, BATES ELEMENTARY SCHOOL, FUTURA PRODUCTIONS, IRVING MIDDLE

SCHOOL, ROSLINDALE COMMUNITY CENTER, SUMNER BOYS & GIRLS CLUB, OTHER

BOSTON NEIGHBORHOODS, A FAR CRY (JAMAICA PLAIN), BETHEL A.M.E. CHURCH

(JAMAICA PLAIN), BIG SISTER ASSOCIATION OF GREATER BOSTON, BOSTON ARTS

ACADEMY, BOSTON STRING ACADEMY (AT CHINESE EVANGELICAL CHURCH,

CHINATOWN AND GARDNER PILOT SCHOOL, ALLSTON), CHARLESTOWN BOYS AND

GIRLS CLUB, CITY YEAR BOSTON, JOSIAH QUINCY SCHOOL (CHINATOWN), NEW

ENGLAND CONSERVATORY PREPARATORY DIVISION, PUERTO RICAN DAY FESTIVAL

TAKE YOUR SEAT

TAKE YOUR SEAT PROVIDES FREE AND SIGNIFICANTLY DISCOUNTED TICKETS TO A
RANGE OF SCHOOL AND COMMUNITY GROUPS, FAMILIES, AND STUDENTS. THE GOAL
OF THE PROGRAM IS TO BREAK DOWN BARRIERS THAT LIMIT ACCESS TO THE
PERFORMING ARTS, INCLUDING COST AND PHYSICAL ACCESS. TAKE YOUR SEAT
DISTRIBUTED 3,240 FREE AND DISCOUNTED TICKETS TO 26 PERFORMANCES IN OUR
MAIN STAGE SEASON.

FREE TICKETS: 1,064 TICKETS DISTRIBUTED TO NEIGHBORHOOD ARTS PARTNER
ORGANIZATIONS. \$10 TICKETS: 904 TICKETS TO SCHOOL AND COMMUNITY GROUPS
REACHING UNDERSERVED YOUTH. CHILD TICKETS: 571 TICKETS AT A 50%
DISCOUNT FOR CHILDREN UNDER THE AGE OF 18. STUDENT TICKETS: 701 \$20

Name of the organization

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PERFORMANCES TO WHICH TAKE YOUR SEAT TICKETS WERE DISTRIBUTED DURING THE 2018-19 SEASON: ALAN CUMMING: LEGAL IMMIGRANT, MAX RICHTER AND THE AMERICAN CONTEMPORARY MUSIC ENSEMBLEACADEMY OF ST. MARTIN IN THE FIELDS CHAMBER ENSEMBLE, EMANUEL AX, PIANO, OK GO: THE LIVE VIDEO TOUR, SANKOFA DANZAFRO: THE CITY OF OTHERS, LUCIANA SOUZA AND YELLOWJACKETS, GIL SHAHAM, VIOLIN AND AKIRA EGUCHI, PIANO, BLA FLECK, EDGAR MEYER, AND ZAKIR HUSSAIN, INON, BARNATAN, PIANO, JULIAN LAGE TRIO, WHAT MAKES IT GREAT? WITH ROB KAPILOW AND ORION WEISS, PIANO, DOVER QUARTET, SOWETO GOSPEL CHOIR, CHARLES LLOYD & THE MARVELS AND LUCINDA WILLIAMS, PABLO SANZ VILLEGAS, LIZZ WRIGHT AND JOSE JAMES, NEDERLANDS DANS THEATER 2, THOMAS HAMPSON AND LUCA PISARONI, MARK MORRIS DANCE GROUP, PEPPERLAND, MNOZIL BRASS, ALISA WEILERSTEIN, CELLO, JOYCE DIDONATO, SONGPLAY WHAT MAKES IT GREAT? WITH ROB KAPILOW AND KYLE ATHAYDE DANCE PARTY, STORM LARGE, KIRILL GERSTEIN, PIANO AND THOMAS ADES, PIANO, MONTEREY JAZZ FESTIVAL 60TH ANNIVERSARY WITH CECILE MCLORIN SALVANT, ANNA & ELIZABETH, EDMAR CASTAEDA TRIO, LADAMA, ORACLE HYSTERICAL AND A FAR, CRY, SHAWN COLVIN, HAGEN QUARTET, AROOJ AFTAB AND TIGUE, SAN FRANCISCO SYMPHONY WITH MICHAEL TILSON THOMAS, CONDUCTOR AND CHRISTIAN TETZLAFF, VIOLIN SOLOIST, SO PERCUSSION, DANILO PREZ'S GLOBAL MESSENGERS AND AMIR ELSAFFAR'S TWO RIVERS ENSEMBLE, BATSHEVA DANCE COMPANY, YUJA WANG, PIANO AND GAUTIER CAPUON, CELLO, JAZZ AT LINCOLN CENTER ORCHESTRA WITH WYNTON, MARSALIS AND CHARLES MCPHERSON, DAVID SEDARIS, AUSTRALIAN CHAMBER ORCHESTRA WITH PAUL LEWIS, PIANO, SPRING QUARTET, ITZHAK PERLMAN, VIOLIN AND EVGENY KISSIN, PIANO, JOSHUA BELL, VIOLIN, STEVEN ISSERLIS, CELLO, AND JEREMY DENK, PIANO, ALVIN AILEY AMERICAN DANCE THEATER, PHILHARMONIX, ALFREDO RODRIGUEZ & PEDRITO MARTINEZ DUO AND

THE ARTURO O'FARRILL QUINTET

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number 22-2958508

JAZZ ALONG THE CHARLES

SEPTEMBER 23, 2019

JAZZ ALONG THE CHARLES WAS A FREE PUBLIC EVENT, PART OF CELEBRITY

SERIES' COMMITMENT TO FREE PUBLIC PERFORMANCE EXPERIENCES FOR THE

PEOPLE OF BOSTON.

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

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.

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, 2019 ALL OF THE BOARD MEMBERS RETURNED FORMS

CONFIRMING COMPLIANCE.

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

GARY DUNNING, THE CURRENT PRESIDENT AND EXECUTIVE DIRECTOR, WAS APPOINTED BY A SEARCH COMMITTEE FORMED BY THE BOARD OF DIRECTORS IN 2011. IN 2016 THE BOARD OF DIRECTORS EXTENDED HIS FIRST 5-YEAR TERM (JULY 1, 2011 TO JUNE 30, 2016) TO A SECOND 5-YEAR TERM (JULY 1, 2016 TO JUNE 30, 2021). HIS EMPLOYMENT AGREEMENT PROVIDES THAT HIS BASE SALARY WILL BE REVIEWED AND ADJUSTED ANNUALLY. 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

THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number 22-2958508

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 COMPARED TO PEER ORGANIZATIONS WITH GUIDESTAR NATIONAL

COMPENSATION SURVEY, 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.

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 AND FORM 990

ARE AVAILABLE ONLINE AND UPON REQUEST.

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

ARTIST FEES:

PROGRAM SERVICE EXPENSES 1,919,225.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,919,225.

Name of the organization THE CELEBRITY SERIES OF BOSTON, INC.	Employer identification number 22-2958508
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	80,494.
MANAGEMENT AND GENERAL EXPENSES	2,480.
FUNDRAISING EXPENSES	35,701.
TOTAL EXPENSES	118,675.
SERVICE AGREEMENTS:	
PROGRAM SERVICE EXPENSES	72,425.
MANAGEMENT AND GENERAL EXPENSES	1,877.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	74,302.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	2,217.
MANAGEMENT AND GENERAL EXPENSES	12,689.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,906.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,127,108.
FORM 990, PART XII, LINE 2C:	
THERE WAS NO CHANGE IN AUDIT OVERSIGHT OR AUDITOR SELECT:	ION PROCESS
DURING FISCAL YEAR 2019.	