Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	lpha 2023 calendar year, or tax year beginning $$ J U $$ L $$, $$ $$ 2 $$ 2 $$ 3 $$ $$ and ending	<u>g JUI</u>	1 30, 20	24	
B (Check if applicable	C Name of organization	D	Employer ide	entifica	ition number
X	Addres	THE CELEBRITY SERIES OF BOSTON, INC.				
	Name change	Doing business as		22-295	850	8
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not delivered to street address) 20 PARK PLAZA 220	suite E	Telephone nu 617 – 59		215
	termin ated		G	Gross receipts \$		11,288,520.
	Ameno		Н	(a) Is this a gro	oup retu	
	Applic tion	F Name and address of principal officer: GARY DUNNING		for subordi		
	pendir	SAME AS C ABOVE	H	(b) Are all subordir		
1 7	Гах-ехе	empt status: \mathbf{X} 501(c)(3) \mathbf{D} 501(c) () (insert no.) \mathbf{D} 4947(a)(1) or \mathbf{D}	527	If "No," atta	ach a lis	st. See instructions
<u>ا</u> ل	Nebsit	e: WWW.CELEBRITYSERIES.ORG	H	(c) Group exer	nption	number
			Year of fo	ormation: 193	88 м ∶	State of legal domicile: MA
Pa	art I	Summary	1			
ø)	1	Briefly describe the organization's mission or most significant activities: ${ t CELEBRIT}$				
Governance		MULTI-DISCIPLINARY, NON-PROFIT, PERFORMING A				OUR
erne	2	Check this box if the organization discontinued its operations or disposed of r			1 1	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			3	29
	1 -	Number of independent voting members of the governing body (Part VI, line 1b)			4	29
Activities &		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5	74
ĭ₹		Total number of volunteers (estimate if necessary)			6	110
Aci		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
	В	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>	Prior Year	7b	Current Year
	8	Contributions and grants (Part VIII, line 1h)	-	3,693,96	7.	3,757,730.
ine	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		3,432,60		3,987,313.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-113,93		1,009,258.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-356,57		38,498.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6	5,656,06		8,792,799.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		, ,	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3	3,503,17	9.	3,534,991.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
<u>be</u>	b	Total fundraising expenses (Part IX, column (D), line 25)1,118,107.				
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6	5,169,57	2.	5,998,796.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,672,75		9,533,787.
		Revenue less expenses. Subtract line 18 from line 12		3,016,69		-740,988.
Net Assets or				ning of Current \		End of Year
sset	20	Total assets (Part X, line 16)		787,53		22,155,906.
at As	21	Total liabilities (Part X, line 26)		L,900,57		2,607,993.
Ž: D:	22 art II	Net assets or fund balances. Subtract line 21 from line 20	15	3,886,96	0.	19,547,913.
			atamanta	and to the best	of mucle	nowledge and balief it is
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			OI IIIY K	nowledge and belief, it is
ue	, correc	t, and complete. Decidiation of preparet (other than officer) is based on all information of which pre	parei iias	ally knowledge.		
Sig	n	Signature of officer		I Date		
Her		GARY DUNNING, PRESIDENT AND EXECUTIVE DIRECTO	OR			
1101	·	Type or print name and title				
		Print/Type preparer's name Preparer's signature	Date		eck	PTIN
Paid	i		A 10	/03/24 self	-employed	P01059560
	arer	Firm's name AAFCPAS, INC.	, - •	Firm's Ell		-2571780
-	Only	Firm's address 50 WASHINGTON STREET				
		WESTBOROUGH, MA 01581		Phone no	.508	-366-9100
May	the IF	RS discuss this return with the preparer shown above? See instructions				X Yes No

Form 990 (2023)

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.
	Did the expenientian undertake any eignificant program comises during the year which were not listed on the
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 \$ 7,571,631. including grants of \$) (Revenue \$3,993,764.)
	WE SHOWCASE THE WORLD'S FINEST ORCHESTRAS, CHAMBER ENSEMBLES, SOLOISTS,
	AND LEADING ARTISTS IN CONTEMPORARY DANCE, JAZZ, WORLD AND FOLK MUSIC,
	AND SPOKEN WORD. OUR ARTS FOR ALL! COMMUNITY ENGAGEMENT PROGRAMS
	ANNUALLY REACH THOUSANDS OF PARTICIPANTS THROUGH INTERACTIVE YOUTH
	WORKSHOPS, FREE CONCERTS FEATURING BOSTON AFFILIATED ARTISTS IN
	UNDER-RESOURCED NEIGHBORHOODS, COMMUNITY EVENTS WITH TOURING ARTISTS
	FROM AROUND THE GLOBE, AND LARGE-SCALE, OUTDOOR PARTICIPATORY ART
	PROJECTS SUCH AS STREET PIANOS, LET'S DANCE BOSTON, AND JAZZ ALONG THE
	CHARLES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
	-
٠. م	Otherways are a micros (Decombe on Cale of the O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 7,571,631.
	Form 990 (2023)

THE CELEBRITY SERIES OF BOSTON, INC.

			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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u>X</u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u>X</u>
10		46		v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
12	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
18		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	47	
IJ	,	19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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
	J			

ı a	rt 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		res	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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			_v
•	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	1		v
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Α
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		├^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
55	Note: All Form 990 filers are required to complete Schedule O	38	x	

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	111			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gaming			
	(gambling) winnings to prize winners?			10	x	

(1023) THE CELEBRITY SERIES OF BOSTON, INC. 22-2958508 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	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 was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			7.7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	36		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			٦,
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see the instructions and file Form 4720, Schedule N.	4.5		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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 on Schedule O. 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 29								
	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 on Schedule O.								
b									
2									
_	officer, director, trustee, or key employee?	2		х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_							
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х					
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	Billion and the state of the st	6		X					
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	└							
1 a	more members of the governing body?	7a		х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a							
b		7b		x					
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		- 25					
8		0-	Х						
a	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	- 25						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x					
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ					
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	N _a					
40-	Did the every insting have level about we have been as efficience.	40-	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	10a							
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b							
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	25						
С		12c	Х						
40	on Schedule O how this was done	13	X						
13	Did the organization have a written whistleblower policy?	14	X	_					
14	Did the organization have a written document retention and destruction policy?	14	- 22						
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?	45-	Х						
a	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	Λ						
10-	If "Yes" to line 15a or 15b, describe the process on 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? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a							
D									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4Ch							
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b	l	l					
17 18	List the states with which a copy of this Form 990 is required to be filed MA 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)	availal						
10	for public inspection. Indicate how you made these available. Check all that apply.	orny)	avaiidi	JI C					
10	Own website Another's websiteX Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	nial						
19	statements available to the public during the tax year.	a miani	Jiai						
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
20	GARY DUNNING - (617)482-2595								
	20 PARK PLAZA, SUITE 220, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 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 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. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle:	Posi heck i ss per	ition more son is	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) GARY DUNNING PRES. & EXECUTIVE DIRECTOR	40.00			x				319,476.	0.	21,330.
(2) EMILY BORABABY	40.00			-				313/1700	•	21/3301
CAO/CLERK	1000			x				194,600.	0.	5,904.
(3) NICOLE TANEY	40.00									•
ARTISTIC DIRECTOR						X		185,430.	0.	10,284.
(4) KAREN BROWN	40.00						Ĭ			
CHIEF OPERATING OFFICER						X		172,014.	0.	5,285.
(5) COURTNEY BURKE	40.00				7				_	
CHIEF MARKETING OFFICER						X		153,796.	0.	8,240.
(6) HEATHER CLARK	40.00							405 006		4= 000
CHIEF FINANCIAL OFFICER	4 00			Х				135,996.	0.	15,982.
(7) JOSHUA BOGER, PH. D.	4.00	١							_	•
CHAIR	4 00	Х		Х				0.	0.	0.
(8) RANDOLPH HAWTHORNE	4.00	v							_	0
CHAIR OF FINANCE COMMITTEE (9) HOWARD APPLEBY	2.00	Х						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(10) STEPHANIE BROWN	2.00	^						0.	0.	<u> </u>
DIRECTOR	2.00	Х						0.	0.	0.
(11) MICHAEL CANNING	4.00							•	•	<u>.</u>
DIRECTOR	1100	х						0.	0.	0.
(12) JOANNE CHENG	2.00								<u> </u>	
DIRECTOR		Х						0.	0.	0.
(13) AMY D'ABLEMONT BURNES	2.00									
DIRECTOR		Х						0.	0.	0.
(14) MARGARET EAGLE	2.00									
DIRECTOR		Х						0.	0.	0.
(15) KATHLEEN GAFFNEY	2.00									
DIRECTOR		Х						0.	0.	0.
(16) MARY ELISABETH SWERZ	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(17) YVETTE HOCHBERG	2.00							_		_
DIRECTOR		X						0.	0.	990 (2022)

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Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (D) (E) (F) Position Average Reportable Name and title Estimated Reportable (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations ndividual trustee or director the compensation hours for organization (W-2/1099-MISC/ from the lighest compensated related nstitutional truste (W-2/1099-MISC/ 1099-NEC) organization organizations 1099-NEC) and related below organizations line) (18) ANDREA HOFF 2.00 DIRECTOR Х 0. 0. 0. (19) JOHN PATTERSON 2.00 X 0. 0 . 0. DIRECTOR (20) MELINDA RABB 2.00 DIRECTOR Х 0 0. 0. (21) REUBEN REYNOLDS 2.00 DIRECTOR X 0. 0. (22) LAWRENCE STIFLER 2.00 DIRECTOR Х 0. 0. 0. 2.00 (23) BELINDA TERMEER DIRECTOR Х 0. 0. 0. (24) SUSAN THONIS 2.00 0 0. 0. DIRECTOR Х 2.00 (25) YUKIKO UENO 0. DIRECTOR 0 0. (26) DOROTHY ALTMAN WEBER 2.00 DIRECTOR 0 0. 0. 1,161,312. 67,025. 0. 1b Subtotal 0. 0. Total from continuation sheets to Part VII, Section A 1.161.312. 0. 67.025 Total (add lines 1b and 1c)

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

3 Did the organization list any former officer, director, 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.

(A) Name and business address	(B) Description of services	(C) Compensation
META PLATFORMS, INC.	ADVERTISING/MARKETIN	
1 HACKER WAY, MENLO PARK, CA 94025	G	303,511.
RAFANELLI EVENTS MANAGEMENT, INC.		
361 NEWBURY STREET #5FL, BOSTON, MA 02115	GALA EVENT PLANNING	280,327.
WGBH EDUCATIONAL FOUNDATION	RADIO AND	
1 GUEST STREET, BOSTON, MA 02135	ADVERTISING	205,393.
TESSITURA NETWORK, INC., 2295 FLETCHER	DONOR AND TICKETING	
PARKWAY SUITE 101, EL CAJON, CA 92020	SOFTWARE	160,597.
CAPACITY INTERACTIVE, INC.		
1239 BROADWAY #1103, NY, NY 10001	MARKETING CONSULTING	122,954.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

6

	PKILI PE	'KT	. E S	U) F	RO	ST	ON, INC.	22-295	8508				
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employ	ees (continued)					
(A)	(B)				C)			(D)	(E)	(F)				
Name and title	Average		Position (check all that apply)		Reportable	Reportable	Estimated							
	hours	(c			(check all that apply)			(check all that apply)		(check all that apply)		(check all that		compensation
	per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations				
	line)	PII	lust	0#!	Key	Hig	For							
(27) JANET ZWANZIGER DIRECTOR	2.00	х						0.	0.	0				
(28) JILL ALTSHULER	4.00	Λ						0.	0.	U				
DIRECTOR	4.00	Х						0.	0.	0				
(29) DR. JOAN HELPERN GOLDBERG	2.00									J				
DIRECTOR		Х						0.	0.	0				
(30) STEPHEN PERRY	2.00													
DIRECTOR		Х						0.	0.	0				
(31) MICHAEL RAIZMAN	2.00													
DIRECTOR		Х						0.	0.	0				
(32) DR. BETH PINALS	2.00													
DIRECTOR	2.00	Х						0.	0.	0				
(33) CHERIE BUTTS, PHD DIRECTOR	2.00	Х						0.	0.	0				
(34) LISA KIRK COLBURN	2.00	Δ						0.	0.	U				
DIRECTOR	2.00	х						0.	0.	0				
(35) YORK LO	2.00							•						
DIRECTOR		Х						0.	0.	0				
(36) SHARON L. RICH	2.00)						
DIRECTOR (UNTIL 9/2023)		Х						0.	0.	0				
		-												
		-												
	1													
		1												
	1	<u> </u>						I.						

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		·		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenuè excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
ņς	1:	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
ନ୍ଦ୍ର ପ୍ର		Fundraising events 1c	254,100.				
ffts, r A		d Related organizations 1d	,				
nia G		e Government grants (contributions)	313,300.				
Sir		All other contributions, gifts, grants, and	,				
uti Je		similar amounts not included above 1f	3,190,330.				
QË OE		Noncash contributions included in lines 1a-1f	32,900.				
o bu		Total. Add lines 1a-1f	, -	3,757,730.			
<u> </u>		1 Total / Nad III/05 Ta 11	Business Code	, , ,			
	2 :	TICKET SALES, NET	711110	3,758,593.	3,758,593.		
Şi	_	PROCESSING FEES	711110	127,562.	127,562.		
Ser	-	STABILIZATION FEES	711110	101,158.	101,158.		
m S		d			212,211.		
gra Re		-					
Program Service Revenue		All other program service revenue					
ъ.		Total. Add lines 2a-2f		3,987,313.			
-	3	Investment income (including dividends, interes		0,50,,020.			
	3			344,699.			344,699.
	4	other similar amounts)		41,033.			011,055.
	5	Royalties					
	3	(i) Real	(ii) Personal				
	6 -		()				
		Gross rents 6a 6b 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	′ ′	assets other than inventory 7a 2,758,879.	(,, , , , , , , , , , , , , , , , , , ,				
		Less: cost or other basis					
ō		and sales expenses 7b 2,094,320.					
her Revenue		Gain or (loss) 7c 664,559.					
eve		d Net gain or (loss)		664,559.			664,559.
F		a Gross income from fundraising events (not		, -			,
Ð.	•	including \$ 254,100. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	433,448.				
		Less: direct expenses 8b	401,401.				
		Net income or (loss) from fundraising events	•	32,047.			32,047.
		a Gross income from gaming activities. See		,			·
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		, , , , , , , , , , , , , , , , , , , ,	Business Code				
Miscellaneous Revenue	11 8	OTHER INCOME	900099	6,451.	6,451.		
ane Due	ı						
eve	(
Aisc B.		d All other revenue					
2		Total. Add lines 11a-11d		6,451.			
	12	Total revenue. See instructions		8,792,799.	3,993,764.	0.	1041305.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	540.004	156 000	222	004 400
	trustees, and key employees	712,984.	176,228.	332,574.	204,182.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 007 107	1 660 106	170 000	454 011
7	Other salaries and wages	2,287,187.	1,660,196.	172,980.	454,011.
8	Pension plan accruals and contributions (include	60 400	E0 34E	F 221	12 012
_	section 401(k) and 403(b) employer contributions)	69,489. 254,762.	50,345.	5,331. 27,580.	13,813. 60,283.
9	Other employee benefits	210,569.			46,376.
10	Payroll taxes	210,569.	130,097.	34,096.	46,3/6.
11	Fees for services (nonemployees):				
а	Management	9,409.		9,409.	
b	Legal	40,300.		40,300.	
	Accounting	40,300.		40,300.	
	Lobbying Professional fundraising services. See Part IV, line 17				
e	Investment management fees	49,053.		49,053.	
f g	Other. (If line 11g amount exceeds 10% of line 25,	45,055.		40,000.	
9	column (A), amount, list line 11g expenses on Sch 0.)	2,441,275.	2,331,434.	38,199.	71,642.
12	Advertising and promotion	203,838.	203,838.	30,1331	7170120
13	Office expenses	315,807.	220,798.	28,772.	66,237.
14	Information technology	4			00/20/0
15	Royalties				
16	Occupancy	263,360.	162,587.	42,719.	58,054.
17	Traval	126,245.	104,859.	6,756.	14,630.
18	Payments of travel or entertainment expenses		,	, i	•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	58,062.	35,847.	9,418.	12,797.
23	Insurance	30,211.		30,211.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) DIRECT PERFORMANCE COST	2,233,582.	2,233,582.		
a b	EQUIPMENT LEASES AND MA	83,489.	51,546.	13,542.	18,401.
C	MISCELLANEOUS	62,068.	32,275.	3,109.	26,684.
d	DONOR EVENT	55,838.	52,275	3,103.	55,838.
-	All other expenses	26,259.	11,100.		15,159.
25	Total functional expenses. Add lines 1 through 24e	9,533,787.	7,571,631.	844,049.	1,118,107.
26	Joint costs. Complete this line only if the organization	2,300,707	., ., ., ., ., .,	,	_,,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 466,193. 426,666. 1 Cash - non-interest-bearing 754,265. 155,721. Savings and temporary cash investments 2 1,742,363. 1,540,584. Pledges and grants receivable, net 3 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 204,654. 279,414. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 506,239. basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 313,628. 93,563. 192,611. 10c 19,113,719. 17,464,391. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 62,108. 447,191. Other assets. See Part IV, line 11 15 15 20,787,537. 22,155,906. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 697,333. 624,690. Accounts payable and accrued expenses 17 17 18 18 Grants payable 1,217,738. 1,450,542. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 460,118. 58,149. 1,900,577. 2,607,993. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 649,518. 27 348,424. 27 Net assets with donor restrictions 18,237,442. 19,199,489. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 18,886,960. 19,547,913. Total net assets or fund balances 32 32

Form **990** (2023)

22,155,906.

33

Total liabilities and net assets/fund balances

20,787,537.

33

Pai	TEXT 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	8,79		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,53	3,7	87.
3	Revenue less expenses. Subtract line 2 from line 1	3	-74	0,9	88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,88	6,9	60.
5	Net unrealized gains (losses) on investments	5	1,40	1,9	41.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	19,54	7,9	13.
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 on Schedule	О.			
2a					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	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 the	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 on Sche	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Forn	ո 990	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

THE CELEBRITY SERIES OF BOSTON, 22-2958508 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				4		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1					
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for th				-		
Sac	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2023 (I			volumn (f))		14	20
	Public support percentage from 2022					15	<u>%</u> %
	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies	-			14 15 66 17670 61 111		
b	33 1/3% support test - 2022. If the o		•				
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te		•	-			
b	10% -facts-and-circumstances test	-		*			
	more, and if the organization meets the						
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization		-				·
							(Form 990) 2023

332022 12-21-23

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.)

Commonstrate Comm	Sec	ction A. Public Support	elow, please comp	lete Part II.)				
Gills, grants, contributions, and membership feet received, (Do not include any "unusual grants.") 4555226. 4628807. 7044308. 3693967. 3757730. 23680038.			(a) 2010	(b) 2020	(a) 2021	(4) 2022	(a) 2023	(f) Total
membership fees received (Do not include any "unusual grants") 4555226 4628807 7044308 3693967 3757730 23680038 3680038 3680038 3693967 3757730 3680038 3680038 3693967 3757730 3680038 3693997 3757730 3680038 369397 3757730 3680038 369397 3757730 3680038 3693997 3757730 3680038 3693997 3757730 3680038 3693997 3757730 3680038 3693997 3757730 3680038 3693997 3757730 3680038 3693997 3757730 3680038 3693997 3757730 3680038 369399 369399 36939 369390 36			(a) 2019	(b) 2020	(0) 2021	(u) 2022	(e) 2023	(i) iotai
	•	, ,						
2 Gross receipts from admissions, merchandles sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513		•	4555226.	4628807.	7044308.	3693967	3757730.	23680038.
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's take exempt purpose of congruent to the	2	* * * * * * * * * * * * * * * * * * * *	10001101	102007	, 0 1 1 0 0 0		3,3,,300	
any activity that is related to the organization is tak-exempt purpose of surpose in organization is tak-exempt purpose of surpose in the organization is take-exempt purpose of surpose in the organization is the number of business under section 513	-							
Construction Computation Construction Const		•						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 133,666. 10,435. 144,101. 4 Tax revenues levied for the organization is hereiff and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1,2, and 3 received from disqualified persons b Amounts included on lines 1,2, and 3 received from disqualified persons but the relationship of the services of the geater of \$5,000 or 1% of the amounts included on lines 2 and 3 received from other than dispalled persons but an extended on lines 3 and 3 received from other than dispalled persons but an extended on lines 3 and 3 received from other than dispalled persons but an extended on lines 3 and 3 received from other than dispalled persons but an extended on lines 3 and 3 received from other than dispalled persons but an extended on lines 3 and 3 received from other than dispalled persons but an extended on lines 3 and 3 received from other than dispalled persons but an extended on lines 3 and 3 received from the second on the 15 feb theyer and 15 feb theyer are considered on the second on the second on the second on the 15 feb theyer are considered on the second on the se			2159464	108.762.	1711414.	3432605.	3987313.	11399558.
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Section B. Total Support Substract lies 75 from line 6		amount on line 13 for the year						
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11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 , 266 . 673 . 471 . 1, 061 . 6, 451 . 22, 922 . 7101132 . 5185490 . 9068790 . 7479004 . 8096193 . 36930609 . 7479004 . 8096193 . 7479004 . 8096193 . 7479004 . 8096193 . 7479004 . 8096193 . 7479004 . 8096193 . 7479004 . 8096193 . 7479004 . 8096193 . 7479004 . 8096193 . 7479004	_		372 176.	313 582.	302 162.	351 371.	344 699.	1683990.
whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 , 266. 673. 471. 1, 061. 6, 451. 22, 922. 15 Total support. (Add lines 9, 10c, 11, and 12.) 16 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2022 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2022 Schedule A, Part III, line 17 18 Investment income percentage from 2022 Schedule A, Part III, line 17 19 3 3 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not		***************************************	37272730	313,3321	302,2020	332,3720	311,0330	20003301
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Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2022 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not	15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	
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18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 4 4 1 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not		•						4 56
19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								1 11
								, -
U 004/00/ L LUI L L T	19a							
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization X								
b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	b							urid
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	20							
	20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or 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.
- Did one or more disqualified persons (as defined on 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 on 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 line 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.)

_		Yes	No
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	3b		
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	10b	022.	
ule A	(Forn	n 990)	2023

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Par	art IV Supporting Organization	ons (continued)			
				Yes	No
11	Has the organization accepted a gift	or contribution from any of the following persons?			
а	A person who directly or indirectly co	ontrols, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a s	supported organization?	11a		
b	A family member of a person describ	ed on line 11a above?	11b		
С	A 35% controlled entity of a person of	described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
Sect	ction B. Type I Supporting Org	ganizations			
				Yes	No
		the governing body, officers acting in their official capacity, or membership of one or			
		the power to regularly appoint or elect at least a majority of the organization's officers,			
		ng the tax year? If "No," describe in Part VI how the supported organization(s) ontrolled the organization's activities. If the organization had more than one supported			
		rs to appoint and/or remove officers, directors, or trustees were allocated among the			
		nditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the I	penefit of any supported organization other than the supported			
	organization(s) that operated, superv	ised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit of	arried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the support	ing organization.	2		
Sect	ction C. Type II Supporting Or	ganizations			
				Yes	No
	, ,	directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization	n's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting org	ganization was vested in the same persons that controlled or managed			
C1	the supported organization(s).	n Overenizations	1		
Seci	ction D. All Type III Supporting	g Organizations			1
				Yes	No
1	· · · · · · · · · · · · · · · · · · ·	of its supported organizations, by the last day of the fifth month of the			
	• • • •	otice describing the type and amount of support provided during the prior tax			
		was most recently filed as of the date of notification, and (iii) copies of the	_		
		in effect on the date of notification, to the extent not previously provided?	1		
		rs, directors, or trustees either (i) appointed or elected by the supported			
		overning body of a supported organization? If "No," explain in Part VI how			
	<u> </u>	nd continuous working relationship with the supported organization(s).	2		
		ed on line 2, above, did the organization's supported organizations have a			
		investment policies and in directing the use of the organization's			
		the tax year? If "Yes," describe in Part VI the role the organization's			
Sect	supported organizations played in thi	s regard. ntegrated Supporting Organizations	3		
1 a		at the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
b		Activities Test. Complete line 2 below. of each of its supported organizations. Complete line 3 below.			
C		governmental entity. Describe in Part VI how you supported a governmental entity (see in:	atruation	امر	
2	Activities Test. Answer lines 2a and		struction	Yes	No
		on's activities during the tax year directly further the exempt purposes of		163	140
	•	the organization was responsive? If "Yes," then in Part VI identify			
		I explain how these activities directly furthered their exempt purposes,			
		to those supported organizations, and how the organization determined			
	,		2a		
b	that these activities constituted subst	anuary arror its activities. a, above, constitute activities that, but for the organization's involvement,	<u>_</u> u		
		ported organization(s) would have been engaged in? If "Yes," explain in			
		on's position that its supported organization(s) would have engaged in			
	these activities but for the organization		2b		
	Parent of Supported Organizations.				
	* * *	to regularly appoint or elect a majority of the officers, directors, or			
	•	ganizations? If "Yes" or "No" provide details in Part VI.	3a		
		tantial degree of direction over the policies, programs, and activities of each			

332025 12-21-23

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2023

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

6

emergency temporary reduction (see instructions)

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

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

Inspection

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number 22-2958508

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Similar Funds	or Accour	ts. Complete if the
		(a) Donor adv	vised funds	(b) Fun	ds 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 w	riting that the assets	held in donor advi	sed funds	
	are the organization's property, subject to the organization's e	exclusive legal contro	ıl?		Yes No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for	any other purpose	conferring	
	impermissible private benefit?				
Pai	rt II Conservation Easements. Complete if the organic	anization answered '	Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of	of a historically	important land area
	Protection of natural habitat		Preservation of	of a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation con	tribution in the form	of a conserva	tion 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				l	
С				0-	
d	Number of conservation easements included on line 2c acquir	red after July 25, 200	6, and not		
	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				during the tax
	year				
4	Number of states where property subject to conservation ease	ement is located		_	
5	Does the organization have a written policy regarding the period	odic monitoring, insp	ection, handling of		
	violations, and enforcement of the conservation easements it I	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations	, and enforcing cor	servation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and	enforcing conserva	ation easemen	ts during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requireme	ents of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				d
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	n's financial staten	nents that desc	ribes the
	organization's accounting for conservation easements.				
Pai	rt III Organizations Maintaining Collections of	Art, Historical T	reasures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its	revenue statement	and balance sh	neet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, educat	ion, or research in f	urtherance of	oublic
	service, provide in Part XIII the text of the footnote to its finance	cial statements that	describes these iter	ns.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its reve	nue statement and	balance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	i, or research in furt	herance of pul	olic service,
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
	(m)				\$
2	If the organization received or held works of art, historical treat	sures, or other simila	ar assets for financi	al gain, provide)
	the following amounts required to be reported under FASB AS	SC 958 relating to the	ese items:		
а	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X				\$
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 990) 2023

332051 09-28-23

Schedule D (Form 990) 2023

192,611

192,611

e Other

506,239.

Leasehold improvements

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

d Equipment

313,628.

Ochicadic D	(1 01111 330) 2020		
Part VII	Investments -	Other Securities	

Complete if the organization answered "Yes"	on Form 000 Part IV line	11h Soo Form 000 Part V line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	. ,	
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)	4	
(5)		

(9)
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

Part IX Other Assets

(6) (7) (8)

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

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

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITY	449,747.
(3)	FINANCE LEASE LIABILITY	10,371.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	460,118.

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

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 INE CELEBRITE SERIES OF BOS	TON,	INC.	<u> </u>	<u> </u>
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	ts Witl	h Revenue per Re	turn	
	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	10,145,687.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,401,941.		
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	1,401,941.
3	Subtract line 2e from line 1			3	8,743,746.
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	49,053.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	49,053.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,792,799.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts Wi	th Expenses per R	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		<u> </u>	1	9,484,734.
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	9,484,734.
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	49,053.		
b	Other (Describe in Part XIII.)	4b			
	A 110 A 140				10 053

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

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

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT JUNE 30, HOWEVER, THE ORGANIZATION'S INFORMATION RETURNS ARE SUBJECT TO 2024. EXAMINATION BY THE APPROPRIATE JURISDICTIONS.

PART V, LINE 4:

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

2023

Open to Public Inspection

Name of the organization THE CEL	EBRITY SERIES OF B	OSTO	ON.	INC.		Employer ide 22-2958	ntification number 508
	Complete if the organization answe				ine 1		
1 Indicate whether the organization rais a	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includanted)	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	I have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		K					
Total							
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from re	gistration

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

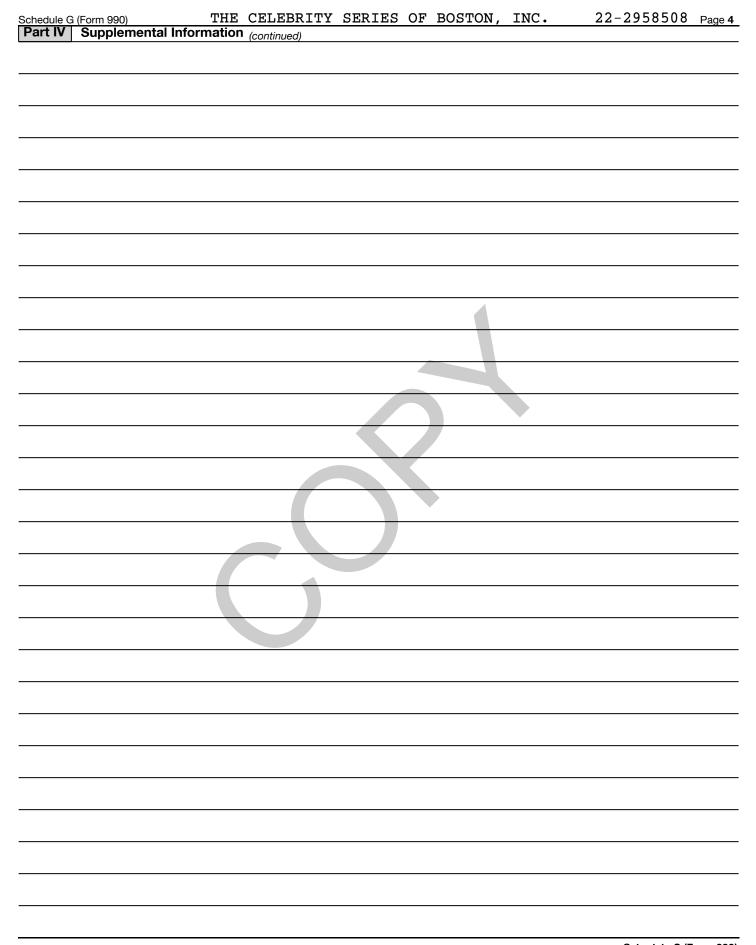
THE CELEBRITY SERIES OF BOSTON, INC. 22-2958508 Page 2 Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SHINE! GALA NONE (add col. (a) through col. (c)) (event type) (total number) (event type) 687,548. 687,548. 1 Gross receipts 2 Less: Contributions 254,100. 254,100. 433,448. **3** Gross income (line 1 minus line 2) 433,448. 4 Cash prizes 5 Noncash prizes Direct Expenses 29,930. 29,930. 6 Rent/facility costs 90,575. 90,575. 7 Food and beverages 266,398. 266,398. 8 Entertainment 14,498. 14,498. 9 Other direct expenses 401,401. **10** Direct expense summary. Add lines 4 through 9 in column (d) 32,047. 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)) 1 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? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2023

b If "Yes," explain:

332082 09-13-23

Sch	edule G (Form 990) 2023 THE CELEBRITY SERIES OF BOSTON, INC. 22-2	958	508	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
		Ш,		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. —	Yes	∟ No
L	If IIVes II anter the amount of gaming revenue received by the averagination			
D	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
_	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Name			
	Address			
	Address			
16	Gaming manager information:			
	Garming manager mormation.			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш,	Yes	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	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 Par	t III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			



SCHEDULE J (Form 990)

Department of the Treasury

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.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

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 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	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		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			1
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		1

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

Schedule J (Form 990) 2023

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GARY DUNNING (i))	319,476.	0.	0.	9,930.	11,400.	340,806.	0.
PRES. & EXECUTIVE DIRECTOR (iii		0.	0.	0.	0.	0.	0.	0.
(2) EMILY BORABABY (i))	194,600.	0.	0.	5,904.	0.	200,504.	0.
CAO/CLERK (ii		0.	0.	0.	0.	0.	0.	0.
(3) NICOLE TANEY (i))	185,430.	0.	0.	5,700.	4,584.	195,714.	0.
ARTISTIC DIRECTOR (ii		0.	0.	0	0.	0.	0.	0.
(4) KAREN BROWN (i))	172,014.	0.	0.	5,250.	35.	177,299.	0.
CHIEF OPERATING OFFICER (ii		0.	0.	0.	0.	0.	0.	0.
(5) COURTNEY BURKE)	153,796.	0.	0.	4,650.	3,590.	162,036.	0.
CHIEF MARKETING OFFICER (ii		0.	0.	0.	0.	0.	0.	0.
(6) HEATHER CLARK (i))	135,996.	0.	0	4,202.	11,780.	151,978.	0.
CHIEF FINANCIAL OFFICER (ii)	0.	0.	0.	0.	0.	0.	0.
(i))							
(ii								
(i))							
(ii								
(i))							
(ii								
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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 2024.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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	t I Types of Pr	operty			-		•			
	,		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, li	on	(d) Method of de noncash contribu		_	s
1	Art - Works of art			itomo contributed	1 01111 000, 1 are viii, ii	nic ig				
2	Art - Historical treasure									
3	Art - Fractional interest									
4		s								
5		d goods								
6 7		s								
8					4					
9	Securities - Publicly tra									
10	Securities - Closely hel									
11	Securities - Partnership									
40										
12	Securities - Miscellane									
13	Qualified conservation									
44		contribution Other								
14	Qualified conservation									
15	Real estate - Residenti									
16	Real estate - Commerc									
17										
18										
19										
20		oplies								
21										
22										
23	Scientific specimens									
24	Archeological artifacts		37	1	10.3	10	T3.63.7			
25	Other (FOOD) ON TERMO	X	27	19,3					
26	• •	ON ITEMS	X	27	13,5	88.	F.W.Λ			
27	Other ()								
28	Other ()		<u> </u>						
29		3 received by the organi								
	for which the organiza	tion completed Form 82	283, Part V, D	Oonee Acknowledg	ement 2	9				
									Yes	No
30a		e organization receive b								
		B years from the date of		ntribution, and whi	ch isn't required to be	used	for			
		ne entire holding period	?					30a		X
b	If "Yes," describe the a	· ·								
31		have a gift acceptance					ions?	31		X
32a		hire or use third parties		-	· ·					
	contributions?							32a		X
b	If "Yes," describe in Pa									
33	If the organization didr	n't report an amount in o	column (c) fo	r a type of property	for which column (a)	is ched	cked,			
	describe in Part II.									

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

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:

MISSION IS TO ENRICH AND INSPIRE OUR COMMUNITY THROUGH EXCEPTIONAL LIVE

PERFORMANCES. WE ENVISION A COMMUNITY OF GREATER BOSTON WHERE THE

PERFORMING ARTS ARE A VALUED, LIFE-LONG, SHARED EXPERIENCE ON STAGES,

ON STREETS, IN NEIGHBORHOODS EVERYWHERE.

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, 2023 ALL OF THE BOARD MEMBERS RETURNED FORMS

CONFIRMING COMPLIANCE.

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

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

GARY DUNNING, THE CURRENT PRESIDENT AND EXECUTIVE DIRECTOR, WAS APPOINTED

BY A SEARCH COMMITTEE FORMED BY THE BOARD OF DIRECTORS IN 2011. IN 2021 THE

BOARD OF DIRECTORS EXTENDED HIS SECOND 5-YEAR TERM (JULY 1, 2016 TO JUNE

30, 2021) TO A THIRD 5-YEAR TERM (JULY 1, 2021 TO JUNE 30, 2026). 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

LHA 332211 11-14-23

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

THE CELEBRITY SERIES OF BOSTON, INC.

SURVEY INFORMATION, INPUT FROM THE RETAINED EXECUTIVE SEARCH FIRM AND

COMPETITIVE FACTORS. AT THE END OF EACH FISCAL YEAR, THE BOARD CHAIR, IN

CONJUNCTION WITH THE EXECUTIVE COMMITTEE (WHICH INCLUDES THE CHAIR OF THE

FINANCE COMMITTEE AND THE CHAIR OF THE HR/COMPENSATION SUBCOMMITTEE),

REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AGAINST PREVIOUSLY

ESTABLISHED ORGANIZATIONAL AND PERSONAL GOALS, CONSIDERS A VARIETY OF

RELEVANT FACTORS AND SUBSEQUENTLY MAKES A RECOMMENDATION REGARDING AN

ANNUAL BONUS, IF ANY, TO BE AWARDED TO THE EXECUTIVE DIRECTOR.

SALARY LEVELS FOR ALL KEY POSITIONS ARE REVIEWED AT THE END OF EACH FISCAL
YEAR, AND 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:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 2,331,434.

MANAGEMENT AND GENERAL EXPENSES 38,199.

FUNDRAISING EXPENSES 71,642.

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Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization THE CELEBRITY SERIES OF BOSTON, INC.	Employer identification number 22-2958508
TOTAL EXPENSES	2,441,275.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,441,275.
FORM 990, PART XII, LINE 2C:	
THERE WAS NO CHANGE IN AUDIT OVERSIGHT OR AUDITOR SELECTIO	N PROCESS
DURING FISCAL YEAR 2024.	

CARRYOVER DATA TO 2024

Name THE CELEBRITY SERIES OF BOSTON, INC.	Employer Identification Number 22-2958508
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - ADVERTISING INC	COME 18,242.
FEDERAL PRE-2018 NET OPERATING LOSS	310,844.
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·

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Type a	and Entity: ADV 382 Annual Limitation	ERTISING INCOM	IE POST-2017 No Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Section	382 Annuai Limitation		Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Year	Original	Total	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Origi-	Carryover	Amount			<u></u>						
nated	Amount	Used									
2018	11,461. 6,781.										
2019	6,781.										
							4				
	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Type	B —										

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			•								
		-2018 NOL FED			DETAIL C	ARRYOVER SCH	EDULE				
Section	382 Annual Limitation		Section 382 Carryover Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Year	Original	Total	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Origi-	Carryover	Amount	5554 101	0334 101		0000 101	5550 101	3334 101	0000 101	5550 101	0000 101
nated	Amount	Used									
2005	105 331										
2006	22,729. 39,741. 21,266.										
2007	39,741.										
2008	21,266.										
2009	43,103. 19,375.										
2010 2011	19,375.						A				
2011	20,856. 6,771.										
2012	6,771.										
2014	6,436. 3,947.										
2014	5.724.										
2015	8 237.										
2016	1,900.										
2017	5,428.										
/											
.	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail Type	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Туре	B										
	-										