

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

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE CELEBRITY SERIES OF BOSTON, INC.</b>		<b>D</b> Employer identification number <b>22-2958508</b>
	Doing Business As		<b>E</b> Telephone number <b>617-482-2595</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>7,408,787.</b>
	<b>20 PARK PLAZA</b>	<b>1032</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02116-4303</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>GARY DUNNING</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.CELEBRITYSERIES.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1938</b> <b>M</b> State of legal domicile: <b>MA</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS TO PRESENT WORLD-CLASS PERFORMING ARTISTS WHO INSPIRE AND ENRICH OUR COMMUNITY.</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a) <b>5</b> <b>65</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>30</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>12,324.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>-3,947.</b>

		Prior Year	Current Year
		<b>8</b> Contributions and grants (Part VIII, line 1h)	3,004,002.
<b>9</b> Program service revenue (Part VIII, line 2g)	3,559,344.	4,015,169.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	311,919.	607,228.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	87,905.	-214,666.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,963,170.	6,333,136.	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,565,221.	1,755,361.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>494,931.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,372,687.	5,420,363.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,937,908.	7,175,724.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,025,262.	-842,588.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 9,508,831.	End of Year 9,081,912.
	<b>21</b> Total liabilities (Part X, line 26)	1,884,344.	1,719,695.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	7,624,487.	7,362,217.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>GARY DUNNING, PRESIDENT AND EXECUTIVE DIRECTOR</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>YEVGENIYA GORLOVSKY-SCHEPYEVG</b>	<b>YEVGENIYA GORLOVSKY-</b>	<b>11/04/14</b>		<b>P00535908</b>
	Firm's name ▶ <b>ALEXANDER, ARONSON, FINNING &amp; CO., P.C.</b>	Firm's EIN ▶ <b>04-2571780</b>	Phone no. <b>508-366-9100</b>		
	Firm's address ▶ <b>21 EAST MAIN STREET WESTBORO, MA 01581</b>				

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 5,848,611. including grants of \$ ) (Revenue \$ 4,002,845.)

PROGRAMMING/PERFORMANCES
TOTAL ATTENDANCE = 66,074
NO. OF EVENTS = 50
NO. OF SHOWS = 68

DURING THE FY 2014 SEASON, OUR 75TH ANNIVERSARY, WE PRESENTED THE FOLLOWING PERFORMANCES:

- I. BELA FLECK BANJO SUMMIT FEATURING BELA FLECK, BILL KEITH, ERIC WEISSBERG, NOAM PIKLENY, RICHIE STEARNS AND TONY TRISCHKA
II. YUJA WANG, PIANO (BOSTON RECITAL DEBUT)
III. CHRIS THILE, MANDOLIN
IV. DAVID FINCKEL, CELLO AND WU HAN, PIANO

4b (Code: ) (Expenses \$ 103,709. including grants of \$ ) (Revenue \$ )

COMMUNITY OUTREACH/EDUCATION
COMMUNITY AND EDUCATION OUTREACH: ARTS FOR ALL!

DURING FISCAL YEAR 2014, CELEBRITY SERIES OF BOSTON SPONSORED THE FOLLOWING PROGRAMS:

PUBLIC PERFORMANCE ART - CITY-WIDE PUBLIC ART PROJECTS THAT ENGAGED OVER 500,000 INDIVIDUALS IN TWO PROJECTS, STREET PIANOS BOSTON FESTIVAL AND LE GRAND CONTINENTAL

NEIGHBORHOOD ARTS (FORMERLY ARTIST IN COMMUNITY) - 30 COMMUNITY CONCERTS AND ARTS ENGAGEMENT PROGRAMS WITH 4 RESIDENT ENSEMBLES IN THE

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

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

4e Total program service expenses 5,952,320.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

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

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	21		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	21		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY ELISABETH SWERZ TREASURER	4.00	X		X				0.	0.	0.
(2) JOSHUA BOGER, PH. D. CHAIR	4.00	X		X				0.	0.	0.
(3) ILENE B. JACOBS CLERK	2.00	X		X				0.	0.	0.
(4) MICHAEL S. CANNING MEMBER	2.00	X						0.	0.	0.
(5) GABOR GARAI MEMBER	2.00	X						0.	0.	0.
(6) JANN E. LEEMING MEMBER	2.00	X						0.	0.	0.
(7) MAUREEN MYERS MEMBER	2.00	X						0.	0.	0.
(8) DR. GORDON MOORE MEMBER	2.00	X						0.	0.	0.
(9) ELEANOR Y. PAO MEMBER	2.00	X						0.	0.	0.
(10) SHARON RICH MEMBER	2.00	X						0.	0.	0.
(11) SPRING SIRKIN MEMBER	2.00	X						0.	0.	0.
(12) SANJAY VERMA MEMBER	2.00	X						0.	0.	0.
(13) DOROTHY ALTMAN WEBER MEMBER	2.00	X						0.	0.	0.
(14) JANET ZWANZIGER MEMBER	2.00	X						0.	0.	0.
(15) DONNA EGAN MEMBER	2.00	X						0.	0.	0.
(16) LISA KELLY-CROSWELL MEMBER	2.00	X						0.	0.	0.
(17) TAMI NASON MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN PATTERSON MEMBER	2.00	X					0.	0.	0.	
(19) MELINDA RABB MEMBER	2.00	X					0.	0.	0.	
(20) YVETTE HOCHBERG MEMBER	2.00	X					0.	0.	0.	
(21) KENNETH MADDEN MEMBER	2.00	X					0.	0.	0.	
(22) GARY DUNNING PRESIDENT & EXEC. DIR	40.00			X			244,322.	0.	11,699.	
(23) EDWIN DERECHO CHIEF FINANCIAL OFFICER	40.00			X			95,980.	0.	17,549.	
(24) SARA ROBINSON DIRECTOR OF DEVELOPMENT	40.00				X		116,307.	0.	17,549.	
<b>1b Sub-total</b>							456,609.	0.	46,797.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							456,609.	0.	46,797.	

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 **2**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
IMG ARTISTS, LLC, 152 WEST 57TH STREET, 5TH FLOOR, NEW YORK, NY 10019	ARTIST AGENT	310,156.
SYMPHONY HALL 301 MASSACHUSETTS AVE., BOSTON, MA 02115	VENUE	218,028.
ALVIN AILEY DANCE FOUNDATION 405 WEST 55TH STREET, NEW YORK, NY 10019	ARTIST	212,590.
COLUMBIA ARTISTS MANAGEMENT, LLC 5 COLUMBUS CIRCLE, NEW YORK, NY 10019	ARTIST AGENT	140,000.
OPUS 3 ARTISTS, LLC 470 PARK AVENUE SOUTH, NEW YORK, NY 10016	ARTIST AGENT	118,950.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	591,337.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	40,300.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,293,768.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		70,350.				
	<b>h Total.</b> Add lines 1a-1f		1,925,405.				
	Program Service Revenue	<b>2 a</b> TICKET SALES, NET	Business Code 711110	3,785,521.	3,785,521.		
<b>b</b> STABILIZATION AND MANAGEMENT FEES		711110	131,064.	131,064.			
<b>c</b> PROCESSING FEES		711110	86,260.	86,260.			
<b>d</b> ADVERTISING		711300	12,324.		12,324.		
<b>e</b>							
<b>f</b> All other program service revenue		711110					
<b>g Total.</b> Add lines 2a-2f			4,015,169.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		253,254.			253,254.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses		803,153.			
		<b>c</b> Gain or (loss)		353,974.			
<b>d</b> Net gain or (loss)		353,974.			353,974.		
<b>8 a</b> Gross income from fundraising events (not including \$ 591,337. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		57,832.				
	<b>b</b> Less: direct expenses		272,498.				
	<b>c</b> Net income or (loss) from fundraising events		-214,666.			-214,666.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
<b>11 a</b>							
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.			6,333,136.	4,002,845.	12,324.	392,562.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	382,566.	167,175.	196,263.	19,128.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,163,292.	769,222.	176,890.	217,180.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	90,467.	62,261.	10,229.	17,977.
10 Payroll taxes	119,036.	72,771.	27,027.	19,238.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	29,154.		29,154.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	46,594.		46,594.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,405,601.	2,335,667.	22,931.	47,003.
12 Advertising and promotion	30,991.	30,991.		
13 Office expenses	301,192.	208,930.	48,723.	43,539.
14 Information technology				
15 Royalties				
16 Occupancy	180,825.	126,577.	27,124.	27,124.
17 Travel	87,496.	25,346.	49,488.	12,662.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,913.	41,185.	6,864.	6,864.
23 Insurance	17,790.		17,790.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>DIRECT PERFORMANCE COST</b>	2,083,685.	2,083,685.		
b <b>EQUIPMENT LEASES AND MA</b>	68,797.		68,797.	
c <b>EVENTS</b>	53,768.			53,768.
d <b>DESIGN</b>	28,143.	28,143.		
e All other expenses	31,414.	367.	599.	30,448.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	7,175,724.	5,952,320.	728,473.	494,931.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	574,297.	1	928,262.	
	<b>2</b> Savings and temporary cash investments .....	1,500,421.	2	636,630.	
	<b>3</b> Pledges and grants receivable, net .....	447,289.	3	337,115.	
	<b>4</b> Accounts receivable, net .....		4		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....	338,782.	9	215,029.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 604,663.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 486,792.	130,645.	<b>10c</b> 117,871.	
	<b>11</b> Investments - publicly traded securities .....	6,517,397.	11	6,847,005.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....		15		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	9,508,831.	16	9,081,912.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	108,653.	17	76,885.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....	1,775,691.	19	1,642,810.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,884,344.	26	1,719,695.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	739,975.	27	567,785.	
	<b>28</b> Temporarily restricted net assets .....	2,629,697.	28	2,539,617.	
	<b>29</b> Permanently restricted net assets .....	4,254,815.	29	4,254,815.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	7,624,487.	33	7,362,217.		
<b>34</b> Total liabilities and net assets/fund balances .....	9,508,831.	34	9,081,912.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,333,136.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,175,724.
3	Revenue less expenses. Subtract line 2 from line 1	3	-842,588.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,624,487.
5	Net unrealized gains (losses) on investments	5	580,318.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,362,217.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,412,007.	1,817,904.	1,616,807.	3,004,002.	1,925,405.	9,776,125.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	2,837,816.	2,721,597.	3,233,150.	3,559,344.	4,015,169.	16,367,076.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	4,249,823.	4,539,501.	4,849,957.	6,563,346.	5,940,574.	26,143,201.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	498,053.	485,357.	397,925.	1,595,002.	389,177.	3,365,514.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....	498,053.	485,357.	397,925.	1,595,002.	389,177.	3,365,514.
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						22,777,687.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....	4,249,823.	4,539,501.	4,849,957.	6,563,346.	5,940,574.	26,143,201.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	-22,012.	147,279.	185,658.	205,799.	253,254.	769,978.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	-22,012.	147,279.	185,658.	205,799.	253,254.	769,978.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	1,159.					1,159.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	4,228,970.	4,686,780.	5,035,615.	6,769,145.	6,193,828.	26,914,338.

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	84.63 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	85.21 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	2.86 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	2.77 %

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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





**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

**THE CELEBRITY SERIES OF BOSTON, INC.**

Employer identification number

**22-2958508**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

Yes  No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

(check all that apply):

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

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

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

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

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

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

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,254,815.	4,254,815.	4,244,408.	3,783,116.	4,800,020.
b Contributions			10,407.	475,458.	-947,904.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses				14,166.	69,000.
g End of year balance	4,254,815.	4,254,815.	4,254,815.	4,244,408.	3,783,116.

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		83,475.	73,271.	10,204.
d Equipment		521,188.	413,521.	107,667.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 117,871.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	6,866,860.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	580,318.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	580,318.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,286,542.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	46,594.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	46,594.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	6,333,136.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	7,129,130.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,129,130.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	46,594.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	46,594.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,175,724.

**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, 2014. THE ORGANIZATION'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS AND GENERALLY REMAIN OPEN FOR THE MOST RECENT THREE YEARS.

**Part XIII** Supplemental Information *(continued)*

PART V, LINE 4

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



**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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	
		75TH ANNIVERSARY (event type)	ONLINE AUCTION (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	617,797.	20,012.	11,360.	649,169.
	2	Less: Contributions	591,337.			591,337.
	3	Gross income (line 1 minus line 2)	26,460.	20,012.	11,360.	57,832.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	261,143.		11,355.	272,498.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				272,498.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-214,666.

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

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

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

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

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

**THE CELEBRITY SERIES OF BOSTON, INC.**

Employer identification number

**22-2958508**

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>			
<b>5</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization? .....	<b>5a</b>	X
<b>b</b>	Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.			
<b>6</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization? .....	<b>6a</b>	X
<b>b</b>	Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.			
<b>7</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b>	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b>	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GARY DUNNING PRESIDENT & EXEC. DIR	(i)	219,322.	25,000.	0.	0.	11,699.	256,021.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

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

Employer identification number 22-2958508

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

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MELODY PAO	DAUGHTER OF ELEANOR	22,640.	COMPENSATIO		X

**Part V Supplemental Information**

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

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

(A) NAME OF PERSON: MELODY PAO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF ELEANOR PAO - MEMBER OF BOARD OF DIRECTORS

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

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

AFTER MORE THAN SIX MONTHS AS A PART-TIME ASSOCIATE. COMPENSATION WAS

DETERMINED IN ACCORDANCE WITH PAYROLL POLICIES WHICH INCLUDES

CONSIDERATION OF SUCH FACTORS AS POSITION RESPONSIBILITIES, EMPLOYEE'S

RELEVANT EXPERIENCE, MARKET DATA AND OTHER EMPLOYEES' COMPENSATION

LEVELS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	12	70,350.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number

22-2958508

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

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

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

V.ABYSSINIAN: A GOSPEL CELEBRATION FEATURING JAZZ AT LINCOLN CENTER  
ORCHESTRA WITH WYNTON MARSALIS

VI.ANDRAS SCHIFF, PIANO: THE BACH PROJECT

VII.PAUL TAYLOR DANCE COMPANY

VIII.WHAT MAKES IT GREAT? WITH ROB KAPILOW - OVER THE RAINBOW: THE  
SONGS OF HAROLD ARLEN

IX.BENJAMIN GROSVENOR, PIANO (BOSTON DEBUT)

X.DANISH STRING QUARTET (BOSTON DEBUT)

XI.JOSHUA BELL, VIOLIN

XII.VOIGT LESSONS: DEBORAH VOIGT, SOPRANO; KEVIN STITES, PIANO

XIII.DEBORAH VOIGT IN RECITAL: DEBORAH VOIGT, SOPRANO; BRIAN ZEGER,  
PIANO

XIV.WAYNE SHORTER 80TH BIRTHDAY CELEBRATION

XV.MARC-ANDRE HAMELIN, PIANO

XVI.BRIAN STOKES MITCHELL, BARITONE: SIMPLY BROADWAY

XVII.WHAT MAKES IT GREAT? WITH ROB KAPILOW AND THE GRYPHON TRIO:

MENDELSSOHN, TRIO IN D MINOR, OPUS 49



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

XIX.KIRILL GERSTEIN, PIANO

XX.GERALD FINLEY, BASS-BARITONE; JULIUS DRAKE, PIANO

XXI.COMPAGNIE KAFIG

XXII.NEWPORT JAZZ FESTIVAL: NOW 60

XXIII.CEDRIC TIBERGHIE, PIANO (BOSTON RECITAL DEBUT)

XXIV.CIRCUS OZ: FROM THE GROUND UP

XXV.LEONIDAS KAVAKOS, VIOLIN; ENRICO PACE, PIANO

XXVI.TAO DANCE THEATER (BOSTON DEBUT)

XXVII.QUATUOR EBENE (BOSTON DEBUT)

XXVIII.SWEET HONEY IN THE ROCK: FORTY AND FIERCE!

XXIX.DEJOHNETTE, LOVANO, SPAULDING, GENOVESE QUARTET

XXX.NATALIE DESSAY, SOPRANO; PHILIPPE CASSARD, PIANO

XXXI.IRA GLASS, REINVENTING RADIO

XXXII.VIJAY IYER TRIO WITH SPECIAL GUEST ROBERT PINSKY/POEMJAZZ

XXXIII.EVGENY KISSIN, PIANO

XXXIV.ISRAEL PHILHARMONIC ORCHESTRA, ZUBIN MEHTA - CONDUCTOR

XXXV.TAKACS QUARTET: BARTOK CYCLE, PART 1

XXXVI.YO-YO MA, CELLO; KATHRYN STOTT, PIANO

XXXVII.LOS ANGELES PHILHARMONIC, GUSTAVO DUDAMEL - CONDUCTOR

XXXVIII.JERUSALEM STRING QUARTET (BOSTON DEBUT)

XXXIX.CHRISTIAN TETZLAFF, VIOLIN; LARS VOGT, PIANO

XL.JASON MORAN, FATS WALLER DANCE PARTY

XLI.THE ASSAD FAMILY - A BRAZILIAN SONGBOOK

XLII.TAKACS QUARTET: BARTOK CYCLE, PART 2

XLIII.MARC-ANDRE HAMELIN AND EMANUEL AX, DUO PIANISTS

XLIV.NICHOLAS PHAN, TENOR; MYRA HUANG, PIANO

XLV.MARIA SCHNEIDER ORCHESTRA

Name of the organization THE CELEBRITY SERIES OF BOSTON, INC.	Employer identification number 22-2958508
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XLVI. ALVIN AILEY AMERICAN DANCE THEATER

XLVII. MARC-ANDRE HAMELIN, PIANO; ANTHONY MARWOOD, VIOLIN; MARTIN

FROST, CLARINET

XLVIII. ART SPIEGELMAN, WHAT THE %@&\*! HAPPENED TO COMICS?

XLIX. DMITRI HVOROSTOVSKY, BARITONE; IVAR ILJA, PIANO

L. MARK MORRIS DANCE GROUP: ACIS AND GALATEA (EAST COAST PREMIERE)

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

FOLLOWING COMMUNITIES, MATTAPAN, HYDE PARK, ROXBURY, DORCHESTER AND THE SOUTH END

ARTIST CONNECTIONS - 15 PROGRAMS WITH WORLD-CLASS ARTISTS TEACHING AND INSPIRING YOUTH IN OUR COMMUNITY FROM CHILDREN IN GRADES K-12 TO STUDENTS IN SOME OF THE NATIONS LEADING CONSERVATORIES

TAKE YOUR SEAT - ACCESS FOR OVER 5,000 CHILDREN, STUDENTS AND FAMILIES TO ATTEND CELEBRITY SERIES MAIN STAGE PERFORMANCES

DANCE NOW! - FIVE WEEK SUMMER DANCE INITIATIVE FOR 62 MIDDLE SCHOOL TEENS

STREET PIANOS BOSTON FESTIVAL

SEPTEMBER 27- OCTOBER 14, 2014

CELEBRITY SERIES OF BOSTON (CSOB) PRESENTED LUKE JERRAMS PLAY ME, IM YOURS! PROJECT, WHICH PLACES PIANOS IN PUBLIC SPACES TO ENCOURAGE THE PUBLIC TO ENGAGE WITH, ACTIVATE AND TAKE OWNERSHIP OF THEIR URBAN ENVIRONMENT. PIANO VENDORS, SCHOOLS AND INDIVIDUALS DONATED 75 PIANOS WHICH WERE DECORATED BY 75 LOCAL ARTISTS. CSOB INSTALLED THE PIANOS

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IN PUBLIC PLACES THROUGHOUT GREATER BOSTON INCLUDING MUSEUMS, PARKS, HOSPITALS, LIBRARIES, SCHOOLS AND YOUTH-SERVING ORGANIZATIONS, ENSURING AT LEAST ONE PIANO IN EVERY BOSTON NEIGHBORHOOD. PIANOS WERE CHECKED DAILY, AND TUNED REGULARLY AND REPAIRED AS NEEDED BY LOCAL PIANO TECHNICIANS. OVER 150 LOCAL ARTS, CULTURAL AND COMMUNITY BASED ORGANIZATIONS PARTNERED WITH CELEBRITY SERIES OF BOSTON TO MAKE THE FESTIVAL A REALITY. OVER HALF A MILLION PEOPLE STOPPED TO PLAY, LISTEN AND SHARE MUSIC WITH THEIR FELLOW CITIZENS. IMPROMPTU AND SCHEDULED CONCERTS, SING-ALONGS AND JAM SESSIONS OCCURRED EVERY DAY. OVER 1700 PHOTOS AND VIDEOS WERE POSTED BY THE PUBLIC ON WWW.STREETPIANOSBOSTON.COM.

LE GRAND CONTINENTAL

MAY 16, 17, AND 18, 2014

TO CELEBRATE THE CLOSING WEEKEND OF OUR 75TH SEASON, CSOB PRESENTED LE GRAND CONTINENTAL, AN OUTDOOR DANCE EXTRAVAGANZA BY MONTREAL-BASED CHOREOGRAPHER SYLVAIN EMARD. LE GRAND CONTINENTAL IS A CONTEMPORARY REIMAGINING OF A TRADITIONAL FESTIVE LINE DANCE. CELEBRATING THE PRIDE AND DIVERSITY THAT MAKES BOSTON STRONG, THIS DANCE PROJECT BROUGHT TOGETHER 110 PARTICIPANTS OF ALL AGES, ETHNICITIES, AND BACKGROUNDS. THE DANCERS, AMATEURS RANGING IN AGE FROM 9 TO 73, PERFORMED THREE 30-MINUTE SHOWS IN COPLEY SQUARE, DANCING FOR AN AUDIENCE OF THOUSANDS. DANCERS HAILED FROM 11 BOSTON NEIGHBORHOODS AND 25 SURROUNDING COMMUNITIES. 59% OF DANCERS HAD NO PREVIOUS RELATIONSHIP WITH THE CELEBRITY SERIES. MANY DANCED PUBLICLY FOR THE FIRST TIME EVER. ONE FAMILY WAS REPRESENTED BY THREE GENERATIONS OF WOMEN. PROFESSIONS INCLUDED TEACHERS, AN ELECTRICAL ENGINEER, CRIMINAL PROSECUTOR, SOCIAL WORKER, UNIVERSITY ADMINISTRATOR, MEDICAL DOCTOR, COLLEGE STUDENTS,

Name of the organization THE CELEBRITY SERIES OF BOSTON, INC.	Employer identification number 22-2958508
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BARTENDERS, RETIREES, AND A MARINE!

NEIGHBORHOOD ARTS (FORMERLY ARTIST IN COMMUNITY)

NOW IN ITS SECOND YEAR, NEIGHBORHOOD ARTS ENHANCES THE VIBRANCY AND

SOCIAL CAPITAL OF LOW-INCOME BOSTON NEIGHBORHOODS BY CREATING A

PERFORMING ARTS-INTENSIVE ENVIRONMENT IN PARTNERSHIP WITH FAMILIES AND

KEY COMMUNITY ORGANIZATIONS. THE PROGRAM ADDRESSES THE DEEP

INEQUALITIES IN ACCESS TO HIGH-CALIBER, PROFESSIONAL PERFORMING ARTS

OPPORTUNITIES THAT EXIST IN OUR CITY. THE PROGRAM ENGAGES PEOPLE OF ALL

AGES OVER THE COURSE OF A YEAR. THIS PAST YEAR, NEIGHBORHOOD ARTS

FOCUSED ON THE NEIGHBORHOODS OF ROXBURY, THE SOUTH END, MATTAPAN, HYDE

PARK AND ROSLINDALE.

COMMUNITY PERFORMANCES : BOTH THOSE GEARED TOWARD CHILDREN AND THOSE

DESIGNED FOR AN INTERGENERATIONAL AUDIENCE FEATURED HIGHLY-REGARDED

LOCAL ENSEMBLES (LISTED BELOW) AND TOOK PLACE IN FAMILIAR NEIGHBORHOOD

VENUES SUCH AS SCHOOLS, COMMUNITY CENTERS, LIBRARIES AND CHURCHES.

PARTNERING COMMUNITY ORGANIZATIONS ALSO CHOSE FROM CSOB MAIN-STAGE

PERFORMANCES TO WHICH THEY RECEIVED FREE TICKETS TO DISTRIBUTE TO THEIR

CONSTITUENTS. THIS SEASON, THEY SELECTED TICKETS TO PAUL TAYLOR DANCE

COMPANY, LUCIANA SOUZA TRIO, QUATUOR EBENE, TAO DANCE THEATER, SWEET

HONEY IN THE ROCK, AND ALVIN AILEY AMERICAN DANCE THEATER.

NEIGHBORHOOD ARTS PARTNER LOCAL ARTISTS

BOSTON PUBLIC QUARTET (CLASSICAL)

THE QUARTET OF HAPPINESS (JAZZ)

SOL Y CANTO (PAN-LATIN)

MILA THIGPEN, DANCER-EDUCATOR

Name of the organization

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NEIGHBORHOOD ARTS PARTNER COMMUNITY ORGANIZATIONS

BOSTON CHILDRENS MUSEUM

CHITTICK ELEMENTARY SCHOOL

HERNANDEZ SCHOOL

HIBERNIAN HALL

HURLEY SCHOOL

MATTAPAN BRANCH LIBRARY

ROXBURY COMMUNITY COLLEGE

ROSLINDALE COMMUNITY CENTER

SUMNER BOYS AND GIRLS CLUB

SUMNER ELEMENTARY SCHOOL

TIMILTY MIDDLE SCHOOL

ARTIST CONNECTIONS

ARTIST CONNECTIONS EXTENDS OUR UNPARALLELED ACCESS TO WORLD-CLASS

ARTISTS TO STUDENTS FROM THE ELEMENTARY THROUGH CONSERVATORY LEVELS.

MASTER CLASSES, LECTURE-DEMONSTRATIONS AND INTERACTIVE WORKSHOPS

PROVIDE OPPORTUNITIES FOR STUDENTS TO INTERACT WITH AND LEARN DIRECTLY

FROM THE CELEBRITY SERIES MAIN STAGE ARTISTS IN INTIMATE SETTINGS.

ARTIST CONNECTIONS WORKSHOPS

ABYSSINIAN MASS CHORAL WORKSHOPS WITH JAZZ AT LINCOLN CENTER

WITH KARLA SCOTT, GOSPEL CLINICIAN

TIMILTY MIDDLE SCHOOL, ROLAND HAYES SCHOOL OF MUSIC AND BOSTON LATIN

Name of the organization <b>THE CELEBRITY SERIES OF BOSTON, INC.</b>	Employer identification number <b>22-2958508</b>
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## SCHOOL

OCTOBER 18, 2013 - 340 MIDDLE AND HIGH SCHOOL STUDENTS SERVED

## ALVIN AILEY AMERICAN DANCE THEATER MOVEMENT WORKSHOPS

THE COTTING SCHOOL, HENDERSON ELEMENTARY SCHOOL AND KENNEDY DAY SCHOOL

JANUARY 16-17, 2013 - 240 CHILDREN WITH DISABILITIES SERVED

## COMPAGNIE KAFIG MOVEMENT WORKSHOP

THE IRVING MIDDLE SCHOOL, ROSLINDALE

FEBRUARY 6, 2014 - 28 STUDENTS SERVED

## GUSTAVO DUDAMEL, CONDUCTOR OF THE LA PHILHARMONIC ORCHESTRA OPEN

## REHEARSAL

KRESGE AUDITORIUM, MIT

MARCH 22, 2014 - 1,000 INDIVIDUALS SERVED

## MARK MORRIS DANCE GROUP MOVEMENT WORKSHOPS AND PANEL DISCUSSION

WITH DAVID LEVENTHAL, DANCER & HERMAN WEISS, PIANIST

BETH ISRAEL DEACONESS MEDICAL CENTER, BOSTON AND JEWISH FAMILY &

CHILDRENS SERVICES, WALTHAM

MAY 13 & 14, 2014 - 130 INDIVIDUALS SERVED

## ARTIST CONNECTIONS MASTER CLASSES

DEBUT SERIES - MASTER CLASSES AT LONGY SCHOOL OF MUSIC AT BARD COLLEGE

FOUR MASTER CLASSES WITH DEBUT ARTISTS AT LONGY SCHOOL OF MUSIC

NOVEMBER 4 & 14, 2013, FEBRUARY 18 AND APRIL 16, 2014 - 104

CONSERVATORY STUDENTS SERVED

Name of the organization <b>THE CELEBRITY SERIES OF BOSTON, INC.</b>	Employer identification number <b>22-2958508</b>
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**MASTER CLASSES AT NEW ENGLAND CONSERVATORY**

**THE GRYPHON TRIO**

**MASTER CLASS AT WILLIAMS HALL, NEW ENGLAND CONSERVATORY**

**JANUARY 23, 2014 - 28 CONSERVATORY STUDENTS SERVED**

**KIRILL GERSTEIN**

**MASTER CLASS AT WILLIAMS HALL, NEW ENGLAND CONSERVATORY**

**JANUARY 29, 2014 - 33 CONSERVATORY STUDENTS SERVED**

**JERUSALEM STRING QUARTET**

**MASTER CLASS AT THE NEW ENGLAND CONSERVATORY**

**MARCH 28, 2014 - 23 CONSERVATORY STUDENTS SERVED**

**ANTHONY MARWOOD, VIOLIN**

**MASTER CLASS AT THE NEW ENGLAND CONSERVATORY**

**MAY 1, 2014 - 20 CONSERVATORY STUDENTS SERVED**

**MASTER CLASSES AT HARVARD UNIVERSITY**

**BRIAN STOKES-MITCHELL**

**LECTURE/DEMONSTRATION AND MASTER CLASS AT THE AGASSIZ HOUSE THEATRE,**

**HARVARD UNIVERSITY**

**JANUARY 23, 2014 - 70 STUDENTS SERVED**

**YUJA WANG, PIANIST, ARTIST TALK**

**KIRKLAND HOUSE, HARVARD UNIVERSITY**

**OCTOBER 18, 2013 - 100 STUDENTS SERVED**

**TAKE YOUR SEAT**

**THROUGH TAKE YOUR SEAT, THE CELEBRITY SERIES MAKES PERFORMANCE TICKETS**

**AVAILABLE TO ALL PARTICIPANTS IN ARTS FOR ALL! PROGRAMS. THIS INCLUDES**

**SCHOOL AND COMMUNITY GROUPS, FAMILIES AND STUDENTS. TICKETS ARE**

Name of the organization THE CELEBRITY SERIES OF BOSTON, INC.	Employer identification number 22-2958508
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AVAILABLE FOR FREE OR AT SIGNIFICANTLY REDUCED PRICES. THE GOAL OF THE PROGRAM IS TO BREAK DOWN BARRIERS THAT LIMIT ACCESS TO THE PERFORMING ARTS, INCLUDING COST AND PHYSICAL ACCESS.

DURING THE 2013-2014 SEASON, TAKE YOUR SEAT PROVIDED 5,005 TICKETS TO CELEBRITY SERIES PERFORMANCES.

1,032 FREE TICKETS TO 13 COMMUNITY PARTNERS THROUGH NEIGHBORHOOD ARTS  
1,461 \$10 TICKETS TO NEARLY 100 SCHOOL AND COMMUNITY GROUPS SERVING  
LOW-INCOME CHILDREN

806 CHILD TICKETS AT A 50% DISCOUNT TO PERFORMANCES FOR CHILDREN UNDER THE AGE OF 18

1,706 STUDENT RUSH TICKETS FOR \$20 TO COLLEGE AND CONSERVATORY STUDENTS

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

THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE AND EXECUTIVE COMMITTEES OF THE BOARD. IT IS THEN MADE AVAILABLE TO BOARD MEMBERS FOR REVIEW AND DISCUSSION.

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 ENDING JUNE 30, 2014 ALL OF THE BOARD MEMBERS RETURNED FORMS CONFIRMING COMPLIANCE.

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

GARY DUNNING, THE CURRENT PRESIDENT AND EXECUTIVE DIRECTOR, WAS APPOINTED BY A SEARCH COMMITTEE FORMED BY THE BOARD OF DIRECTORS IN



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

DURING FISCAL YEAR 2012 SEARCHES WERE CONDUCTED FOR THE CHIEF FINANCIAL OFFICER AND DIRECTOR OF DEVELOPMENT POSITIONS, AND SALARY LEVELS FOR THOSE POSITIONS WERE ESTABLISHED AFTER CONSIDERATION OF THE ORGANIZATION'S PAYROLL BUDGET AND THROUGH CONSULTATION BETWEEN THE EXECUTIVE DIRECTOR AND MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD AND THE HR/COMPENSATION SUBCOMMITTEE.

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

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

THE GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE GENERAL

Name of the organization <b>THE CELEBRITY SERIES OF BOSTON, INC.</b>	Employer identification number <b>22-2958508</b>
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PUBLIC BUT ARE AVAILABLE UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FORM 990 IS AVAILABLE ONLINE AND UPON REQUEST.

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

ARTIST FEES:

PROGRAM SERVICE EXPENSES	2,251,672.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,251,672.

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	26,402.
MANAGEMENT AND GENERAL EXPENSES	2,200.
FUNDRAISING EXPENSES	47,003.
TOTAL EXPENSES	75,605.

SERVICE AGREEMENTS:

PROGRAM SERVICE EXPENSES	55,374.
MANAGEMENT AND GENERAL EXPENSES	1,721.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	57,095.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	2,219.
MANAGEMENT AND GENERAL EXPENSES	19,010.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	21,229.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,405,601.

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number  
22-2958508

FORM 990, PART VI, SECTION B, LINE II

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. THIS PROCESS HAS NOT CHANGED IN FISCAL YEAR 2014.