

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

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

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CELEBRITY SERIES OF BOSTON, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 20 PARK PLAZA 1032 City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02116-4303 F Name and address of principal officer: GARY DUNNING SAME AS C ABOVE	D Employer identification number 22-2958508 E Telephone number 617-482-2595 G Gross receipts \$ 12,990,054. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CELEBRITYSERIES.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1938		M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PRESENT WORLD-CLASS PERFORMING ARTISTS WHO INSPIRE AND ENRICH OUR COMMUNITY. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 26 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 26 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 70 6 Total number of volunteers (estimate if necessary) 6 30 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 10,250. 7b Net unrelated business taxable income from Form 990-T, line 34 7b -1,900.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,957,461. Prior Year 8,854,500. Current Year 9 Program service revenue (Part VIII, line 2g) 3,890,000. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 460,928. 384,370. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -257,639. -257,230. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,050,750. 12,589,565.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,946,347. 2,060,515. 16a Professional fundraising fees (Part IX, column (A), line 11e) 40,130. 105,450. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 797,673. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,962,506. 4,747,370. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,948,983. 6,913,335. 19 Revenue less expenses. Subtract line 18 from line 12 101,767. 5,676,230.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 8,847,288. Beginning of Current Year 15,110,842. End of Year 21 Total liabilities (Part X, line 26) 1,730,016. 2,150,037. 22 Net assets or fund balances. Subtract line 21 from line 20 7,117,272. 12,960,805.	

Part II Signature Block

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

Sign Here	Signature of officer GARY DUNNING, PRESIDENT AND EXECUTIVE DIRECTOR Type or print name and title	Date 			
Paid Preparer Use Only	Print/Type preparer's name YEVGENIYA GORLOVSKY-SCHEPYEVGENIYA GORLOVSKY-	Preparer's signature YEVGENIYA GORLOVSKY-	Date 10/05/17	Check if self-employed <input type="checkbox"/>	PTIN P00535908
	Firm's name ▶ ALEXANDER, ARONSON, FINNING & CO., P.C.	Firm's EIN ▶ 04-2571780	Firm's address ▶ 50 WASHINGTON STREET WESTBOROUGH, MA 01581		
	Phone no. 508-366-9100				

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 \$ 5,231,383. including grants of \$) (Revenue \$ 3,597,675.) PROGRAMMING. PERFORMANCES

TOTAL ATTENDANCE = 53,331 IN FY17
NUMBER OF EVENTS = 46 IN FY17
NUMBER OF PERFORMANCES = 53 IN FY17

DURING THE FY 2017 SEASON, OUR 78TH SEASON, WE PRESENTED THE FOLLOWING PERFORMANCES:

- 1. BELA FLECK, BANJO AND VICTOR WOOTEN, BASS
2. JAZZ 100: CHRIS POTTER, AVISHAI COHEN, WYCLIFFE GORDON AND LIZZ WRIGHT
3. IAN BOSTRIDGE, TENOR AND THOMAS ADES, PIANO
4. VERTIGO DANCE COMPANY - BOSTON DEBUT

4b (Code:) (Expenses \$ 135,426. including grants of \$) (Revenue \$) COMMUNITY AND EDUCATION OUTREACH: ARTS FOR ALL!

DURING FISCAL YEAR 2017, CELEBRITY SERIES OF BOSTON SPONSORED THE FOLLOWING PROGRAMS:

DURING THE 2016/2017 SEASON, CELEBRITY SERIES ENGAGED 409,849 YOUTH, FAMILIES AND COMMUNITY MEMBERS IN 215 PROGRAMS AND ACTIVITIES. THESE ACTIVITIES INCLUDED 25 MASTER CLASSES, LECTURE-DEMONSTRATIONS, AND WORKSHOPS WITH WORLD-CLASS ARTISTS FOR STUDENTS FROM THE ELEMENTARY THROUGH CONSERVATORY LEVELS AND 107 FREE COMMUNITY-BASED EVENTS IN OUR PARTNER NEIGHBORHOODS OF DORCHESTER, HYDE PARK, MATTAPAN, ROSLINDALE, ROXBURY AND THE SOUTH END. IN ADDITION TO THESE ACTIVITIES, 2,766

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 5,366,809.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question ID, question text, and Yes/No columns. 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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 26		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHARON RICH DIRECTOR	2.00	X					0.	0.	0.	
(19) JANET TOBIN DIRECTOR	2.00	X					0.	0.	0.	
(20) BELINDA TERMEER DIRECTOR	2.00	X					0.	0.	0.	
(21) SANJAY VERMA DIRECTOR	2.00	X					0.	0.	0.	
(22) DOROTHY WEBER DIRECTOR	2.00	X					0.	0.	0.	
(23) JANET LAWRENCE ZWANZIGER DIRECTOR	2.00	X					0.	0.	0.	
(24) MARGARET EAGLE DIRECTOR	2.00	X					0.	0.	0.	
(25) SUSAN THONIS DIRECTOR	2.00	X					0.	0.	0.	
(26) HANNAH GROVE DIRECTOR	2.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							626,970.	0.	39,181.	
d Total (add lines 1b and 1c)							626,970.	0.	39,181.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALVIN AILEY DANCE FOUNDATION 405 WEST 55TH STREET, NEW YORK, NY 10019	ARTIST	256,775.
RAFANELLI EVENTS MANAGEMENT, INC. 867 BOYLSTON ST, 4TH FL, BOSTON, MA 02116	GALA CONSULTANT	249,945.
OPUS 3 ARTISTS, LLC 470 PARK AVENUE SOUTH, NEW YORK, NY 10016	ARTIST AGENT	170,300.
PERLMAN, ITZHAK 19 WEST 69TH ST, #601, NEW YORK, NY 10023	ARTIST	126,000.
CAMI LLC 5 COLUMBUS CIRCLE, NEW YORK, NY 10019	ARTIST AGENT	105,000.

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 **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	404,430.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	58,800.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,391,270.			
	g Noncash contributions included in lines 1a-1f: \$		111,036.			
	h Total. Add lines 1a-1f		8,854,500.			
	Program Service Revenue	2 a TICKET SALES, NET	Business Code 711110	3,387,081.	3,387,081.	
b STABILIZATION AND MANAGEMENT FEES		711110	108,160.	108,160.		
c PROCESSING FEES		711110	102,434.	102,434.		
d ADVERTISING		711300	10,250.		10,250.	
e						
f All other program service revenue		711110				
g Total. Add lines 2a-2f			3,607,925.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		168,782.		168,782.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities		294,280.		
		(ii) Other				
		b Less: cost or other basis and sales expenses		78,692.		
		c Gain or (loss)		215,588.		
	d Net gain or (loss)		215,588.		215,588.	
	8 a Gross income from fundraising events (not including \$ 404,430. of contributions reported on line 1c). See Part IV, line 18	a		64,567.		
		b Less: direct expenses		321,797.		
c Net income or (loss) from fundraising events			-257,230.		-257,230.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		12,589,565.	3,597,675.	10,250.	127,140.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	532,059.	129,942.	255,033.	147,084.
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	1,275,030.	873,735.	159,780.	241,515.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	126,843.	90,453.	17,429.	18,961.
10 Payroll taxes	126,583.	72,724.	28,300.	25,559.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	37,323.		37,323.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	105,450.			105,450.
f Investment management fees	40,771.		40,771.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,976,249.	1,887,309.	52,631.	36,309.
12 Advertising and promotion	34,764.	34,764.		
13 Office expenses	370,433.	293,056.	32,331.	45,046.
14 Information technology				
15 Royalties				
16 Occupancy	222,943.	130,868.	31,591.	60,484.
17 Travel	104,270.	39,754.	49,728.	14,788.
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	19,420.	14,564.	2,428.	2,428.
23 Insurance	24,799.		24,799.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT PERFORMANCE COST	1,693,122.	1,693,122.		
b EQUIPMENT LEASES AND MA	103,698.	60,871.	14,694.	28,133.
c EVENTS	59,617.		245.	59,372.
d DESIGN	44,194.	44,194.		
e All other expenses	15,767.	1,453.	1,770.	12,544.
25 Total functional expenses. Add lines 1 through 24e	6,913,335.	5,366,809.	748,853.	797,673.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	640,414.	1	639,141.
	2 Savings and temporary cash investments	1,303,972.	2	1,404,109.
	3 Pledges and grants receivable, net	1,055,836.	3	3,379,166.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	139,394.	9	177,460.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 667,723.		
	b Less: accumulated depreciation	10b 596,375.	59,213.	10c 71,348.
	11 Investments - publicly traded securities	5,648,459.	11	9,439,618.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,847,288.	16	15,110,842.	
Liabilities	17 Accounts payable and accrued expenses	245,435.	17	201,155.
	18 Grants payable		18	
	19 Deferred revenue	1,484,581.	19	1,948,882.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,730,016.	26	2,150,037.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	382,556.	27	203,417.
	28 Temporarily restricted net assets	2,479,901.	28	5,673,220.
	29 Permanently restricted net assets	4,254,815.	29	7,084,168.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,117,272.	33	12,960,805.	
34 Total liabilities and net assets/fund balances	8,847,288.	34	15,110,842.	

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	12,589,565.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,913,335.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,676,230.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,117,272.
5	Net unrealized gains (losses) on investments	5	167,303.
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	12,960,805.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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.
- 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? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,004,002.	1,925,405.	2,697,086.	2,957,461.	8,854,500.	19,438,454.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,559,344.	4,015,169.	3,817,380.	3,890,000.	3,607,925.	18,889,818.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	6,563,346.	5,940,574.	6,514,466.	6,847,461.	12,462,425.	38,328,272.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,595,002.	389,177.	1,385,666.	1,832,293.	6,015,213.	11,217,351.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	1,595,002.	389,177.	1,385,666.	1,832,293.	6,015,213.	11,217,351.
8 Public support. (Subtract line 7c from line 6.)						27,110,921.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	6,563,346.	5,940,574.	6,514,466.	6,847,461.	12,462,425.	38,328,272.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	205,799.	253,254.	196,323.	170,249.	6,015,213.	6,840,838.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	205,799.	253,254.	196,323.	170,249.	6,015,213.	6,840,838.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	6,769,145.	6,193,828.	6,710,789.	7,017,710.	18,477,638.	45,169,110.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	60.02 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	79.16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	15.14 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	3.19 %

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,325,150.	5,381,064.	5,656,766.	5,015,092.	4,518,147.
b Contributions	2,829,353.				
c Net investment earnings, gains, and losses	490,926.	220,797.	-3,398.	895,697.	727,516.
d Grants or scholarships					
e Other expenditures for facilities and programs	-274,815.	-276,711.	-272,304.	-254,023.	-230,571.
f Administrative expenses					
g End of year balance	8,370,614.	5,325,150.	5,381,064.	5,656,766.	5,015,092.

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 84.63 %
- c Temporarily restricted endowment 15.37 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		83,475.	79,924.	3,551.
d Equipment		555,538.	516,451.	39,087.
e Other		28,710.		28,710.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				71,348.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	12,556,806.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	167,303.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	167,303.
3	Subtract line 2e from line 1	3	12,389,503.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,771.
b	Other (Describe in Part XIII.)	4b	159,291.
c	Add lines 4a and 4b	4c	200,062.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,589,565.

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

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

1	Total expenses and losses per audited financial statements	1	6,713,273.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,713,273.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,771.
b	Other (Describe in Part XIII.)	4b	159,291.
c	Add lines 4a and 4b	4c	200,062.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,913,335.

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, 2017. HOWEVER, THE ORGANIZATION'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE JURISDICTIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

CAPITAL CAMPAIGN COSTS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CAPITAL CAMPAIGN COSTS

PART V, LINE 4

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

COPY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA	ONLINE AUCTION	NONE	
Revenue		(event type)	(event type)	(total number)	
	1 Gross receipts	448,630.	20,367.	0	468,997.
	2 Less: Contributions	404,430.			404,430.
	3 Gross income (line 1 minus line 2)	44,200.	20,367.		64,567.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	24,000.			24,000.
	7 Food and beverages	61,201.			61,201.
	8 Entertainment				
	9 Other direct expenses	236,573.	23.		236,596.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				321,797.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-257,230.

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

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

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

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

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: GRENZEBACH GLIER & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 401 N MICHIGAN AVE #2800, CHICAGO, IL 60611

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number

22-2958508

Part I Questions Regarding Compensation

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

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

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2016

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

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

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

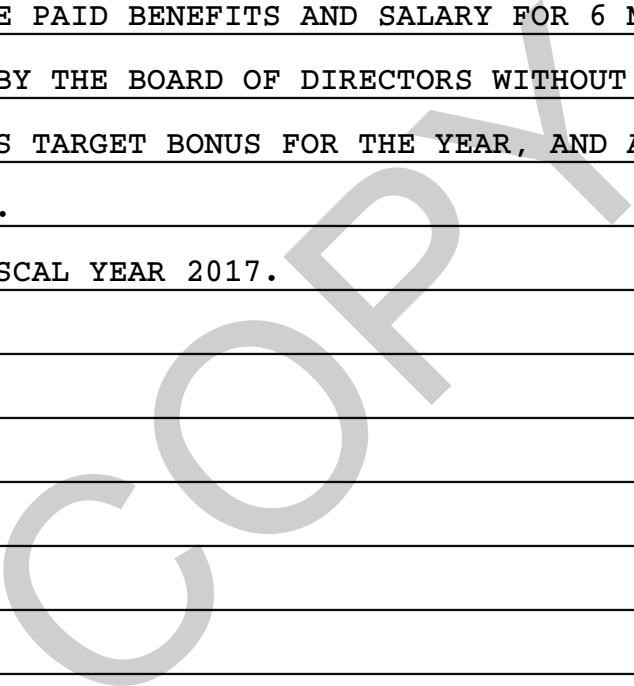
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GARY DUNNING PRESIDENT & EXEC. DIR	(i)	242,680.	25,000.	0.	0.	10,177.	277,857.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4:

AS PART OF THE EMPLOYMENT CONTRACT OF GARY DUNNING, PRESIDENT AND EXECUTIVE
 DIRECTOR, HE WOULD CONTINUE TO BE PAID BENEFITS AND SALARY FOR 6 MONTHS IF
 HE WAS INVOLUNTARILY TERMINATED BY THE BOARD OF DIRECTORS WITHOUT CAUSE.
 HE WOULD ALSO BE PAID HALF OF HIS TARGET BONUS FOR THE YEAR, AND ANY
 INCENTIVE BONUS EARNED THAT YEAR.
 NO SUCH PAYMENTS WERE MADE IN FISCAL YEAR 2017.



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13	111,036.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2016)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number

22-2958508

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

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

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

- 5.SOL GABETTA, CELLO AND BERTRAND CHAMAYOU - BOSTON DEBUT
- 6.IMOGEN COOPER, PIANO
- 7.CHUCHO VALDES JOE LOVANO QUINTET
- 8.BERLINER PHILHARMONIKER WITH SIR SIMON RATTLE, CONDUCTOR
- 9.EMERSON STRING QUARTET
- 10.DAVID SEDARIS
- 11.WHAT MAKES IT GREAT? WITH ROB KAPILOW AND NEC PHILHARMONIA,
MUSSORGSKY'S "PICTURES AT AN EXHIBITION"
- 12.COLIN CURRIE, PERCUSSION
- 13.WHAT MAKES IT GREAT? WITH ROB KAPILOW AND KYLE ATHAYDE DANCE
PARTY, "THE TRAIN IN CLASSIC JAZZ FROM MILLER TO MARSALIS"
- 14.JESSICA LANG DANCE - BOSTON DEBUT
- 15.DANISH STRING QUARTET
- 16.BERLIN PHILHARMONIC WIND QUINTET
- 17.SUSANNA PHILLIPS, SOPRANO
- 18.IGOR LEVIT, PIANO - BOSTON DEBUT
- 19.REGINA CARTER, JAZZ VIOLIN, "SIMPLY ELLA"

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

20. NOAM PIKELNY, BANJO AND ANAIS MITCHELL (VOCAL)
21. BUDAPEST FESTIVAL ORCHESTRA WITH IVAN FISCHER, CONDUCTOR AND RICHARD GOODE, PIANO
22. VOCES8 - BOSTON DEBUT
23. AARON DIEHL AND CECILE MCLORIN SALVANT, JELLY AND GEORGE
24. PHILHARMONIA QUARTETT BERLIN
25. SYDNEY DANCE COMPANY - BOSTON DEBUT
26. VIJAY IYER SEXTET
27. AOIFE O'DONOVAN, JULIAN LAGE AND CHRIS ELDRIDGE
28. KODO: "DADAN 2017"
29. PAUL LEWIS, PIANO
30. SANAM MARVI - BOSTON DEBUT
31. CHE MALAMBO - BOSTON DEBUT
32. HILARY HAHN, VIOLIN AND ROBERT LEVIN, PIANO
33. JAZZ AT LINCOLN CENTER ORCHESTRA WITH WYNTON MARSALIS - BUDDY RICH CENTENNIAL
34. ESCHER STRING QUARTET - BOSTON DEBUT
35. ROOMFUL OF TEETH WITH A FAR CRY
36. YO-YO-MA, CELLO; EDGAR MEYER, BASS; CHRIS THILE, MANDOLIN: "THE BACH TRIOS"
37. ALVIN AILEY AMERICAN DANCE THEATER
38. NATALIE DESSAY, SOPRANO AND PHILIPPE CASSARD, PIANO
39. KRISTIN CHENOWETH
40. MARC-ANDRE HAMELIN, PIANO
41. AZIZA WITH DAVE HOLLAND, CHRIS POTTER, LIONEL LOUEKE AND ERIC HARLAND
42. L.A. DANCE PROJECT - BOSTON DEBUT
43. STAVE SESSIONS: YMUSIC

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number

22-2958508

44. STAVE SESSIONS: MELISSA ALDANA

45. STAVE SESSIONS: DARCY JAMES ARGUE'S SECRET SOCIETY

46. STAVE SESSIONS: TIGUE AND INNOV. GNAWA

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

PEOPLE ATTENDED 46 CELEBRITY SERIES MAIN STAGE PERFORMANCES THROUGH
TAKE YOUR SEAT, A FREE AND SUBSIDIZED TICKET PROGRAM. AND 400,000

PEOPLE PARTICIPATED IN STREET PIANOS BOSTON 2016, A PUBLIC PROJECT THAT
BROUGHT 60 PIANOS TO OUTDOOR LOCATIONS IN EACH OF BOSTON'S 23
NEIGHBORHOODS PLUS 7 LOCATIONS IN CAMBRIDGE FOR A TWO WEEK INSTALLATION
IN SEPTEMBER/OCTOBER, 2016.

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

ARTS FOR ALL! PROGRAM SUMMARY:

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

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

"TAKE YOUR SEAT - ACCESS FOR CHILDREN, STUDENTS AND SPECIAL NEEDS

INDIVIDUALS TO ATTEND CELEBRITY SERIES PERFORMANCES

"PUBLIC PERFORMANCE ART - CITY-WIDE PUBLIC ART PROJECTS

PROGRAMS AND ACTIVITIES: 215

PARTICIPANTS: 409,849

COMMUNITY PARTNERS: 143

Name of the organization THE CELEBRITY SERIES OF BOSTON, INC.	Employer identification number 22-2958508
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PARTICIPATING TOWNS AND COMMUNITIES: 26

NEIGHBORHOOD ARTS

"SEPTEMBER 2016 - JUNE 2017

"107 FREE COMMUNITY-BASED EVENTS

"43 COMMUNITY PARTNERS

"11 ENSEMBLES COMPRISED OF 58 ARTISTS

"6,387 PEOPLE SERVED

NEIGHBORHOOD ARTS ADDRESSES DEEP INEQUITIES IN ACCESS TO HIGH-CALIBER, PROFESSIONAL PERFORMING ARTS OPPORTUNITIES IN BOSTON. PRIMARILY FOCUSED IN LOWER INCOME AND UNDERSERVED NEIGHBORHOODS IN DORCHESTER, HYDE PARK, MATTAPAN, ROSLINDALE, ROXBURY, AND THE SOUTH END, NEIGHBORHOOD ARTS BRINGS THE JOY OF LIVE PERFORMANCE TO PEOPLE OF ALL AGES AND ABILITIES, DRAWING DEEPLY UPON PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS TO ACTIVATE NEIGHBORHOODS WITH A RICH AND VARIED ARRAY OF OPPORTUNITIES. ENGAGING LOCAL ARTISTS - NEIGHBORHOOD ARTS ARTISTS ARE A DIVERSE GROUP OF LOCALLY-BASED ENSEMBLES EXPERIENCED IN WORKING WITH YOUTH AND COMMITTED TO COMMUNITY ENGAGEMENT. ARTIST-DRIVEN CONTENT IS AT THE CORE OF WORKSHOPS AND CONCERTS.

CREATING COMMUNITY - NEIGHBORHOOD ARTS ENGAGED COMMUNITY LEADERS FROM 43 COMMUNITY CENTERS, LOCAL ARTS AND SOCIAL SERVICE ORGANIZATIONS, SCHOOLS, AND MORE IN THE PLANNING AND IMPLEMENTATION OF ARTISTIC PROGRAMMING, WITH ACTIVITIES TAILORED TO THE NEEDS OF EACH PARTNER.

ACTIVATING NEIGHBORHOOD SPACES - NEIGHBORHOOD ARTS FEATURED 107 FREE EVENTS, INCLUDING INTERACTIVE ARTIST-LED WORKSHOPS AND COMMUNITY CONCERTS IN NEIGHBORHOOD VENUES. NEIGHBORHOOD ARTS ACTIVITIES TOOK PLACE IN 26 LOCAL VENUES SUCH AS COMMUNITY CENTERS, PERFORMANCE HALLS,

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

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22-2958508

CHURCHES, SCHOOLS, AND MUSEUMS, REACHING 6,387 PEOPLE OF ALL AGES.

WORLD-CLASS PERFORMANCES - NEIGHBORHOOD ARTS PARTNERS WERE INVITED TO

ATTEND CELEBRITY SERIES MAIN STAGE PERFORMANCES FREE OF CHARGE. 813

INDIVIDUALS EXPERIENCED SOME OF THE WORLD'S FINEST CLASSICAL, JAZZ, AND

DANCE ARTISTS.

NEIGHBORHOOD ARTS ARTISTS

JEAN APPOLON EXPRESSIONS (HAITIAN DANCE)

JORGE ARCE (AFRO-CARIBBEAN DANCE)

YO-EL CASSELL (CONTEMPORARY DANCE)

SANDEEP DAS (TABLA)

RYAN EDWARDS (COMPOSER-PERCUSSION)

FEDERATOR NO. 1 (AFRO-BEAT BAND)

SHAW PONG LIU (COMPOSER-VIOLIN-ERHU)

MASARY STUDIOS (PERCUSSION-VIDEO PROJECTION)

GUY MENDILOW ENSEMBLE (WORLD MUSIC)

VERONICA ROBLES MARIACHI ENSEMBLE

SOL Y CANTO (PAN-LATIN)

NEIGHBORHOOD ARTS PARTNERS (* = NEW IN 2016-17)

BIG SISTER ASSOCIATION OF GREATER BOSTON

BLUE HILLS BOYS & GIRLS CLUB

BOSTON ARTS ACADEMY

BOSTON CITY SINGERS

BOSTON CITY-WIDE STRING ORCHESTRA

BOSTON COMMUNITY LEADERSHIP ACADEMY*

BOSTON HOME*

BOSTON PUBLIC SCHOOLS PERFORMING ARTS DEPARTMENT

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

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BOSTON RENAISSANCE CHARTER SCHOOL*

BRIDGEBOSTON CHARTER SCHOOL*

CENTRAL BOSTON ELDER SERVICES

CHITTICK ELEMENTARY SCHOOL

CHURCH OF THE HOLY SPIRIT, MATTAPAN

CITY CONNECTS

CITY STRINGS UNITED

CODMAN SQUARE HEALTH CENTER (GREAT HALL)*

CONSERVATORY LAB CHARTER SCHOOL*

DEPARTMENT OF CHILDREN AND FAMILIES*

DIMOCK HEALTH CENTER*

HENDERSON INCLUSION K-12 SCHOOL

HERN NDEZ K-8 SCHOOL

HIBERNIAN HALL

HURLEY K-8 SCHOOL

INQUILINOS BORICUAS EN ACCI N*

LENA PARK COMMUNITY CENTER*

MADISON PARK DEVELOPMENT CORPORATION

MATTAPAN CULTURAL ARTS DEVELOPMENT*

MATTAPAN TEEN CENTER

MILDRED AVENUE COMMUNITY CENTER*

PINE STREET INN*

ROSLINDALE COMMUNITY CENTER

ROXBURY INNOVATION CENTER*

SALVATION ARMY KROC CENTER*

ST. MARK PARISH (DORCHESTER)*

ST. STEPHEN'S EPISCOPAL CHURCH, SOUTH END

SUMNER BOYS & GIRLS CLUB

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

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SUMNER ELEMENTARY SCHOOL

TIMILTY MIDDLE SCHOOL

URBAN EDGE

VILLA VICTORIA CENTER FOR THE ARTS*

WOMEN'S LUNCH PLACE

YOUNG AUDIENCES OF MASSACHUSETTS

ARTIST CONNECTIONS

"OCTOBER 2016 - MAY 2017

"25 ENGAGEMENTS WITH WORLD-CLASS ARTISTS

"1,509 STUDENTS (ELEMENTARY THROUGH CONSERVATORY LEVEL) SERVED

ARTIST CONNECTIONS EXTENDS OUR UNPARALLELED ACCESS TO WORLD-CLASS

ARTISTS TO STUDENTS FROM ELEMENTARY THROUGH CONSERVATORY LEVELS.

MASTER CLASSES, LECTURE-DEMONSTRATIONS, AND INTERACTIVE WORKSHOPS

PROVIDE OPPORTUNITIES FOR STUDENTS TO INTERACT WITH AND LEARN DIRECTLY

FROM CELEBRITY SERIES' MAIN-STAGE ARTISTS IN INTIMATE SETTINGS.

ARTIST CONNECTIONS ARTISTS

ALVIN AILEY AMERICAN DANCE THEATER

BERLIN PHILHARMONIC WIND QUINTET

CHE MALAMBO

COLIN CURRIE, PERCUSSION

ESCHER STRING QUARTET

JESSICA LANG DANCE

IGOR LEVIT, PIANO

IMOGEN COOPER, PIANO

KRISTIN CHENOWETH

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

PHILHARMONIA QUARTETT BERLIN

ROB KAPILOW

SOL GABETTA, CELLO

SYDNEY DANCE

VERTIGO DANCE COMPANY

VOCES8

ARTIST CONNECTIONS PARTNERS

BOCH CENTER SHUBERT THEATRE

BOCH CENTER WANG THEATRE

BOSTON ARTS ACADEMY

BOSTON CITY SINGERS

BOSTON CONSERVATORY AT BERKLEE

COTTING SCHOOL

CODMAN SQUARE HEALTH CENTER, GREAT HALL

HENDERSON INCLUSION SCHOOL

KENNEDY DAY SCHOOL AT FRANCISCAN CHILDREN'S

LONGY SCHOOL OF MUSIC OF BARD COLLEGE

MATTAPAN TEEN CENTER

NEW ENGLAND CONSERVATORY

SUMNER BOYS & GIRLS CLUB

TAKE YOUR SEAT

TAKE YOUR SEAT MAKES PERFORMANCE TICKETS AVAILABLE TO ALL PARTICIPANTS
 IN ARTS FOR ALL! PROGRAMS. THIS INCLUDES SCHOOL AND COMMUNITY GROUPS,
 FAMILIES, AND STUDENTS. TICKETS ARE AVAILABLE FOR FREE AND OR AT

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

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SIGNIFICANTLY REDUCED PRICES. THE GOAL OF THIS PROGRAM IS TO BREAK DOWN BARRIERS THAT LIMIT ACCESS TO THE PERFORMING ARTS, INCLUDING COST AND PHYSICAL ACCESS.

FREE TICKETS: 813 TICKETS FOR NEIGHBORHOOD ARTS PARTNER ORGANIZATIONS

\$10 TICKETS: 877 TICKETS FOR OVER 100 SCHOOL AND COMMUNITY GROUPS

SERVING URBAN CHILDREN

CHILD TICKETS: 305 TICKETS AT A 50% DISCOUNT FOR CHILDREN UNDER THE AGE OF 18

STUDENT RUSH TICKETS: 771 TICKETS FOR \$20 TO COLLEGE AND CONSERVATORY STUDENTS

PERFORMANCES OFFERED ON TAKE YOUR SEAT DURING THE 2017 SEASON:

AARON DIEHL WITH CECILE MCLORIN SALVANT

ALVIN AILEY AMERICAN DANCE THEATER

AOIFE O'DONOVAN, JULIAN LAGE & CHRIS ELDRIDGE

AZIZA: CHRIS POTTER, DAVE HOLLAND, LIONEL LOUEKE, & OBED CALVAIRE

B LA FLECK AND VICTOR WOOTEN

BERLIN PHILHARMONIC WIND QUINTET

BERLINER PHILHARMONIKER

BUDAPEST FESTIVAL ORCHESTRA

CHE MALAMBO

CHUCHO VALD S AND JOE LOVANO

COLIN CURRIE

DANISH STRING QUARTET

DAVID SEDARIS

EMERSON STRING QUARTET

ESCHER STRING QUARTET

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

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HILARY HAHN AND ROBERT LEVIN

IAN BOSTRIDGE AND THOMAS AD S

IMOGEN COOPER

JAZZ 100

JAZZ AT LINCOLN CENTER ORCHESTRA

JESSICA LANG DANCE

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

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

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

EACH YEAR (INCLUDING THE CURRENT YEAR) THE ORGANIZATION DISTRIBUTES THE CONFLICT OF INTEREST POLICY TO EACH MEMBER OF THE BOARD OF DIRECTORS, WHO THEN RETURNS A SIGNED ACKNOWLEDGMENT AND DISCLOSURE STATEMENT. FOR THE FISCAL YEAR ENDED JUNE 30, 2017 ALL OF THE BOARD MEMBERS RETURNED FORMS CONFIRMING COMPLIANCE.

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

GARY DUNNING, THE CURRENT PRESIDENT AND EXECUTIVE DIRECTOR, WAS APPOINTED BY A SEARCH COMMITTEE FORMED BY THE BOARD OF DIRECTORS IN 2011. IN 2016 THE BOARD OF DIRECTORS EXTENDED HIS FIRST 5-YEAR TERM (JULY 1, 2011 TO JUNE 30, 2016) TO A SECOND 5-YEAR TERM (JULY 1, 2016 TO JUNE 30, 2021). HIS EMPLOYMENT AGREEMENT PROVIDES THAT HIS BASE SALARY WILL BE REVIEWED AND ADJUSTED ANNUALLY. A VARIETY OF FACTORS WERE CONSIDERED IN DETERMINING SALARY AND THE TERMS OF THE EMPLOYMENT AGREEMENT, INCLUDING RELEVANT SALARY SURVEY INFORMATION, INPUT FROM THE RETAINED EXECUTIVE SEARCH FIRM AND

Name of the organization

THE CELEBRITY SERIES OF BOSTON, INC.

Employer identification number

22-2958508

COMPETITIVE FACTORS. AT THE END OF EACH FISCAL YEAR, THE BOARD CHAIR, IN CONJUNCTION WITH THE EXECUTIVE COMMITTEE (WHICH INCLUDES THE CHAIR OF THE FINANCE COMMITTEE AND THE CHAIR OF THE HR/COMPENSATION SUBCOMMITTEE), REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AGAINST PREVIOUSLY ESTABLISHED ORGANIZATIONAL AND PERSONAL GOALS, CONSIDERS A VARIETY OF RELEVANT FACTORS AND SUBSEQUENTLY MAKES A RECOMMENDATION REGARDING AN ANNUAL BONUS, IF ANY, TO BE AWARDED TO THE EXECUTIVE DIRECTOR.

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

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

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

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

ARTIST FEES:

PROGRAM SERVICE EXPENSES	1,736,880.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,736,880.

CONTRACTED SERVICES:

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

PROGRAM SERVICE EXPENSES	76,872.
MANAGEMENT AND GENERAL EXPENSES	11,194.
FUNDRAISING EXPENSES	36,309.
TOTAL EXPENSES	124,375.

SERVICE AGREEMENTS:

PROGRAM SERVICE EXPENSES	73,557.
MANAGEMENT AND GENERAL EXPENSES	1,827.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	75,384.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	39,610.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	39,610.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,976,249.



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

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

Tentative Return

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

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

678041 03-07-17

▼ DETACH HERE ▼

Form M-990T-7004		Application for UBIT Extension - 2016	Massachusetts Department of Revenue
Federal Identification number	Is the corporation incorporated in Massachusetts?	Period end date	Amount enclosed
22-2958508	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	06/30/17	
Tax type	Voucher type	ID type	Vendor code
036	18	004	1019
Business name	Type of extension being applied for		
THE CELEBRITY SERIES OF BOSTON, I	<input checked="" type="checkbox"/> a. Automatic eight-month <input type="checkbox"/> b. Extension until:		
Mailing address	City/Town	State	ZIP
20 PARK PLAZA, NO. 1032	BOSTON	MA	02116-4303
Sign here. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.			
Signature of officer or agent	Signature of paid preparer	Date	
GARY DUNNING	YEVGENIYA GORLOVSKY-SCHEPP	10/05/17	
Employer Identification number of paid preparer	Social Security number or PTIN of paid preparer		
04-2571780	P00535908		

00100222958508 063017 0000000000 036 180041019 0000000000



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

2016

For calendar year 2016 or taxable period beginning **JULY 1, 2016** and ending **JUNE 30, 2017**

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

Mailing address
20 PARK PLAZA, NO. 1032

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

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

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

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

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

Excise calculation. Use whole dollar method.

1	Unrelated business taxable income (from U.S. Form 990T, line 34)	▶ 1	-1,900
2	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	▶ 2	
3	Section 168(k) "bonus" depreciation adjustment	▶ 3	
4	Section 31I and 31K intangible expense add back adjustment	▶ 4	
5	Federal NOL add back adjustment (from U.S. Form 990T, line 31)	▶ 5	
6	Section 31J and 31K interest expense add back adjustment	▶ 6	
7	Federal production activity add back adjustment	▶ 7	
8	Abandoned Building Renovation deduction Total cost <input type="text"/> x .10 =	▶ 8	
9	Other adjustments, including research and development expenses (enclose explanation)	▶ 9	
10	Income subject to apportionment. See instructions	▶ 10	-1,900
11	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	▶ 11	1.000000
12	Multiply line 10 by line 11	▶ 12	-1,900
13	Income not subject to apportionment	▶ 13	
14	Add lines 12 and 13	▶ 14	-1,900
15	Certified Massachusetts solar or wind power deduction	▶ 15	
16	Taxable income before net operating loss deduction	▶ 16	-1,900

Declaration

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

Signature of appropriate corporate officer (see instructions)	Date	Social Security number	Phone number
			(617) 482-2595
Signature of paid preparer	Date	Employer Identification number	Address
	10/05/17	04-2571780	WESTBOROUGH, MA 01581

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



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

Excise calculation (cont'd.)

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

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

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

Excise after credits

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



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

Payments

40 2015 overpayment applied to 2016 estimated tax
41 2016 Massachusetts estimated tax payments (do not include amount in line 40)
42 Payment made with extension
43 Pass-through entity withholding Payer Identification number
44 Refundable film credit
45 Refundable Dairy Credit Certificate number
46 Refundable life science credit
47 Refundable economic development incentive program credit
48 Refundable Conservation Land Credit Certificate number
49 Refundable Community Investment Credit Certificate number
50 Total payments. Add lines 40 through 49

Refund or balance due

51 Amount overpaid. Subtract line 39 from line 50
52 Amount overpaid to be credit to 2017 estimated tax
53 Amount overpaid to be refunded. Subtract line 52 from line 51
54 Balance due. Subtract line 50 from line 39
55a M-2220 penalty
55b Other penalties
55 Total penalty. Add lines 55a and 55b
56 Interest on unpaid balance
57 Total payment due at time of filing