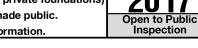
Form <b>990</b>
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# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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



OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

АГ	or un	e 2017 calendar year, or tax year beginning and en	naing		
Bc	heck if pplicab	C Name of organization		D Employer identifi	cation number
	⊐Addre	ROSE FITZGERALD KENNEDI GREENWAI			
	]chang ⊐Name	e CONSERVANCY, INC.		00 1	670022
	_chang ]Initial	e Doing business as			678932
	_return  Final	,	oom/suite	E Telephone numbe	
	Jreturn termin			(617	
	ated ]Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,022,284.
	_return ]Appli	BOSION, MA UZIII		H(a) Is this a group re	
	_tion pendi	F name and address of principal officer: DESEE DRACKENBORT		for subordinates	
		185 KNEELAND STREET, BOSTON, MA 02111		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) or  4947(a)(1) or  X = 0$	527		list. (see instructions)
		te: WWW.ROSEKENNEDYGREENWAY.ORG		H(c) Group exemptio	
		rorganization: X Corporation Trust Association Other ►	<b>L</b> Year o	of formation: 2004	State of legal domicile: MA
Ра	rt I	Summary			
é	1	Briefly describe the organization's mission or most significant activities: SEE AT	TTACH	ED SCHEDULE	0
Activities & Governance			_		
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed			
Š		Number of voting members of the governing body (Part VI, line 1a)			21
8		Number of independent voting members of the governing body (Part VI, line 1b) $\ldots$			21
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			53
iviti	6	Total number of volunteers (estimate if necessary)			640
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		3,663,626.	4,832,545.
Revenue	9	Program service revenue (Part VIII, line 2g)		956,687.	1,188,861.
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		438,908.	1,794,235.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-107,372.	-53,735.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,951,849.	7,761,906.
	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.
SS	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,568,985.	2,920,486.
ns(	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	35,775.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)  528, 420	0.		
Ű	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,232,302.	2,180,600.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,801,287.	5,136,861.
	19	Revenue less expenses. Subtract line 18 from line 12		150,562.	2,625,045.
ces				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		20,700,534.	24,061,082.
d B		Total liabilities (Part X, line 26)		362,620.	464,864.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		20,337,914.	23,596,218.
Pa		Signature Block			
Unde	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of m	y 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       Signature of officer       Date         Here       JESSE BRACKENBURY, EXECUTIVE DIRECTOR         Type or print name and title	
Paid     Print/Type preparer's name     Preparer's signature     Date     Check     PTIN       YEVGENIYA     GORLOVSKY-SCHEPYEVGENIYA     GORLOVSKY-05/02/18 <sup>if</sup> self-employed <b>P01485</b> Preparer     Firm's name     ALEXANDER, ARONSON, FINNING & CO., P.C.     Firm's EIN ▶ 04-2571	
Use Only Firm's address 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Phone no. 508-366-91	00
May the IRS discuss this return with the preparer shown above? (see instructions)	No No
732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.	<b>90</b> (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III   Statement of Program Service Accomplishments       Image: Schwide Contentions a response or note to any line in this Part III       Image: Schwide Contentions a response or note to any line in this Part III       Image: Schwide Contentions a response or note to any line in this Part III         1       Borthy describe the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-627       Image: Vest III       Image: Schwide Contentions and the significant program services during the year which were not listed on the prior Form 980 or 980-627         1       West: describe these new services on Schedule O.       Image: Vest IIII       Image: Vest IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		ROSE FITZGERALD KENNEDY GREENWAY		
Check If Schedule 0 contains ansponse or note to any line in this Part II Berly diversible the organization in maken: SEE PART I, LINE 1  D did the organization undertake any significant program services during the year which were not listed on the pror Form 300 or 500 cf 500 cf 200 cf 200 cf 200 make significant changes in how it conducts, any program services? Uves IN No If Yes, 'School the neganization case conducting, or make significant changes in how it conducts, any program services? Uves IN No If Yes, 'School the organization case conducting, or make significant changes in how it conducts, any program services? Uves IN No If Yes, 'School the organization case conducting, or make significant changes in how it conducts, any program services? Uves IN No If Yes, 'School the organization's program service accomplishments for each of Its three largest program services, as measured by expenses. Sector 501 (closents the changes of School ac 0. SEE SCH O - MAINTENANCE, HORTICULTURE, AND RANGERS SECTOR (closents ) (foreness 6994, 920, recongeneerds ) (thereas 11,109,866, ) SEE ATTACHED SCHEDULE O - PROGRAMS			20-16	78932 Page <b>2</b>
1       Brefly describe the organization's mission:         2       Did the organization undertake any significant program services during the year which were not listed on the pror Form 360 or 500E27       IV tes: X No.         1       Type: describe these new services on Schedule 0.       IV tes: X No.         2       Did the organization cases conducting, or make significant program services in Schedule 0.       IV tes: X No.         3       Deachts the organization's gene conducting, or make scientificant changes in how it conducts, any program services, as measured by expenses.         4       Deachts the organization's gene conducting.       The organization service science to report the amount of grants and allocations to others, the total expenses, and revenue, if ny for each organization services. The Nontrive Science of the organization's gene accomplaintens to report the amount of grants and allocations to others, the total expenses, and revenue, if ny for each organization services (Discribes in Schedule 0.         3       SEE SCH O - MAINTENANCE, HORTICULTURE, AND RANGERS       130,098)         5       SEE ATTACHED SCHEDULE O - PROGRAMS       1,109,866)         5       SEE ATTACHED SCHEDULE O - PUBLIC ART       1,801)         5       SEE ATTACHED SCHEDULE O - PUBLIC ART       1,801)         5       SEE ATTACHED SCHEDULE O - PUBLIC ART       1,302)         4       Other program services (Describe in Schedule O.)       (Meaves 1) (Meaves 1) <t< th=""><th>Fa</th><th></th><th></th><th>X</th></t<>	Fa			X
prior Form 390 or 930 CF20	1	Briefly describe the organization's mission:		
prior Form 390 or 930 CF20				
prior Form 390 or 930 CF20				
<ul> <li>3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?</li></ul>	2			Yes X No
If "Yes," describe these changes on Schedule 0. 4 Describe the organization's program service accompletiments for each of its three largest program services, as measured by expenses. Sectors OI(S(3) and OI(S(4)) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (code:	3		a services?	Ves X No
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.         4a       (code:) (exerces \$ 2,724,546. Including grants of \$) (evenue \$	•	If "Yes," describe these changes on Schedule O.		
43       (coe       ) (Expenses       2,724,546. including grants of s       ) (Prevenue 5       130,098.)         SEE       SCH O-MAINTENANCE, HORTICULTURE, AND RANGERS       ) (Prevenue 5       130,098.)         40       (code       ) (Expenses 5       694,920. including grants of 5       ) (Prevenue 5       1,109,866.)         SEE       ATTACHED SCHEDULE 0 - PROGRAMS       ) (Prevenue 5       1,109,866.)         4c       (code:       ) (Expenses 5       520,789. including grants of 5       ) (Prevenue 5       1,801.)         SEE       ATTACHED SCHEDULE 0 - PUBLIC ART       ) (Prevenue 5       1,801.)         SEE       ATTACHED SCHEDULE 0 - PUBLIC ART       ) (Prevenue 5       1,801.)         General       259,701. including grants of 6       ) (Prevenue 5       1,392.)         4d       Other program services (Describe in Schedule 0.) (Expenses 259,701. including grants of 6       ) (Prevenue 5       1,392.)	4			
SEE         SCH O-MAINTENANCE, HORTICULTURE, AND RANGERS           40         (Code:) (Expenses \$ 694,920. including gents of \$) (Revenue \$] (Revenue \$) (Revenue \$	42			130.098.
SEE ATTACHED SCHEDULE 0 - PROGRAMS	48	SEE SCH O-MAINTENANCE, HORTICULTURE, AND RANGERS	) (Revenue \$	<u> </u>
SEE ATTACHED SCHEDULE 0 - PROGRAMS				
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SEE ATTACHED SCHEDULE 0 - PROGRAMS				
4c       (Code:) (Expenses \$ 520,789. including grants of \$) (Revenue \$) (Re	4b	(Code: ) (Expenses \$ 694,920 including grants of \$	) (Revenue \$	1,109,866.
SEE ATTACHED SCHEDULE O - PUBLIC ART				
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(Expenses \$ 259,701. including grants of \$ ) (Revenue \$ 1,392.)         4e Total program service expenses ▶ 4,199,956.	4c	(Code: ) (Expenses \$ 520,789. including grants of \$ SEE ATTACHED SCHEDULE O - PUBLIC ART	) (Revenue \$	1,801.)
(Expenses \$ 259,701. including grants of \$ ) (Revenue \$ 1,392.)         4e Total program service expenses ▶ 4,199,956.				
(Expenses \$ 259,701. including grants of \$ ) (Revenue \$ 1,392.)         4e Total program service expenses ▶ 4,199,956.				
(Expenses \$ 259,701. including grants of \$ ) (Revenue \$ 1,392.)         4e Total program service expenses ▶ 4,199,956.				
(Expenses \$ 259,701. including grants of \$ ) (Revenue \$ 1,392.)         4e Total program service expenses ▶ 4,199,956.				
(Expenses \$ 259,701. including grants of \$ ) (Revenue \$ 1,392.)         4e Total program service expenses ▶ 4,199,956.				
(Expenses \$ 259,701. including grants of \$ ) (Revenue \$ 1,392.)         4e Total program service expenses ▶ 4,199,956.				
(Expenses \$ 259,701. including grants of \$ ) (Revenue \$ 1,392.)         4e Total program service expenses ▶ 4,199,956.				
(Expenses \$ 259,701. including grants of \$ ) (Revenue \$ 1,392.)         4e Total program service expenses ▶ 4,199,956.				
		(Expenses \$ 259,701. including grants of \$ ) (Revenue \$	1,39	2.)
	<u>4e</u>	Total program service expenses       4,199,956.		Form <b>990</b> (2017)

SEE SCHEDULE O FOR CONTINUATION(S)

ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC.

	990 (2017) CONSERVANCY, INC. 20-1678	<u>932</u>	Р	age <b>3</b>
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	5		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
	Schedule D, Parts XI and XII	12a	~	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 27
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	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>–</b> "		<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<u> </u>
	complete Schedule G, Part III	19		x

Form **990** (2017)

20	-167893	2 Page 4

	990 (2017) CONSERVANCY, INC. 20-1678	3932	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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</i> "Yes," <i>complete</i>			
		23	х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
- 14	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		
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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	X	(2017)
		⊢orm	2211	(20177)

ROSE FI	TZGERALD	KENNEDY	GREENWAY
CONSERV	ANCY, IN	с.	

Pa	<b>rt V</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
		<u></u>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	30			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and	report	able gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	urns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	וs)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedul	eO.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe	r autho	ority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financia	lacco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial		. ,			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b				5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		0			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				37	
а				7a	X	
b				7b	X	
С			•	_		v
	to file Form 8282?		1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year					v
e				7e		X
f				7f		
g b				7g 7b		
h				7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintaine sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organization have excess business holdings at any time during the year?			•		
3	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:			1		
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against		1			
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Forr	n 1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u>.</u>			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b	ļ			
с	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıle O		14b	1	

Form 990 (2017)

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### ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC.

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			Х
Sec	tion 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?	10a		Х
	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?	11a	Х	
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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		
Sec	tion 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)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	a tinan	cial	
	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: ►			
	185 KNEELAND STREET, BOSTON, MA 02111			

Form 990 (2017)

ROSE FITZGERALD KENNEDY GREENWA
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Form 990 (2	2017)	CONSERVANCY	, INC.		20-16
Part VII	Compensation	of Officers, Direc	tors, Truste	es, Key Employees	, Highest Compensated
	Employees, an	d Independent Co	ontractors		

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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi	ition	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week					1	,,	from the	from related organizations	other compensation
	(list any hours for	Individual trustee or director				Ð		organization	(W-2/1099-MISC)	from the
	related	tee or	Istee			en sate		(W-2/1099-MISC)	()	organization
	organizations	ul trus	nal tru		loyee	omp(				and related
	below	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES KALUSTIAN	line)	Ē	lns	Off	Ke	en Hig	- E			
CHAIR	4.00	x		x				0.	0.	0.
(2) CHRISTINE MANFREDI	4.00			Δ				0.	0.	0.
CLERK AND TREASURER	1.00	x		x				0.	0.	0.
(3) KATHRYN R BURTON	4.00									
VICE CHAIR		x		x				0.	0.	0.
(4) CHRISTOPHER BETKE	1.00									
DIRECTOR		x						0.	0.	0.
(5) MARK BOYLE	2.00									
DIRECTOR		Х						0.	0.	0.
(6) JAMES CHAN	1.00									
DIRECTOR		X						0.	0.	0.
(7) JANE PAPPALARDO	2.00									-
DIRECTOR		X						0.	0.	0.
(8) JOHN PREGMON	1.00								0	0
DIRECTOR		X						0.	0.	0.
(9) ROBYN REED	2.00	x						0	0	0
DIRECTOR	2.00	<u> </u>						0.	0.	0.
(10) HELEN CHIN SCHLICHTE DIRECTOR	2.00	x						0.	0.	0.
(11) BEEDEE LADD	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(12) DANIEL SIEGER	2.00									
DIRECTOR		x						0.	0.	0.
(13) SUSANNE LAVOIE	3.00									
DIRECTOR		x						0.	0.	0.
(14) BRYANT MCBRIDE	2.00									
DIRECTOR		x						0.	0.	0.
(15) THOMAS O'BRIEN	2.00									
DIRECTOR		X						0.	0.	0.
(16) BUD RIS	3.00									
DIRECTOR		X						0.	0.	0.
(17) CHENG IMM TAN	1.00							-	_	_
DIRECTOR		Х						0.	0.	0.

ROSE	FITZGER	$\mathtt{ALD}$	KENNEDY	GREENWAY
CONST	RVANCY	TNO	n _	

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Form 990 (2017) CONSERVA	NCY, INC	с.							20-167	89	32	Pag	ge <b>8</b>
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any	(do box offic	not cl , unle:	(C Pos heck ss pe	<b>C)</b> itior <sup>more</sup> rson		one h an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		Estin amo	F) nated unt of her	f
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)			on d	
(18) KIMBERLY SHERMAN STAMLER DIRECTOR	2.00	x						0.	0				0.
(19) KAREN JOHNSON	4.00							•		+			
DIRECTOR		x						0.	0				0.
(20) ALLI ACHTMEYER	2.00									+			
DIRECTOR		x						0.	0				0.
(21) ROBERTSTONE GOODRIDGE	2.00									+			
DIRECTOR		x						0.	0				0.
(22) JESSE BRACKENBURY	60.00									+			
EXECUTIVE DIRECTOR				х				210,908.	0		25	,82	8.
(23) HOWARD BRESLAU	50.00									╈			
DIRECTOR OF DEVELOPMENT	45.00					X		167,216.	0	•	18	,29	8.
(24) STEVEN ANDERSON DIRECTOR OF PARK OPERATION	45.00					x		119,866.	0		23	,11	7.
		_											
										+			
								407 000	0	$\perp$	67	24	<u> </u>
1b Sub-total								497,990.	0		67	,24	<u>.</u> .
c Total from continuation sheets to Part									0		67	24	<u><u></u>.</u>
d Total (add lines 1b and 1c)								497,990.	-	•	0/	,24	<u>.</u>
2 Total number of individuals (including but compensation from the organization	not limited to th	lose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable				3
			-								ΤY	es	No
3 Did the organization list any former office	r, director, or tru	uste	e, ke	y er	nplc	oyee	or	highest compensated e	mployee on		-		
line 1a? If "Yes," complete Schedule J for								· · ·		. [	3		Х
4 For any individual listed on line 1a, is the s	sum of reportab												
and related organizations greater than \$1	50,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual	-		4 2	x	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services				
rendered to the organization? If "Yes," con	mplete Schedul	e J f	or sı	ıch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest of	ompensated in	depe	ende	nt c	ont	racto	ors t	that received more than	\$100,000 of compe	nsat	ion fro	m	
the organization. Report compensation fo	r the calendar y	ear (	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
(A) Name and busines	s address							<b>(B)</b> Description of s	services	Cor	(C) mpens	ation	
WORK, INC.								BASIC PARK					
25 BEACH ST, DORCHESTER,					þ	MAINTENANCE			672	,43	6.		
GREENWAY CAROUSEL ENTERTAINMENT													
201 SOMERVILLE AVE, SOME	MZ	A (	)21	L4:	3		CAROUSEL OPE	RATOR		252	,60	1.	
							-						
• Total number of index or death contractions	(in all unlines to use	· · ·		d + -	+1	<u></u>			are then				_
2 Total number of independent contractors	(including but r	iot lii	nite	u to	τno	se li	stec	above) who received m	iore than				

2 \$100,000 of compensation from the organization

Form 990 (2017)

## ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC.

Pa	rt VIÌI	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c f g h 2 a c d e	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f: \$       Total. Add lines 1a-1f         FOOD VENDING INCOME       CAROUSEL REVENUE, NET         BEER GARDEN       PROGRAM FEES         MAINTENANCE REVENUE       All of the second secon	546,584. 2,093,167. 2,192,794. 5,008. ▶ Business Code 713110 722100 722440 900099 900099 900099	4,832,545. 583,734. 166,949. 163,134. 152,003. 81,721.	583,734. 166,949. 163,134. 152,003. 81,721.		
-		All other program service revenue Total. Add lines 2a-2f		41,320. 1,188,861.	41,320.		
	3 4 5	Investment income (including dividends, inter- other similar amounts) Income from investment of tax-exempt bond p Royalties	est, and proceeds	1,791,162.			1,791,162
	b c d	(i) Real (i)	(ii) Personal				
	b c	Gross amount from sales of assets other than inventory(i) SecuritiesLess: cost or other basis and sales expenses106,267.Gain or (loss)3,073.					
		Net gain or (loss)	▶	3,073.			3,073
Other Revenue		Gross income from fundraising events (not including \$ 546,584. of contributions reported on line 1c). See Part IV, line 18 <b>a</b> Less: direct expenses <b>b</b>	<u>46,080.</u> 154,111.				
5	с	Net income or (loss) from fundraising events	►	-108,031.			-108,031
	b	Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b					
	10 a b	Net income or (loss) from gaming activities          Gross sales of inventory, less returns       and allowances         and allowances       a         Less: cost of goods sold       b         Net income or (loss) from sales of inventory					
	<u> </u>	Miscellaneous Revenue	Business Code				
	11 a	OTHER INCOME	900099	54,296.	54,296.		
	b c	All other revenue					
		Total. Add lines 11a-11d	►	54,296.			
	12	Total revenue. See instructions.		7,761,906.	1,243,157.	0	1,686,204

	990 (2017) CONSERVANCY	-	GREENWAT	20-16	578932 Page <b>10</b>
Pa	t IX Statement of Functional Expens	es			
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	/			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	239,771.	71,931.	83,920.	83,920.
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	2,134,242.	1,651,174.	194,525.	288,543.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	29,366.	24,733.	3,637.	996.
9	Other employee benefits	326,962.	274,675.	23,200.	29,087.
10	Payroll taxes	190,145.	141,400.	21,809.	26,936.
11	Fees for services (non-employees):				
	Management		0 50 (		
	Legal	16,537.	2,734.	13,803.	
	Accounting	29,580.		29,580.	
	Lobbying	25 775			
	Professional fundraising services. See Part IV, line 17	35,775.		F	35,775.
	Investment management fees	5.		5.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	43,082.	27,363.	12,221.	3,498.
13	Office expenses	71,672.	57,081.	7,785.	6,806.
14	Information technology	11,012.	57,001.	7,705.	0,000.
15	Royalties				
16					
17	Travel Payments of travel or entertainment expenses				
18	5				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	333,327.	323,403.	1,292.	8,632.
23	Insurance	124,709.	115,747.	8,782.	180.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	, , , , , , , , , , , , , , , , , , , ,			
а	CONTRACTED SERVICES	776,015.	764,407.	6,078.	5,530.
b	DIRECT EXPENSE	769,599.	731,069.	75.	38,455.
с	PROFESSIONAL DEVELOPMEN	16,074.	14,239.	1,773.	62.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,136,861.	4,199,956.	408,485.	528,420.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
				I	

Check here

\_\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

Form	990	(2017)
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#### ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC.

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Pa	πX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	-		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	582,398.	1	1,088,369.
	2	Savings and temporary cash investments	1,088,144.	2	1,855,172.
	3	Pledges and grants receivable, net	235,672.	3	790,749.
	4	Accounts receivable, net	28,748.	4	36,329.
	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 disgualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	104,229.	9	141,459.
		Land, buildings, and equipment: cost or other		Ŭ	
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 1,405,330.	4,121,723.	10c	4,110,806.
	11	Investments - publicly traded securities	4,567,637.	11	5,078,088.
	12	Investments - other securities. See Part IV, line 11	9,971,983.	12	10,960,110.
	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)	20,700,534.	16	24,061,082.
	17	Accounts payable and accrued expenses	362,620.	17	464,864.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<i>(</i> 0	22	Loans and other payables to current and former officers, directors, trustees,		21	
tie	~~~	key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Lia	22	Secured mortgages and notes payable to unrelated third parties		22	
	23 24	Unsecured notes and loans payable to unrelated third parties		23 24	
	24	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
				25	
	26	Total liabilities. Add lines 17 through 25	362,620.	26	464,864.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and		20	101/0011
S		complete lines 27 through 29, and lines 33 and 34.			
ice.	27	Unrestricted net assets	5,812,388.	27	6,281,980.
alar	28	Temporarily restricted net assets	1,020,756.	28	3,159,468.
ä	29		13,504,770.	29	14,154,770.
Fund Balances	23	Organizations that do not follow SFAS 117 (ASC 958), check here		23	
		and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
se		Paid-in or capital surplus, or land, building, or equipment fund		30 31	
Net Assets or	31	Retained earnings, endowment, accumulated income, or other funds		31	
Nei	32		20,337,914.	32	23,596,218.
	33 34	Total net assets or fund balances	20,700,534.	33 34	24,061,082.
	1.04	ו טנמו וומטווונופט מווע דובו מטטבנט/ועווע טמומוועפט	20,,00,004.	34	Eorm <b>990</b> (2017)

Form 990 (2017)

ROSE	FITZGER	ALD	KENNEDY	GREENWAY
CONST	RVANCY	TNO	n _	

Form	1990 (2017) CONSERVANCY, INC.	20-	1678932	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,76		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,13		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,62		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,33	7,9:	14.
5	Net unrealized gains (losses) on investments	5	63	3,2	<u>59.</u>
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	23,59	6,2	18.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
-	Act and OMB Circular A-133?	Ũ	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
				990	0017)

<b>(Fc</b>	o <b>rm 99</b> rtment o	DULE A 00 or 990-EZ) of the Treasury nue Service	Co	Public Cha pomplete if the organ 494 •		OMB No. 1545-0047 <b>2017</b> Open to Public Inspection				
					//Form990 for instruction			nformation.	<b>E</b>	-
Nan	ne of t	the organizati		ERVANCY, I	D KENNEDY GR	EENWA	Y			identification number $0-1678932$
Pa	rt I	Reason			All organizations must co	molete th	is part ) Se	e instruction		
					For lines 1 through 12, c					
	lorgan		-		· • • ·	-	-			
1					on of churches described			I)(A)(I).		
2	$\square$				Attach Schedule E (Forn					
3		-	-		anization described in <b>se</b>			-		
4				ation operated in co	njunction with a hospital	described	d in sectio	on 170(b)(1)(A	(III). Enter	the hospital's name,
		city, and stat	-							
5					llege or university owned	d or operation	ted by a g	overnmental	unit descrik	bed in
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	ally receives a substa	intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8		A community	trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(	<b>ix)</b> operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state c	of the colleg	le or
		university:								
10		An organizati	on that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and u	Inrelated busi	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	on organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section !	509(a)(2).	See section	509(a)(3).	Check the box in
					of supporting organizatio					
а					upervised, or controlled					/ giving
					gularly appoint or elect a	•				
		organizatio	n. You must o	complete Part IV, Se	ections A and B.					
b		٦ <sup>-</sup>			or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	aving
					anization vested in the s			-		-
			-	t complete Part IV,					0 1	
с		¬ ~			g organization operated	in connec	tion with.	and functiona	allv integrat	ed with.
					s). You must complete I				, 0	,
d			-		oorting organization oper				orted organ	ization(s)
			-		zation generally must sat				-	
					nplete Part IV, Sections					
е					written determination fro				e II. Type III	
					nally integrated support			<b>,</b> , ,	, ,,	
f	Ente	er the number			, , , , , , , , , , , , , , , , , , , ,					
c				n about the supporte						·
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tota	al									

### Schedule A (Form 990 or 990-EZ) 2017 CONSERVANCY, INC.

Part II

20-1678932 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,033,686.	4,752,224.	1,525,462.	3,663,626.	4,832,545.	17,807,543.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	244,361.	268,920.	173,580.	283,049.	244,206.	1,214,116.
4	Total. Add lines 1 through 3	3,278,047.	5,021,144.			5,076,751.	19,021,659.
	The portion of total contributions	, ,	, ,	, ,	, ,	, ,	
Ŭ	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)						1,335,833.
6	Public support. Subtract line 5 from line 4.						17,685,826.
	ction B. Total Support						17,005,020.
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d</b> ) 2016	<b>(e)</b> 2017	(f) Total
	-	3,278,047.	5,021,144.	1,699,042.	3,946,675.	5,076,751.	19,021,659.
	Amounts from line 4	5,270,047.	5,021,111.	1,055,042.	5,540,075.	5,070,751.	19,021,039.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	752,596.	568,891.	641,614.	425,543.	1 701 160	4 170 906
	and income from similar sources	152,590.	500,091.	041,014.	423,343.	1,791,162.	4,179,806.
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	20 100	0 510	1 5 6 7	04 202	F4 20C	101 000
	assets (Explain in Part VI.)	32,198.	9,519.	1,567.	24,383.	54,296.	121,963.
	Total support. Add lines 7 through 10						23,323,428.
	Gross receipts from related activities,						,865,767.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
0	organization, check this box and stop	here					
	ction C. Computation of Publ						
	Public support percentage for 2017 (I					14	75.83 %
	Public support percentage from 2016					15	82.81 %
<b>16</b> a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		U U				► X
b	33 1/3% support test - 2016. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	iis box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes	<b>t - 2017.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pa	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organizatio						s

#### 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) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
				4		
				1		
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6		(	(0) = 0 : 0	(0, 2010	(0) _0	(.)
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	C					
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
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.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth	tax year as a section	on 501(c)(3) organ	nization,
check this box and <b>stop here</b>	e e					
Section C. Computation of Publ						
15 Public support percentage for 2017 (I			column (f))		15	%
<b>16</b> Public support percentage from 2016					16	%
Section D. Computation of Inves			<u></u>			/0
17 Investment income percentage for 20			20 12 00lump (f))		17	04
<ul><li>18 Investment income percentage for 20</li></ul>					18	<u>%</u> %
<b>19a 33 1/3% support tests - 2017.</b> If the						
more than 33 1/3%, check this box an <b>b 33 1/3% support tests - 2016.</b> If the	organization did r	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	nization qualifies	as a publicly supp	orted organizatio	n▶∐
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	<b>&gt;</b>

Schedule A (Form 990 or 990 EZ) 2017 CONSERVANCY, INC.

Vos No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
Зb		
0.5		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
_		
6		
7		
8		
-		
9a		
9b		
9c		
100		
10a		
10b		
100		

Schedule A (Form 990 or 990-EZ) 2017 CONSERVANCY, INC.
Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	tion B. Type I Supporting Organizations			<u> </u>
			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 <b>Part VI</b> 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.	1		
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.	2		
Sec	tion 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		
Sec	tion 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?	1		
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).	2		
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.	3		
Sec	tion 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 yea(see instructions)	•		
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inside the second se	truction	<u> </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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	0.5		
h	that these activities constituted substantially all of its activities.	2a		
a	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? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> <i>the</i>			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
h	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

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

Sche	dule A (Form 990 or 990-EZ) 2017 CONSERVANCY ,	INC.	2	0-1678932 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga		
Secti	on D - Distributions		(	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
e	From 2016			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
<u>e</u>	Excess from 2017			

#### ROSE FITZGERALD KENNEDY GREENWAY Schedule A (Form 990 or 990-EZ) 2017 CONSERVANCY, INC.

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

PART II, SHORT YEAR EXPLANATION:

2016 (FY16) WAS THE CONSERVANCY'S FIRST JANUARY 1 - DECEMBER 31 FISCAL

YEAR, FOLLOWING THE JULY 2015 APPROVAL BY THE BOARD OF DIRECTORS OF A

CHANGE FROM JULY 1-JUNE 30. AS FY15 WAS AN EIGHTEEN-MONTH FISCAL YEAR

ADJUSTMENT PERIOD, THE CONSERVANCY FILED TWO FORM 990'S. THE FIRST

FILING WAS FOR TAX YEAR 2014 AND COVERED THE TWELVE-MONTH PERIOD JULY

1, 2014 - JUNE 30, 2015. THE SECOND FILING, REFERENCED IN THE 2016

FILING AS "PRIOR YEAR," WAS FOR TAX YEAR 2015 AND COVERED THE SIX-MONTH

PERIOD JULY 1, 2015 - DECEMBER 31, 2015.

SC	HEDULE D	Sunnlement	al Financial Statements		OMB No. 1545-0047
	orm 990) Complete if the organization answered "Yes" on Form 990.			2017	
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest information	on.	Inspection
Nam	e of the organizati		NNEDY GREENWAY	Em	oloyer identification number
De	t l Organiza	CONSERVANCY, INC.	ed Funds or Other Similar Funds o		<u>20-1678932</u>
Par		n answered "Yes" on Form 990, Part IV, lir		ACCOL	<b>Ints.</b> Complete if the
	organization	Tanswered fes offform 990, Partiv, in	(a) Donor advised funds	(b) Fur	ids and other accounts
1	Total number at er	nd of year		. ,	
2		f contributions to (during year)			
3		f grants from (during year)			
4	Aggregate value at	t end of year			
5	Did the organization	n inform all donors and donor advisors in	writing that the assets held in donor advised	funds	
			exclusive legal control?		Yes No
6	Ũ	<b>0</b> / /	advisors in writing that grant funds can be use	,	
			or donor advisor, or for any other purpose cor	•	
Par	impermissible prive	ate benefit?	ganization answered "Yes" on Form 990, Parl	IV line 7	
1		servation easements held by the organizat	<u> </u>	10, 1110 7	
•		of land for public use (e.g., recreation or e		allv impo	tant land area
		f natural habitat	Preservation of a certified		
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of a	conserv	ation easement on the last
	day of the tax year				Held at the End of the Tax Year
а					
b					
с			ructure included in (a)	<b>2c</b>	
a			after 7/25/06, and not on a historic structure	2d	
3			leased, extinguished, or terminated by the or		l a during the tax
5	year ►	valion easements mouned, transferred, re	leased, extinguished, or terminated by the or	ganizatio	r during the tax
4		where property subject to conservation ea	sement is located		
5	Does the organizat	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enf	orcement of the conservation easements i	it holds?		Yes 🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation eas	sements during the year
	▶	_			
7	<b>.</b> .	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easeme	nts during the year
0		viction accoment reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	4\/D\/i\	
8					Yes No
9			ion easements in its revenue and expense sta		
		- ·	tion's financial statements that describes the		
	conservation ease	ments.			
Par		_	f Art, Historical Treasures, or Othe	er Simil	ar Assets.
	Complete if	the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a			SC 958), not to report in its revenue statemen		
			hibition, education, or research in furtherance	of public	service, provide, in Part XIII,
h		note to its financial statements that descr		dhalana	a chart works of ort historical
b	-		SC 958), to report in its revenue statement an		
	relating to these ite		ducation, or research in furtherance of public		
				►	\$
					\$
2	.,		asures, or other similar assets for financial ga	in, provic	le
		unts required to be reported under SFAS 1			
а	Revenue included	on Form 990, Part VIII, line 1		🕨	\$
				🕨	
LHA	For Paperwork Re	eduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2017

LHA	For Paperwork Reduction Act Notice	, see the	Instructions	for Form	990
732051	I 10-09-17				

			ENNEDY GRE	ENWAY					
		ANCY, INC.					20-16	78932	Page <b>2</b>
Par	rt III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or C	Other S	Simil	ar Asse	<b>ts</b> (continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	following that are	e a signit	ficant	use of its	collection i	tems
	(check all that apply):								
а	Public exhibition	d	I Loan or exc	hange programs					
b	Scholarly research	e	e 🛄 Other						
С	Preservation for future generations								
4	Provide a description of the organization's co						ose in Par	XIII.	
5	During the year, did the organization solicit or		,	,				7	
Der	to be sold to raise funds rather than to be ma						L	Yes	NoNo
Par	rt IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes	" on For	m 990	D, Part IV,	line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia							1.	
	on Form 990, Part X?						L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	bliowing table:		г			A	
	Designing belonce				ł	10		Amount	
	Beginning balance					1c 1d			
	Additions during the year					1e			
f	Distributions during the year Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990 Part X line	21 for escrow or c	ustodial account	liabilitv?			Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par									
		(a) Current year	(b) Prior year	(c) Two years ba		Three y	/ears back	(e) Four ye	ears back
1a	Beginning of year balance	13,669,870.	13,504,770.	14,227,6	02.	15,1	.63,053.	13,5	04,770.
b	Contributions	650,000.							
с	Net investment earnings, gains, and losses	2,298,243.	803,176.	-493,6	73.	- 2	203,102.	2,2	65,431.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	638,425.	638,076.	229,1	59.	7	32,349.	6	07,148.
f	Administrative expenses								
g	End of year balance	15,979,688.	13,669,870.	13,504,7	70.	14,2	27,602.	15,1	63,053.
2	Provide the estimated percentage of the curr	ent year end balanc	ce (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment  88.60	%							
С		1.40 %							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that are held a	nd administered	for the c	organiz	zation		
	by:								es No X
	(i) unrelated organizations							3a(i)	
h	(ii) related organizations	tiona listad as requi	rad an Sabadula D2					3a(ii) 3b	
4	Describe in Part XIII the intended uses of the							30	
	rt VI Land, Buildings, and Equipm	Q	Swittent funds.						
	Complete if the organization answered		0. Part IV. line 11a. S	See Form 990. Pa	rt X. line	10.			
	Description of property	(a) Cost or o			c) Accu		ed	(d) Book v	alue
		basis (investr		(other)	deprec				alao
<b>1</b> a	Land		· ·						
	Buildings								
	Leasehold improvements		5,27	3,526.	1,26	0,5	26.	4,013	
	Equipment			2,045.		4,0		58	,044.
	Other		16	0,565.	12	0,8		39	,762.
Tota	I. Add lines 1a through 1e. (Column (d) must ea	qual Form 990, Part	X, column (B), line 1	10c.)				4,110	

Schedule D (Form 990) 2017

ROSE FITZGERA	$^{ALD}$	KENNEDY	GREENWAY
CONSERVANCY,	INC	Ζ.	

Schedule D (Form 990) 2017 CONSERVANCY	, INC.		20-1678932 Page <b>3</b>
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		ost or end-of-year market value
(1) Financial derivatives			-
(2) Closely-held equity interests			
(3) Other			
(A) TIFF MULTI ASSET FUND	10,960,110.	END-OF-YEAR MA	ARKET VALUE
	10,000,110.		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	10,960,110.		
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: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)	4		
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
			45
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 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) lin	e 25.) 🕨		
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial sta	tements that reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2017

ROSE	FITZGER	ALD	KENNEDY	GREENWAY
CONST	RVANCY	TNO	r	

	edule D (Form 990) 2017 CONSERVANCY, INC.		1678932 Page 4
Pa	Int XI Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Retur	า.
	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	8,901,360.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а		3,259.	
b	Donated services and use of facilities 2b 506	6,200.	
с	Recoveries of prior year grants 2c		
d	I Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d		1,139,459.
3	Subtract line <b>2e</b> from line <b>1</b>	3	7,761,901.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	5.	
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b		5.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,761,906.
Da	urt VII Deconciliation of Expanses per Audited Einensial Statements With Expan	nana may Date	120
ıа	art XII Reconciliation of Expenses per Audited Financial Statements With Exper	nses per Retu	
14	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1			5,643,056.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements	1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	1	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements	1	5,643,056.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	<u> </u>	5,643,056.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         2b         2c         4 Other (Describe in Part XIII.)	<u>1</u> 5,200. <u>2e</u>	5,643,056.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2e 3	5,643,056.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	<u>1</u> 5,200. <u>2e</u>	5,643,056.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2e 3	5,643,056. 506,200. 5,136,856.
1 2 3 4 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         4a         Other (Describe in Part XIII.)	1 5,200. 2e 3 5. 4c	5,643,056. 506,200. 5,136,856. 5.
1 2 b c d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         4a         Other (Describe in Part XIII.)	1 5,200. 2e 3 5. 4c	5,643,056. 506,200. 5,136,856.

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 V, LINE 4:

THE CONSERVANCY ADHERES TO THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL
FUNDS ACT (UPMIFA). THE ASSETS IN ITS PERMANENTLY RESTRICTED ENDOWMENT
FUND ARE DONOR-RESTRICTED ASSETS UNTIL APPROPRIATED ACCORDING TO THE DONOR
STIPULATION FOR EXPENDITURE BY THE CONSERVANCY. THE CONSERVANCY HAS
ADOPTED AN INVESTMENT AND SPENDING POLICY FOR ITS ENDOWMENT ASSETS AND
FOR ANY BOARD DESIGNATED NET-ASSETS THAT IS DESIGNED TO PRESERVE CAPITAL
THROUGH RISK MANAGEMENT WHILE PROVIDING A LEVEL OF SUPPORT FOR THE
CONSERVANCY AND ITS PROGRAMS.

#### PART X, LINE 2:

#### THE CONSERVANCY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE

Schedule D (Form 990) 2017       ROSE FITZGERALD KENNEDY GREENWAY         CONSERVANCY, INC.       20-1678932 Page 5         Part XIII       Supplemental Information (continued)
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 CONSERVANCY
HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER 31,
2017. THE CONSERVANCY'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY
THE FEDERAL AND STATE JURISDICTIONS.

(Form 990 or 990-EZ) Complete if th	ental Information Regarding e organization answered "Yes" on organization entered more than \$1 Attach to Form 990 Go to www.irs.gov/Form990	Form 5,000 ) or Fo	990, F on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.		OMB No. 1545-0047
	TZGERALD KENNEDY G				Employer 20-16	identification number
	ANCY, INC. Complete if the organization answe t.	ered "Y	es" o	n Form 990, Part IV,		
<ol> <li>Indicate whether the organization rais</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ol>	e X Solicita f X Solicita g X Special pr oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true undraising services?	stees, or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustodv	(iv) Gross receipts from activity	(v) Amount pa to (or retained b fundraiser listed in col. (i	by) to (or retained by)
ALEX ROGERS - 185 KNEELAND STREET, BOSTON, MA 02111	GRANT WRITING	Yes	No X	1,137,900.	35,7	75. 1,102,125.
SIREEL, BOSTON, MA UZITI	SKANT WRITING		Λ	1,137,900.		,102,123.
		K				
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	<b>b</b> ution:	1,137,900. s or has been notified	35 , 7 d it is exempt fro	
MA						

#### ROSE FITZGERALD KENNEDY GREENWAY Schedule G (Form 990 or 990 EZ) 2017 CONSERVANCY, INC.

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

	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							
			~	GLOW IN THE	NONE	(add col. (a) through							
			GALA	PARK		col. (c))							
Ð			(event type)	(event type)	(total number)	(-//							
Revenue	1 Gros	ss receipts	540,070.	52,594.		592,664.							
	2 Less	s: Contributions	507,110.	39,474.		546,584.							
	3 Gros	ss income (line 1 minus line 2)	32,960.	13,120.		46,080.							
	4 Cas	sh prizes											
ŝ	5 Non	ncash prizes											
Expenses	6 Ren	nt/facility costs	63,021.	10,459.		73,480.							
Direct Ex	<b>7</b> Foo	d and beverages	43,740.	7,475.		51,215.							
	8 Ente	ertainment		2,305.		2,305.							
		er direct expenses	22,762.	4,349.		27,111.							
	10 Dire	ect expense summary. Add lines 4 through	n 9 in column (d)		▶	154,111.							
	11 Net	income summary. Subtract line 10 from li	ne 3, column (d)			-108,031.							
Pa		<b>Gaming.</b> Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	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.

		\$15,000 on Form 990-EZ, line 6a.				
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	-	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % │── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
N.		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	vear?	Yes No
		Yes," explain:		-	) ca. :	
		, , , , , , , , , , , , , , , , , , ,				

<b>.</b> .	ROSE FITZGERALD KENNEDY GREENWAY	1670	0.2.2	
				Page 3
	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	a The organization's facility	13a		%
	a An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address 🕨			
<b>1</b> 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	o If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ 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			
47	Mandaton, distributiona,			
	Mandatory distributions:			
č	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	No No
L	retain the state gaming license?	🖵	162	
Ľ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year <b>s</b> <b>art IV Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lin o o O	0 - 1	06 156
Га		lines 9,	9D, I	ud, 150,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

		ROSE FITZGERALD KENNEDY GREENWAY	
Schedule G	(Form 990 or 990-EZ) Supplemental Infor	CONSERVANCY, INC.	20-1678932 Page 4
Part IV	Supplemental Infor	mation (continued)	
		4	

SCI	HEDULE J	Compensa	ation Information	1	OMB No. 1	545-0047	
(Fo	rm 990)	For certain Officers, Directors	s, Trustees, Key Employees, and Highest		20	17	
			nsated Employees		Lυ		
Depar	tment of the Treasury		swered "Yes" on Form 990, Part IV, line 23. ch to Form 990.		Open to	Public	
	al Revenue Service	Go to www.irs.gov/Form990	for instructions and the latest information.		Inspec		
Nam	e of the organization	ROSE FITZGERALD KEN	INEDY GREENWAY	Employer id			er
		CONSERVANCY, INC.		20-1	578932	2	
Ра	rt I Questions	Regarding Compensation					
						Yes N	lo
1a	Check the appropriate	box(es) if the organization provided any of	f the following to or for a person listed on Form	n 990,			
	Part VII, Section A, lin	e 1a. Complete Part III to provide any releva	ant information regarding these items.				
	First-class or cha	rter travel	Housing allowance or residence for personal	onal use			
	Travel for compa	nions	Payments for business use of personal re				
	Tax indemnificati	on and gross-up payments	Health or social club dues or initiation fee	S			
	Discretionary spe	inding account	Personal services (such as, maid, chauffe	eur, chef)			
b	If any of the boxes on	line 1a are checked, did the organization for	blow a written policy regarding payment or				
	reimbursement or pro	vision of all of the expenses described above	ve? If "No," complete Part III to explain		. 1b		
			r allowing expenses incurred by all directors,				
	trustees, and officers,	including the CEO/Executive Director, rega	arding the items checked on line 1a?		2		
3		0 0 0	to establish the compensation of the organize				
			poxes for methods used by a related organizat	ion to			
		on of the CEO/Executive Director, but expla					
	X Compensation c		Written employment contract				
			X Compensation survey or study				
	X Form 990 of othe	r organizations	Approval by the board or compensation of	committee			
4	During the year, did a	ny person listed on Form 990, Part VII, Sect	tion A. line 1a, with respect to the filing				
-	organization or a relat						
а	•				4a	2	х
			fied retirement plan?		··	2	X
			sation arrangement?			2	X
		4a-c, list the persons and provide the appl					
	,						
	Only section 501(c)(3	s), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
			ne organization pay or accrue any compensati	on			
	contingent on the reve						
а	The organization?				. 5a		Х
						Σ	X
		ib, describe in Part III.					
6	For persons listed on	Form 990, Part VII, Section A, line 1a, did th	ne organization pay or accrue any compensati	on			
	contingent on the net	earnings of:					
а	The organization?				6a		X
						Σ	X
		b, describe in Part III.					
			ne organization provide any nonfixed payment				
					7	Σ	<u>x</u>
	•		ed pursuant to a contract that was subject to				
			58-4(a)(3)? If "Yes," describe in Part III		8	<u> </u>	x
9		the organization also follow the rebuttable p					
					9		
LHA	For Paperwork Red	uction Act Notice, see the Instructions fo	or Form 990.	Schedu	le J (Form	990) 20	)17

### ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC.

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(()-(D)	reported as deferred on prior Form 990
(1) JESSE BRACKENBURY	(i)	210,908.	0.	0.	6,498.	19,330.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(2) HOWARD BRESLAU	(i)	167,216.	0.	0.	0.	18,298.		0.
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC.

Page 3

#### 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:

#### SEE ATTACHED SCHEDULE O FOR DESCRIPTION OF COMPENSATION REVIEW PROCEDURES

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. ROSE FITZGERALD KENNEDY GREENWAY

Supplemental Information to Form 990 or 990-EZ

EZ
OMB No. 1545-0047
2017
Open to Public
Inspection
Employer identification number

20-1678932

CONSERVANCY, INC.

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

(MISSION STATEMENT, 2005) THE ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY IS A PRIVATE, NON-PROFIT CORPORATION DEDICATED TO RAISING BROAD-BASED SUPPORT TO ENSURE STANDARDS OF EXCELLENCE IN THE DESIGN, SUSTAINABILITY AND USE OF THE ROSE FITZGERALD KENNEDY GREENWAY. TO SECURE THE GREENWAY'S FUTURE AS ONE OF AMERICA'S FOREMOST URBAN PARKS, THE CONSERVANCY ADVOCATES FOR STANDARDS OF CONSISTENCY AND EXCELLENCE IN DESIGN; MANAGES ITS OPERATIONS WORKING COLLABORATIVELY TO CREATE, FINANCE, PROMOTE, AND COORDINATE PUBLIC PROGRAMS AND EVENTS FOR THE GENERAL PUBLIC TO ENJOY; AND RAISES ADEQUATE AND STABLE FUNDING IN SUPPORT OF LONG-RANGE PUBLIC USES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE NON-PROFIT CONSERVANCY IS THE DESIGNATED STEWARD OF THE ROSE KENNEDY GREENWAY, A CONTEMPORARY PARK IN THE HEART OF BOSTON. THE CONSERVANCY MAINTAINS, PROGRAMS, FINANCES, AND IMPROVES THE 1.5-MILE GREENWAY ON BEHALF OF THE PUBLIC.

THE CONSERVANCY CONTINUED TO MAKE GREENWAY IMPROVEMENTS AND BRING

PUBLIC SPACE INNOVATIONS TO BOSTON:

1. THE CONSERVANCY CONTINUED ITS LEADING ROLE IN PRESENTING ROTATING

EXHIBITIONS OF CONTEMPORARY PUBLIC ART. FOR THE FIRST TIME, THE PUBLIC

ART HAS A UNIFYING THEME, "PLAYFUL PERSPECTIVES," WITH NEW COMMISSIONS

FROM MARK REIGELMAN, MEREDITH JAMES, AND AAKASH NIHALANI; INSTALLATIONS

FROM THE DESIGN BIENNIAL BOSTON; ALONGSIDE THE MEHDI GHADYANLOO'S

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC.	Page 2 Employer identification number 20-1678932
AMERICANS FOR THE ARTS' PUBLIC ART NETWORK FOR COMMISSION	
COUNTRY'S BEST PIECES OF PUBLIC ART, THE FOURTH GREENWAY	WIN IN FIVE
YEARS.	
2.CROWDS LINED UP FOR THE TRILLIUM GARDEN ON THE GREENWAY	, BOSTON'S
FIRST FULLY OPEN-AIR BEER GARDEN, WHICH WAS FEATURED IN E	SON APPETIT. WE
ALSO PARTNERED TO BRING A 220' ZIPLINE TO DOWNTOWN BOSTON	I FOR THE 2017
SEASON.	
3.FREE PROGRAMS HIT ANOTHER RECORD, SURPASSING 450 IN 201	.7. THE
CAROUSEL, WI-FI, AND FOOD TRUCKS CONTINUED TO BE POPULAR.	ATTENDANCE
REACHED 1.4 MILLION TRACKABLE VISITORS, MAKING THE GREENW	VAY ONE OF THE
MOST VISITED DESTINATIONS IN THE COMMONWEALTH.	
4.WE KEPT THE GREENWAY IN GREAT CONDITION, INCLUDING UPGE	ADING LIGHT
FIXTURES TO LED, MAKING REPAIRS FROM A BROKEN WATER MAIN,	AND RESTORING
THE FOG FEATURE AT THE RINGS FOUNTAIN. GARDEN UPGRADES WE	RE MADE
THROUGHOUT THE PARKS.	
HORTICULTURE	
THE CONSERVANCY CONTINUE TO IMPROVE THE GREENWAY'S BEAUTY	THROUGH
SKILLED, ATTENTIVE LANDSCAPE CARE AND THOUGHTFUL IMPROVEN	IENTS. THE
CONSERVANCY USES ORGANIC AND SUSTAINABLE LANDSCAPE PRACTI	CES THAT ARE
INNOVATIVE, AWARD-WINNING, AND FISCALLY SOUND.	
THE GREENWAY IS ONE OF A HANDFUL OF ORGANICALLY-MAINTAINE	D PUBLIC PARKS
IN THE UNITED STATES. GREENWAY PLANTS ARE HEALTHIER, MORE	RESILIENT,
AND BETTER ABLE TO WITHSTAND THE STRESS OF PUBLIC USE AND	) THE DEMANDS
OF AN URBAN ENVIRONMENT BECAUSE OF OUR MANAGEMENT PRACTIC	CES. THE
CONSERVANCY'S POLICY OF NOT USING HERBICIDES AND TOXINS A	LSO ENSURES
THAT RUN-OFF FROM THE PARKS WILL NOT POLLUTE BOSTON HARBO	OR OR HARM THE
DELICATE MARINE LIFE. CHILDREN AND PETS CAN FREELY AND SA	FELY PLAY ON
OUR PARK LAWNS WITHOUT THE WORRY OF PESTICIDES. A HARVARI	
732212 09-07-17 Sche	dule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>			
Name of the organization ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC.	Employer identification number 20-1678932			
SCHOOL TEAM PARTNERED WITH US AND DETERMINED THAT OUR DAI	LY ORGANIC			
CARE IS LESS EXPENSIVE THAN A NON-ORGANIC APPROACH. THE C	ORNERSTONE OF			
OUR ORGANIC APPROACH IS COMPOST TEA. SUCCESS WITH NATURAL	SOIL BIOLOGY			
HAVE IMPROVED PLANT HEALTH AND ROOT DEPTH, ALLOWING FOR D	ECREASED			
APPLICATIONS OF COMPOST TEA AND ORGANIC FERTILIZER OVER T	IME. OUR			
SUSTAINABILITY EFFORTS HAVE EARNED US A MAYOR'S GREENOVAT	E AWARD, AND			
THE PARK IS A NATIONAL WILDLIFE FEDERATION CERTIFIED WILD	LIFE HABITAT.			
A WALK DOWN THE GREENWAY REVEALS LUSH, GREEN GRASS AND TH	RIVING GARDEN			
BEDS. OUR SUSTAINABLE HORTICULTURE PRACTICES INCLUDE WEE	D MANAGEMENT,			
OVERSEEDING AND AERATION, ORGANIC DEBRIS COMPOSTING, ORGA	NIC FERTILIZER			
APPLICATIONS AND EFFICIENT WATER USAGE. IN ADDITION, DEWE	Y SQUARE PARK			
FEATURES POLLINATOR, EDIBLE, DEMONSTRATION, AND RAIN GARD	DENS. 83			
PLANTER CONTAINERS THROUGHOUT THE PARK ARE CHANGED OUT SEASONALLY WITH				
ARRANGEMENTS CONSISTENT WITH THEIR PARK SURROUNDINGS. WE	CONTINUE OUR			
CONTRACTED CARE FOR THE FEDERAL RESERVE BANK OF BOSTON (S	PECIALTY			
ORGANIC SERVICES) AND THE ARMENIAN HERITAGE PARK (COMPLET	'E PARK CARE).			
IN 2017, HORTICULTURE RENOVATED NUMEROUS GARDEN AREAS THR	OUGHOUT THE			
GREENWAY INCLUDING CHINATOWN PARK, WHERE WE COMPLETELY TR	ANSFORMED A			
PORTION OF THE PARK INTO A VIEWING GARDEN WITH INCREASED	PLANT			
DIVERSITY AND IMPROVED FOUR-SEASON INTEREST. WE COMPLETED	IMPROVEMENTS			
TO THE BEDS NEAR THE HIGHWAY TUNNEL PORTALS IN THE NORTH	END PARKS BY			
ADDING PERENNIALS AND BULBS AND WE CONTINUED EXPANSION OF	OUR			
GREENWAY-WIDE POLLINATOR RIBBON GARDEN THEME IN THE FINAN	CIAL DISTRICT			
WITH AN IN-HOUSE DESIGN AND INSTALLATION OF A NEW LANDSCA	PE NEAR 125			
SUMMER ST.				
FOR THE CENTRAL GARDENS BETWEEN OLIVER AND HIGH STREETS,	WE BEGAN A			

CONCEPTUAL DESIGN PROCESS WITH WORLD-RENOWNED GARDEN DESIGNER, JULIE

MOIR MESSERVY, FOR A DESTINATION GARDEN. WE BEGAN THE RENOVATION

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC.	Employer identification number 20-1678932
PROCESS WITH LANDSCAPE IMPROVEMENTS THAT INCLUDED TREE TR	ANSPLANTING AS
WELL AS THE REDESIGN AND INSTALLATION OF A SMALL AREA FEA	TURING
INTERESTING VARIETIES OF JAPANESE MAPLE.	
HORTICULTURE ALSO CREATED A LIVING GREENWALL ON THE EXTER	IOR OF ARTIST
MEREDITH JAMES' AMES ROOM ART INSTALLATION. DESIGNED BY O	UR OWN STAFF
USING AN EXCITING VARIETY OF SUCCULENTS, CLIMBING VINES A	ND OTHER
INTERESTING PLANT MATERIAL THE PROJECT WAS INSTALLED WITH	THE HELP OF
VOLUNTEERS AND AT THE END OF THE INSTALLATION'S DURATION,	PLANTS WERE
REPURPOSED TO NEW LOCATIONS THROUGHOUT THE GREENWAY.	
OUR VOLUNTEER PROGRAM OFFERS OPPORTUNITIES FOR INDIVIDUAL	S AND
COMPANIES FOR HANDS-ON LEARNING WHILE THEY ASSIST WITH PA	RK
STEWARDSHIP. SHOULDER-TO-SHOULDER WITH OUR HORTICULTURAL	STAFF, THE
COMMUNITY LEARNS ABOUT OUR ORGANIC CARE IN THIS ROOF-TOP	GARDEN. IN
2017 HORTICULTURE WELCOMED 580 VOLUNTEERS WHO CONTRIBUTED	2,601 HOURS
FOR HORTICULTURE AND MORE. ON THE STRENGTH OF REVIEWS FRO	M VOLUNTEERS,
THE CONSERVANCY HAS WON THE TOP RATED AWARD FROM GREATNON	PROFITS.ORG 6
YEARS RUNNING.	
MAINTENANCE	
OUR MAINTENANCE TEAM CARES FOR SEVEN WATER FEATURES, ACRE	S OF GRANITE
PAVING, COMPLEX LIGHTING SYSTEMS, AND MORE. THE CONSERVAN	CY'S
MAINTENANCE STAFF HANDLES REPAIRS, FOUNTAIN MAINTENANCE,	VEHICLE
MAINTENANCE, MASONRY, AND OTHER SKILLED TASKS. SEASONALLY	, THE
MAINTENANCE TEAM SETS OUT AND REMOVES MOVEABLE FURNITURE,	AND SUPPORTS
INFRASTRUCTURE FOR WINTER LIGHTING AND PUBLIC ART. THEY A	LSO OVERSEE

OUR SUBCONTRACTOR, WORK INC., A NON-PROFIT WHICH EMPLOYS INDIVIDUALS

WITH DISABILITIES. WORK INC. HANDLES BASIC PARK CARE INCLUDING LAWN

MOWING, LITTER AND TRASH REMOVAL, AND SNOW REMOVAL. IN 2017,

MAINTENANCE MADE REPAIRS AND IMPROVEMENTS THROUGHOUT THE GREENWAY.

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC.	Page 2 Employer identification number 20-1678932	
IN THE NORTH END, DUE TO A WATER MAIN RUPTURE, AN AREA OF	THE GRANITE	
PAVEMENT WAS REMOVED, THE LEAK REPAIRED, THE SUBSURFACE V	OID FILLED,	
CONCRETE SLAB REPLACED, AND GRANITE PAVERS RESET. 60 GRAN	ITE STAIR	
TREADS, COMPROMISED BY THE WATER LEAK, WERE RESET AND THE TRENCH DRAIN		
AT THE BASE OF THOSE STAIRS WAS REPAIRED AND SEALED. STE	EL ARM RESTS	
WERE ADDED TO THE WOOD BENCHES IN THE NORTH END PARCELS.	STONE DUST	
PATHS WERE REGRADED. PART OF THE PERGOLA THAT WAS DAMAGE	D BY AN AUTO	
ACCIDENT WAS REPLACED. REPAIRS WERE MADE TO THE LEANING	RAIL.	
IN THE WHARF DISTRICT, ALL 19 PENCIL LIGHTS BETWEEN MILK	AND HIGH	
STREETS WERE UPGRADED TO LED EQUIPMENT AND BULBS. MORE RE	POINTING OF	
THE GRANITE PAVING WAS ACCOMPLISHED. NEW POWER SUPPLIES	FOR HARBOR FOG	
WERE INSTALLED. RINGS FOUNTAIN BASIN WAS CLEANED, REPAIRS WERE MADE TO		
THE WATERPROOFING MEMBRANE, NEW PAVER SUPPORTS WERE INSTA	LLED AND THE	
FOG SYSTEM WAS RESTORED BY EPOXY COATING THE INSIDE OF TH	E HIGH	
PRESSURE LINES. THE RINGS FOUNTAIN VAULT HEATER WAS REPLACED AND THE		
AIR CONDITIONER WAS REPAIRED. WE REPLACED TWO MODULES IN	THE FOUNTAIN	
CONTROLLER IN RINGS AND FIXED SEVERAL BENCHES.		
THE GRAVEL ACCESS ROAD AT DEWEY SQUARE PARK WAS REGRADED, AS WERE THE		
STONE DUST PATHS IN THE FORT POINT CHANNEL PARKS. A NEW	FOOTBRIDGE WAS	
BUILT AND INSTALLED IN THE DEMONSTRATION GARDEN. MAINTENANCE		
DEPARTMENT ASSISTED IN THE INSTALLATION AND OVERSIGHT OF	THE BEER	
GARDEN, INCLUDING THE ADDITION OF NEW BIKE RACKS NEARBY;		
IN-GROUND LIGHTING WAS CONVERTED TO LED TECHNOLOGY. WATERPROOFING		
REPAIRS WERE MADE TO THE CHINATOWN FOUNTAIN AND STREAM BED AND THE		
ELECTRICAL TIMER FOR THE CHINATOWN PARK OUTLETS WAS REPLACED.		
SUBSURFACE DRAINS WERE CLEANED OUT, DEFECTIVE LIGHTING WAS REPAIRED,		
AND ELECTRICAL OUTLETS WERE REPAIRED OR REPLACED. STONE, BRICK AND		
CONCRETE PAVERS THAT HAD BECOME LOOSE WERE RESET. NEW FLO	ORBOARDS FOR	
732212 09-07-17 Sched	dule O (Form 990 or 990-EZ) (2017)	

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC.	Employer identification number $20-1678932$
TWO KUBOTA RTV VEHICLES WERE FABRICATED AND WELDED INTO P	LACE. THE
PAYLOAD BEDS OF TWO JOHN DEERE GATOR RTVS RECEIVED NEW ST	EEL AND PAINT
AS WELL. MANY OF THE TABLES AND UMBRELLAS WERE REPAIRED	WITH NEW PARTS
AND/OR REPAIRED OR NEW CANOPIES. THE DEPARTMENT INCREASED	THE
ENGAGEMENT OF VOLUNTEERS, WHO HELPED ON SIX DAYS WITH MAS	ONRY GROUTING
AND REGRADING OF STONE DUST PATHS.	
OUR GRANT-FUNDED PARK RANGERS PROVIDE SECURITY AND AMBASS.	ADORSHIP ON
THE GREENWAY. TWO FULL-TIME RANGERS INTERFACE WITH THE PU	BLIC,
COMPASSIONATELY ENSURING A SAFE AND WELCOMING PARK EXPERI	ENCE FOR ALL
VISITORS. RANGERS CONNECT A WIDE RANGE OF PEOPLE WITH THE	INFORMATION
AND SERVICES THEY NEED, FROM OUT-OF-TOWN VISITORS TO FAMI	LIES TO THE
HOMELESS. RANGERS INVEST A SIGNIFICANT PORTION OF THEIR T	IME LIAISING
WITH COMMUNITY-BASED ORGANIZATIONS THAT ASSIST WITH SOCIA	L SERVICES. IN
2017, 5,364 INTERACTIONS WITH THE PUBLIC WERE RECORDED IN	THE
MOBILE-DEVICE APP THE RANGERS USE.	

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

PROGRAMS AND PLANNING
THE GREENWAY IS FILLED WITH ACTIVITIES FOR YOUNG AND OLD, BOTH
PASSERS-BY AND THOSE SEEKING THE UNIQUE PROGRAMMING THE CONSERVANCY
OFFERS. EACH YEAR, 1.4 MILLION TRACKABLE VISITORS ENJOY THE EVENTS,
WI-FI, CAROUSEL, AND FOOD/BEVERAGE OFFERINGS AND MILLIONS MORE
TOURISTS, WORKERS, AND RESIDENTS COME TO THE GREENWAY FOR THE GARDENS,
ART, FOUNTAINS, AND MORE.

IN 2017, THE CONSERVANCY HOSTED A RECORD 470 FREE ANNUAL EVENTS,

INCLUDING FESTIVALS, MARKETS, FITNESS CLASSES, AND CONCERTS. MAJOR

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization ROSE FITZGERALD KENNEDY GREENWAY Employer identification number CONSERVANCY, INC. 20-1678932 EVENTS INCLUDED THE BOSTON LOCAL FOOD FESTIVAL, THE FIGMENT PARTICIPATORY ART FESTIVAL, AFRICAN FESTIVAL, MY CARIBBEAN EXPO, BRAZIL ON THE GREENWAY, FILMS AT THE GATE, AND CHINATOWN MAIN STREETS FESTIVAL. RECURRING EVENTS INCLUDE THE BOSTON CALLING BLOCK PARTIES, HELD WEEKLY AT DEWEY SQUARE PARK WITH OUTDOOR MUSIC AND DRINKS; THE BOSTON PUBLIC MARKET SEASONAL FARMERS MARKET AT DEWEY SQUARE PARK; THE SATURDAY GREENWAY OPEN MARKET WITH ARTISAN WARES; AND THE BERKLEE COLLEGE OF MUSIC CONCERT SERIES. WE HOSTED 98 FREE FITNESS CLASSES FROM YOGA TO CROSSFIT ALL ACROSS THE GREENWAY. OUR PLAY PROGRAM AGAIN OFFERED COMMUNITY PROGRAMMING FOCUSED ON UNDERSERVED YOUTH, INCLUDING YOUTH ADVENTURE DAY VISITS THAT ENGAGED CHILDREN FROM THE BOYS AND GIRLS CLUB OF BOSTON AND OTHER PARTNERS.

WE BROUGHT SEVERAL INNOVATIVE NEW PROGRAMMATIC VENTURES TO THE GREENWAY THIS YEAR. THE TRILLIUM GARDEN ON THE GREENWAY BROUGHT BOSTON'S FIRST FULLY OPEN-AIR BEER GARDEN FROM JUNE THROUGH OCTOBER. FOUR-YEAR-OLD FORT-POINT-BASED TRILLIUM BREWING COMPANY, WHICH HAS BEEN NAMED ONE OF THE WORLD'S BEST BREWERIES, HELPED DRAW OVER 100,000 VISITORS; THE TRILLIUM GARDEN WAS CELEBRATED IN BON APPETIT. WE ALSO PARTNERED TO BRING THE Z, A 220' ZIPLINE TO DOWNTOWN BOSTON FOR THE 2017 SEASON, OFFERING A UNIQUE EXPERIENCE FOR OUR GUESTS.

WE ALSO SAW CONTINUED SUCCESS IN OUR FAVORITES LIKE THE CAROUSEL, MOBILE EATS AND FREE WI-FI. THE GREENWAY CAROUSEL AT THE TIFFANY & CO. FOUNDATION GROVE, A BOSTON LANDMARK, HAD ANOTHER GREAT YEAR; OVER 100,000 PEOPLE AGAIN TOOK A SPIN ON THE SEA TURTLE, RABBIT, LOBSTER, COD, PEREGRINE FALCON, SKUNK, AND OTHER CHARACTERS, ALL INSPIRED BY THE DRAWINGS OF BOSTON SCHOOL CHILDREN AND BROUGHT TO LIFE BY A LOCAL 732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC.	Employer identification number 20-1678932
ARTIST. OUR NATIONALLY ACCLAIMED GREENWAY MOBILE B	ATS PROGRAM CONTINUES
TO EXPAND WITH 35 TRUCKS AND TRIKES OFFERING ROSEN	ARY FRIES, WOOD-FIRED
PIZZA, GOURMET GRILLED CHEESE, AND MORE. THE FREE	WI-FI NETWORK, WHICH
WAS UPGRADED TO CARRIER-GRADE IN 2015 AT NO COST 1	O THE CONSERVANCY,
CONTINUES TO BE VERY POPULAR.	

THE GREENWAY GALA IS THE CONSERVANCY'S LARGEST ANNUAL FUNDRAISING EVENT. IN 2017, THE GALA WAS AGAIN HOSTED ON THE GREENWAY, WELCOMING GUESTS INTO A SPECTACULAR TENT WITH DECORATIONS PUT TOGETHER BY THE CONSERVANCY'S HORTICULTURE TEAM. THE NIGHT WAS A GLOWING SUCCESS -ATTENDED BY APPROXIMATELY 400 REPRESENTATIVES FROM THE BUSINESS COMMUNITY, NONPROFIT COMMUNITY GROUPS, CORPORATIONS, FOUNDATIONS AND INDIVIDUALS. THE GALA PROVIDES THE CONSERVANCY AN OPPORTUNITY TO SAY THANK YOU TO OUR SUPPORTERS AND PROVIDES A PLATFORM FOR SHARING OUR CURRENT AND FUTURE INITIATIVES. IN ADDITION, THE CONSERVANCY PRODUCED ITS YOUNG PROFESSIONALS EVENT, GLOW IN THE PARK, FOR THE THIRD YEAR. THIS WAS THE SECOND YEAR THE NEON THEMED EVENT WITH LIVE MUSIC, FOOD TRUCK VENDORS, AND LAWN GAMES WAS HOSTED UNDER THE SAME TENT FOLLOWING THE GALA. THIS FUN EVENT CONTINUES TO GROW YEAR-OVER-YEAR AND SAW OVER 500 ATTENDEES IN 2017.

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

PUBLIC ART

THE GREENWAY CONSERVANCY HAS BECOME A LEADER IN CONTEMPORARY PUBLIC ART IN BOSTON. GREENWAY PUBLIC ART GIVES RESIDENTS, WORKERS, AND TOURISTS A REASON TO VISIT, LINGER, AND DISCUSS. IN 2017, THE CONSERVANCY BROUGHT CONTEMPORARY EXHIBITS TO THE GREENWAY FROM 10 ARTISTS: 1 INTERNATIONAL, 732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

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3 NATIONAL, AND 6 LOCAL. MATTHEW HOFFMAN'S MAY THIS NEVER	END WAS
RECOGNIZED IN 2017 AS ONE OF THE COUNTRY'S BEST PIECES OF	PUBLIC ART BY
AMERICANS FOR THE ARTS' PUBLIC ART NETWORK, THE FOURTH GR	EENWAY WIN IN
FIVE YEARS. THROUGH A 2017 PARTNERSHIP WITH THE CITY OF B	OSTON, THE
ARTWORK WAS PERMANENTLY RE-INSTALLED IN ALLSTON.	

PLAYFUL PERSPECTIVES WAS THE GREENWAY'S 2017 EXHIBITION, SHOWCASING OF LARGE-SCALE, SITE-SPECIFIC COMMISSIONED WORKS BY ARTISTS WITH RISING CAREERS WHOSE WORKS PLAYFULLY AND DELIGHTFULLY EXPOSED THE VULNERABILITY OF ONE'S SENSE OF PERSPECTIVE. THESE WORKS MANIPULATED VISUAL PERCEPTION THROUGH THE USE OF SCALED OBJECTS AND OPTICAL ILLUSIONS, BLURRING THE BOUNDARIES BETWEEN ART AND EVERYDAY LIFE, AND BETWEEN EXPECTATION AND REALITY. MARK REIGLEMAN'S MEETING HOUSE, A NEW ENGLAND QUAKER-STYLED WOODEN HOME THAT LOOKED TO BE SINGING AND OR RISING FROM THE GROUND, AND MEREDITH JAMES' FAR FROM THIS SETTING IN WHICH I NOW FIND MYSELF; A THREE WALLED TRAPEZOIDAL ROOM BUILT WITH FORCED PERSPECTIVE; CREATING AN EFFECT WHERE A PERSON APPEARS TO GROW OR SHRINK WHILE MOVING THROUGHOUT THE ROOM. IN EARLY WINTER, TWO WORKS ENTITLED BALANCING ACTS I & II BY STREET ARTIST AAKASH NIHALANI WERE INSTALLED. HIS USE OF BRIGHT, BOLD LINES WERE IMPETUS IN HIS CREATION OF 3D IMAGES AND OBJECTS ON TWO DIMENSIONAL PLANES. THEY APPEAR AS SUSPENDED ANIMATIONS IN TIME AND REQUIRE VIEWER INTERACTION AND PARTICIPATION. THESE ARTWORKS ALONG WITH OTHERS ALONG WERE STAPLES OF PUBLIC INTERACTIONS AND PHOTOGRAPHABLE MOMENTS ON THE GREENWAY THROUGHOUT 2017 AND INTO 2018.

MEHDI GHADYANLOO'S SPACES OF HOPE MURAL WAS THE FIRST ARTWORK IN THE PLAYFUL PERSPECTIVES EXHIBIT. ORIGINALLY INSTALLED IN FALL 2016 FOR A

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ONE-YEAR RUN, IT WAS EXTENDED THROUGH APRIL OF 2018. TH	IS MURAL, THE	
FIFTH GREENWAY WALL COMMISSION, WAS THE FIRST "SELF-CURA	FED" WITHOUT A	
MUSEUM PARTNER. THIS WAS THE U.S. DEBUT OF IRANIAN STAR MURALIST		
GHADYANLOO AND ATTRACTED IN-DEPTH COVERAGE BY NEWSWEEK,	J.S. NEWS &	
WORLD REPORT, BBC PERSIA, JUXTAPOZ MAGAZINE, AND THE ASS	OCIATED PRESS;	
AP CALLED THE MURAL, "A STUNNING EXPRESSION OF OPTIMISM.	n	

THE WORKS BY JAMES, NIHALANI, REIGELMAN, AND GHADYANLOO WERE JOINED BY THE FOUR WINNERS OF THE DESIGN BIENNIAL BOSTON 2017. DESIGN BIENNIAL SHOWCASES EMERGING ARCHITECTS, LANDSCAPE ARCHITECTS, AND DESIGNERS WHO ARE DEVELOPING INNOVATIVE AND INSPIRING PRACTICES IN NEW ENGLAND. THIS YEAR'S FOUR DESIGNS RESPONDED TO THE PLAYFUL PERSPECTIVES THEME IN SITE-SPECIFIC LOCATIONS THROUGHOUT THE GREENWAY. THE FOUR WINNING FIRMS FROM THIS YEAR - JENNIFER BONNER OF MALL, RANIA GHOSN & EL HADI JAZAIRY OF DESIGN EARTH, DANIEL IBAEZ OF MARGEN-LAB, AND YASMIN VOBIS & AARON FORREST OF ULTRAMODERNE. THE GREENWAY PREVIOUSLY HOSTED THE BIENNIAL IN SUMMER OF 2015. THE 2017 DESIGN BIENNIAL BOSTON WAS A COLLABORATION WITH AUTODESK, THE BOSTON ART COMMISSION, THE BOSTON SOCIETY OF ARCHITECTS, THE MAYOR'S OFFICE, AND OVER, UNDER/PINKCOMMA GALLERY.

ADDITIONALLY, LOCAL ARTIST MIA CROSS PRODUCED A NEW MURAL TITLED WE THE PEOPLE, II, FEATURING THE EYES OF PEOPLE WHO LIVE/WORK/PASS THROUGH THE LEATHER DISTRICT; EXPLORING QUESTIONS OF IDENTITY AND BELONGING. THIS IS THE SECOND MURAL PRODUCED IN CONJUNCTION WITH A LOCAL ARTIST AND IS LOCATED AT THE INTERSECTION OF LINCOLN AND ESSEX STREETS; THE PREVIOUS MURAL WAS PAINTED BY KAWANDEEP VIRDEE. CHRIS TEMPLEMAN'S MAKE AND TAKE CONTINUED THE ANNUAL CURATION BASED ON THE CHINESE ZODIAC; THE  

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 3D-PRINTED ROOSTER - DISPENSED FOR FREE BY THE INSTALLATION - WAS

 ADAPTED FROM 3D SCANNING A PORCELAIN ARTIFACT FROM THE MUSEUM OF FINE

 ARTS, BOSTON. THE CHINESE ARTISAN(S) BEHIND THE PORCELAIN IS UNKNOWN,

 BUT NOW - THROUGH DIGITAL SCANNING AND 3D PRINTING - THEIR WORK IS

 SHARED WITH THE WORLD. THIS WORK BECAME A STAPLE FOR THE COMMUNITY TO

 GATHER, CONVERSE AND MAKE NEW AND MEANINGFUL MEMORIES.

THE CONSERVANCY CONTINUED ITS ARTS EDUCATION WITH A VOLUNTEER CORPS OF 18 ART AMBASSADORS WHO ENGAGE THE PUBLIC. THE AMBASSADORS WERE STATIONED AT THE MARK REIGELMAN SCULPTURE IN SHIRTS THAT READ "WHAT'S YOUR PERSPECTIVE?" THE AMBASSADORS CONTRIBUTED 515 HOURS, ANSWERING QUESTIONS, STAFFING AN ART CART, AND OFFERING TOURS OF THE ART EXHIBITS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OUTREACH

THE OUTREACH DEPARTMENT LEADS EXTERNAL MESSAGING EFFORTS TO DRAW PEOPLE TO ENJOY THE PARK AND UNDERSTAND OUR EFFORTS. THE TEAM IS IN REGULAR CONTACT WITH THE PUBLIC, COMMUNITY GROUPS, GOVERNMENT OFFICIALS, THE MEDIA, AND OTHER STAKEHOLDERS THROUGH DIRECT OUTREACH, IN-PARK MESSAGING, AND ELECTRONIC COMMUNICATIONS.

THERE WAS 25%+ GROWTH IN OUR SOCIAL MEDIA FOLLOWER BASE IN 2017. FACEBOOK INCREASED 40% TO 11K, TWITTER 16% TO 13K+, AND INSTAGRAM 40% TO NEARLY 14K. ENEWS SUBSCRIBERS CLIMBED 18% TO 11.8K, AND WE ARE NOW UTILIZING NEW INTEREST AREAS FOR NEW SUBSCRIBERS.

IN 2017, THE OUTREACH DEPARTMENT COMPLETED SIGNIFICANT DESIGN WORK ON

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SIGNS AND OTHER MATERIALS. A COMPREHENSIVE IN-HOUSE REBRA	ND OF EIGHT	
OPERATIONAL VEHICLES ENSURES THAT GREENWAY VEHICLES ARE CONSISTENTLY		
RECOGNIZABLE WHEN WORKING IN THE PARK. THE OUTREACH DEPARTMENT ALSO		
REORGANIZED THE CONSERVANCY'S WEBSITE NAVIGATION AND CONTENT BASED ON		
2016 WEBPAGE TRAFFIC TO IMPROVE THE USER EXPERIENCE; BACK-END CHANGES		
IMPROVED BRAND CONSISTENCY. ALL OF THE SIGNAGE AND BRANDING FOR THE Z,		
THE BOSTON ZIPLINE, WAS DESIGNED AND PROCURED BY OUTREACH; SIGNAGE		
EXPLAINING THE STATUS OF THE SITE, KNOWN AS "PARCEL 12," WAS ALSO		
DESIGNED. THE OUTREACH DEPARTMENT DESIGNED THE INVITATIONS AND ALL		
COLLATERAL FOR THE GREENWAY GALA. ALL SIGNAGE FOR PUBLIC ART		
EXHIBITIONS AND OPERATIONS, BI-ANNUAL DEVELOPMENTAL APPEALS, AND		
GENERAL GREENWAY PRINT COLLATERAL IS ALSO IN-HOUSE DESIGNED. NEW		
INFORMATIONAL SIGNAGE WAS DESIGNED FOR THE CHINATOWN PARK VIEWING		
GARDEN AND THE POLLINATOR RIBBON AREAS OF THE GREENWAY.		
EXPENSES \$ 259,701. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 1,392.	

FORM 990, PART VI, SECTION A, LINE 7A: PER COMMONWEALTH LAW, AND THE ACTS OF 2008, CERTAIN MEMBERS OF THE BOARD OF DIRECTORS ARE APPOINTED BY ELECTED OFFICIALS OR BY GOVERNMENT AGENCIES.

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

AFTER INTERNAL REVIEW BY THE CONSERVANCY'S FINANCE DEPARTMENT AS WELL AS BY ITS EXECUTIVE DIRECTOR, A DRAFT OF THE FORM 990 IS DELIVERED TO THE FINANCE, AUDIT, AND RISK MANAGEMENT COMMITTEE (FARMC) OF THE BOARD OF DIRECTORS FOR ITS REVIEW AND COMMENT. THE FARMC MEETS WITH THE CONSERVANCY'S INDEPENDENT ACCOUNTING FIRM TO REVIEW ANY QUESTIONS IT MAY HAVE. ONCE THE FARMC APPROVES THE DRAFT FORM 990, THE INDEPENDENT AUDITING FIRM PROVIDES A FINAL VERSION FOR REVIEW BY THE FULL BOARD PRIOR TO THE 732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017) RETURN BEING FILED.

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

THE CONSERVANCY'S BOARD OF DIRECTORS SIGN THE CONFLICT OF INTEREST POLICY YEARLY. DISCLOSURES ARE FILED WITH THE CONSERVANCY AUDIT COMMITTEE WHICH REVIEWS AND REPORTS TO THE BOARD OF DIRECTORS.

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

EACH YEAR THE CONSERVANCY BOARD CHAIR REQUESTS ASSISTANCE FROM TWO TO THREE BOARD MEMBERS ON AN AD HOC BASIS TO EVALUATE THE EXECUTIVE DIRECTOR'S PERFORMANCE. THIS GROUP SOLICITS FEEDBACK FROM OTHER BOARD MEMBERS AND SENIOR STAFF, REVIEWS A SELF-EVALUATION PREPARED BY THE EXECUTIVE DIRECTOR AND CREATES A SUMMARY PERFORMANCE EVALUATION. THEY DISCUSS THE SUMMARY EVALUATION WITH THE EXECUTIVE DIRECTOR, HIGHLIGHTING STRENGTHS AND POTENTIAL AREAS FOR IMPROVEMENT OR FOCUS, AND MAKE RECOMMENDATIONS FOR COMPENSATION ADJUSTMENTS, IF SUCH ARE WARRANTED. SALARY DATA FOR COMPARATIVE POSITIONS AT OTHER NON-PROFIT ORGANIZATIONS IS USED IN DETERMINING EXECUTIVE COMPENSATION, BASED ON A COMPARATIVE ANALYSIS THAT IS UPDATED EVERY TWO YEARS. ANY RECOMMENDED ADJUSTMENTS TO THE EXECUTIVE DIRECTOR'S SALARY ARE REPORTED TO AND REVIEWED BY THE FINANCE, AUDIT, AND RISK MANAGEMENT COMMITTEE (FARMC) OR THE BOARD. THE MOST RECENT COMPARATIVE COMPENSATION ANALYSIS COINCIDED WITH THE LAST EXECUTIVE DIRECTOR SALARY ADJUSTMENT.

FORM 990, PART VI, SECTION C, LINE 19: THE CONSERVANCY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, FORM PC AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND POSTED ON THE CONSERVANCY'S WEBSITE - WWW.ROSEKENNEDYGREENWAY.ORG. FORM 990, PART VI, SECTION B, LINE 15B:

THE CONSERVANCY DOES NOT HAVE ANY OTHER OFFICERS OR EMPLOYEES.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.