

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2008**Open to Public  
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC.</b>  Doing Business As  Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>185 KNEELAND STREET 7TH FLOOR</b>  City or town, state or country, and ZIP + 4 <b>BOSTON, MA 02110</b>	<b>D</b> Employer identification number  <b>20-1678932</b>
		<b>E</b> Telephone number  <b>(617) 292-0020</b>
		<b>G</b> Gross receipts \$ <b>4,040,792.</b>
		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>NANCY BRENNAN 185 KNEELAND STREET 7TH FLOOR, BOSTON, MA 0</b>		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>ROSEKENNEDYGREENWAY.ORG</b>		
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>2004</b> <b>M</b> State of legal domicile: <b>MA</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY IS A PRIVATE, NON-PROFIT CORPORATION DEDICATED</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>22</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>235</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>5,436,095.</b>	<b>3,202,986.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>442,075.</b>	<b>236,596.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>23,676.</b>	<b>59,533.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,901,846.</b>	<b>3,499,115.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>911,762.</b>	<b>1,252,150.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>541,677.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>1,015,897.</b>	<b>1,708,863.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,927,659.</b>	<b>2,961,013.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>3,974,187.</b>	<b>538,102.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>17,174,697.</b>	<b>17,992,358.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>79,608.</b>	<b>112,555.</b>
		<b>17,095,089.</b>	<b>17,879,803.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date
	<b>NANCY BRENNAN, EXECUTIVE DIRECTOR</b> Type or print name and title	
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>FEELEY &amp; DRISCOLL, P.C. 200 PORTLAND STREET BOSTON, MA 02114</b>	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ <b>(617) 742-7788</b>

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

☒ Yes ☐ No

ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Form 990 (2008)

20-1678932 Page 2

**Part III** Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION**  
**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**
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code: ) (Expenses \$ **808,807.** including grants of \$ ) (Revenue \$ )  
**SUMMARY**

**ON OCTOBER 4, 2008 OVER 55,000 PEOPLE ATTENDED THE GREENWAY'S INAUGURAL CELEBRATION, AN EVENT ORGANIZED BY THE CONSERVANCY. OVER 60 BOSTON NON-PROFIT AND COMMUNITY ORGANIZATIONS WERE SHOWCASED IN THE ONE-DAY FESTIVAL.**

**AN ADDED 22,000 PEOPLE PARTICIPATED IN ADDITIONAL EVENTS, EDUCATION PROGRAMS AND PUBLIC ACTIVITIES FROM APRIL TO JUNE 30, 2009; THE CONSERVANCY'S PARK OPERATIONS STAFF BEGAN A PROGRAM OF ORGANIC LANDSCAPE MAINTENANCE PRACTICES IN THE SPRING OF 2009;**

4b (Code: ) (Expenses \$ **81,769.** including grants of \$ ) (Revenue \$ )  
**EDUCATIONAL PROGRAMS**

**IN FY09 THE CONSERVANCY BEGAN TO CREATE AND OFFER INFORMAL LEARNING PROGRAMS AND SCHOOL-BASED EDUCATIONAL PROGRAMS. ACCOMPLISHMENTS INCLUDE: GUIDED HORTICULTURE TOURS OF THE GREENWAY; GUIDED TOURS OF ROSE F. KENNEDY'S HOME AND NEIGHBORHOOD, CO-HOSTED WITH THE BOSTON WOMEN'S HERITAGE TRAIL; AND THE DEVELOPMENT AND PRINTING OF A THIRD GRADE CURRICULUM ON ROSE FITZGERALD KENNEDY CREATED WITH THE JOHN F. KENNEDY PRESIDENTIAL LIBRARY AND MUSEUM.**

**VOLUNTEERS PLAYED A VITAL ROLE IN THE SUCCESS OF THE CONSERVANCY'S EVENTS, PROGRAMS, AND HORTICULTURE NEEDS. DURING THE**

4c (Code: ) (Expenses \$ **951,373.** including grants of \$ ) (Revenue \$ )  
**FY09 PROGRAMMING AND COMMUNITY OUTREACH ACTIVITIES**

**THE CONSERVANCY ORGANIZED THE OPENING EVENT FOR THE LONG-AWAITED GREENWAY AND A LIVELY ROSTER OF DAILY AND WEEKLY ACTIVITIES THAT BUILT AWARENESS OF THIS NEW PUBLIC ASSET AND THE GREENWAY'S APPEAL AS A POPULAR DESTINATION. THESE ACTIVITIES DREW NEARLY 80,000 ATTENDEES IN THE GREENWAY'S FIRST YEAR OF OPERATIONS. ALL CONSERVANCY-SPONSORED ACTIVITIES AND EVENTS ARE FREE OR LOW-COST, AND MOST ARE PRODUCED IN COLLABORATION WITH TALENTED NON-PROFIT PARTNERS.**

**POPULAR EXAMPLES FROM FY09 INCLUDED:**

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

4e **Total program service expenses** ▶ \$ **1,841,949.** (Must equal Part IX, Line 25, column (B).)

**ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.**

Form 990 (2008)

20-1678932 Page **3**

**Part IV Checklist of Required Schedules**

		Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		X

Form **990** (2008)

ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Form 990 (2008)

20-1678932 Page 4

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Form 990 (2008)

20-1678932 Page 5

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	2	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>2a</b>	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	22	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b

Form 990 (2008)

ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Form 990 (2008)

20-1678932 Page 6

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	1a	12
b Enter the number of voting members that are independent	1b	12
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **MA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
**NANCY BRENNAN - 617-292-0020**  
**185 KNEELAND STREET 7TH FLOOR, BOSTON, MA 02110**

ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Form 990 (2008)

20-1678932 Page 7

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES BAKER DIRECTOR	5.00	X						0.	0.	0.
MAGGIE FELLNER HUNT DIRECTOR	5.00	X						0.	0.	0.
GLORIA CORDES LARSON DIRECTOR	5.00	X						0.	0.	0.
PETER MEADE CHAIRMAN	20.00	X						0.	0.	0.
EDWIN SCHLOSSBERG DIRECTOR	10.00	X						0.	0.	0.
MARYANN GILLIGAN SUYDAM DIRECTOR	5.00	X						0.	0.	0.
DOROTHY TERRELL DIRECTOR	5.00	X						0.	0.	0.
CHRISTOPHER J.B. FINCHAM DIRECTOR	5.00	X						0.	0.	0.
ROBERT C. GORE DIRECTOR	5.00	X						0.	0.	0.
GEORGIA MURRAY DIRECTOR	5.00	X						0.	0.	0.
PETER M. O'CONNOR DIRECTOR	5.00	X						0.	0.	0.
YOUNG K. PARK DIRECTOR	5.00	X						0.	0.	0.
CHRISTIAN SCORZONI DIRECTOR	5.00	X						0.	0.	0.
ANN M. THORNBERG DIRECTOR	5.00	X						0.	0.	0.
NANCY BRENNAN EXECUTIVE DIRECTOR	40.00			X				190,000.	0.	33,000.
LYNN GIFFORD FINANCE MANAGER	40.00				X			77,250.	0.	0.

ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Form 990 (2008)

20-1678932 Page 8

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b> .....								267,250.	0.	33,000.

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ..... **1**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SUSAN APPELBAUM, 185 KNEELAND STREET 7TH FLOOR, BOSTON, MA 02110	RFK GREENWAY CONSERVANCY FUNDRAIS	161,999.

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ..... **1**



ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Form 990 (2008)

20-1678932 Page 9

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	541,677.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2000000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	661,309.				
	g	Noncash contributions included in lines 1a-1f: \$		7,605.				
	h	Total. Add lines 1a-1f		3,202,986.				
	Program Service Revenue	Business Code						
2 a								
b								
c								
d								
e								
f		All other program service revenue						
g	Total. Add lines 2a-2f							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			236,596.	236,596.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	601,210.					
		b	541,677.					
			59,533.	59,533.				
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b						
10 a	Gross sales of inventory, less returns and allowances	a						
		b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code				
11 a								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			3,499,115.	296,129.	0.	0.	

ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Form 990 (2008)

20-1678932 Page 10

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	190,000.		190,000.	
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 .....	833,387.	603,668.	147,536.	82,183.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	141,522.	83,480.	46,677.	11,365.
10 Payroll taxes .....	87,241.	51,461.	28,774.	7,006.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	96,194.	60,928.	17,397.	17,869.
c Accounting .....	32,085.	20,322.	5,803.	5,960.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....				
13 Office expenses .....	83,706.	53,018.	15,139.	15,549.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....				
17 Travel .....	31,179.	19,748.	5,639.	5,792.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	11,640.	7,373.	2,105.	2,162.
23 Insurance .....	50,781.	32,164.	9,184.	9,433.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>CONSULTANTS</b> .....	553,075.	288,263.	40,117.	224,695.
b <b>EVENTS AND ENTERTAINMEN</b> .....	431,864.	278,233.		153,631.
c <b>SALES AND MARKETING</b> .....	127,345.	114,945.	12,400.	
d <b>ENGRAVING &amp; INSTALLATIO</b> .....	122,700.	122,700.		
e <b>BAD DEBT EXPENSE</b> .....	50,000.		50,000.	
f All other expenses .....	118,294.	105,646.	6,616.	6,032.
<b>25 Total functional expenses.</b> Add lines 1 through 24f	2,961,013.	1,841,949.	577,387.	541,677.
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Form 990 (2008)

20-1678932 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	13,095,628.	1	14,711,426.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....	4,029,500.	3	2,752,580.
	4 Accounts receivable, net .....		4	63,218.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost basis ... 10a 494,465.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 29,331.	49,569.	10c	465,134.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	17,174,697.	16	17,992,358.	
Liabilities	17 Accounts payable and accrued expenses .....	79,608.	17	112,555.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	79,608.	26	112,555.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	1,515,014.	27	1,575,465.
	28 Temporarily restricted net assets .....	5,055,305.	28	4,164,568.
	29 Permanently restricted net assets .....	10,524,770.	29	12,139,770.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 Total net assets or fund balances .....	17,095,089.	33	17,879,803.
	34 <b>Total liabilities and net assets/fund balances</b> .....	17,174,697.	34	17,992,358.

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

Department of the Treasury  
Internal Revenue Service

## Public Charity Status and Public Support

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

# 2008

**Open to Public Inspection**

Name of the organization ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Employer identification number
20-1678932

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) (see instructions)
---------------	---

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention, or association of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I                      b ☐ Type II                      c ☐ Type III - Functionally integrated                      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

## ROSE FITZGERALD KENNEDY

Schedule A (Form 990 or 990-EZ) 2008 **GREENWAY CONSERVANCY, INC.**

20-1678932 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1253000.	12235900.	1191901.	5436095.	3262519.	23379415.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 - 3	1253000.	12235900.	1191901.	5436095.	3262519.	23379415.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2580880.
6 <b>Public Support.</b> Subtract line 5 from line 4.						20798535.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1253000.	12235900.	1191901.	5436095.	3262519.	23379415.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	974.	32,427.	429,358.	465,751.	236,596.	1165106.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						24544521.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	84.74 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	69.97 %
16a <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 - 5 .....						
<b>7a</b> 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<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 .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization **ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.**

Employer identification number  
**20-1678932**

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ .....

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

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

☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ .....

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

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

☐ Yes ☐ No

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

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

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

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

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

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

▶ \$ .....

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

▶ \$ .....

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

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

▶ \$ .....

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

▶ \$ .....

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10524770.				
b Contributions	1,615,000.				
c Investment earnings or losses	190,627.				
d Grants or scholarships					
e Other expenditures for facilities and programs	190,627.				
f Administrative expenses					
g End of year balance	12139770.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► 67.90 %  
 c Term endowment ► \_\_\_\_\_ %

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

- (i) unrelated organizations  
 (ii) related organizations

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

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				0.
c Leasehold improvements	412,027.			412,027.
d Equipment	82,438.		29,331.	53,107.
e Other				0.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				465,134.

Schedule D (Form 990) 2008





ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Schedule D (Form 990) 2008

20-1678932 Page 4

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,499,115.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,961,013.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	538,102.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	246,612.
9	Total adjustments (net). Add lines 4-8	9	246,612.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	784,714.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	4,053,041.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	553,926.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	553,926.
3	Subtract line 2e from line 1	3	3,499,115.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	3,499,115.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	3,268,327.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	307,314.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	307,314.
3	Subtract line 2e from line 1	3	2,961,013.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,961,013.

**Part XIV Supplemental Information**

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART X: IN ACCORDANCE WITH FASB STAFF POSITION (FSP) 48-3, THE**

**CONSERVANCY HAS ELECTED TO DEFER THE APPLICATION OF FASB INTERPRETATION**

**(FIN) 48 TO FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008. THE**

**CONSERVANCY WILL EVALUATE ITS TAX POSITIONS IN ACCORDANCE WITH FIN 48 WHEN**

**FASB RELEASES GUIDANCE AND WILL DETERMINE ITS EFFECT AT THAT TIME. THE**

**CURRENT TAX POSITIONS HAVE BEEN EVALUATED USING FASB 5, ACCOUNTING FOR**

**CONTINGENCIES.**

**Part XIV** Supplemental Information *(continued)*

PART XI, LINE 8 - OTHER ADJUSTMENTS:

DONATED SERVICES CAPITALIZED: 246612.

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

# 2008

## Open To Public Inspection

Employer identification number  
20-1678932

<b>Part I</b>	<b>Fundraising Activities.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 17.	
---------------	---	--

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Email solicitations           | f <input checked="" type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations           | g <input checked="" type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations       |   |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

## ROSE FITZGERALD KENNEDY

Schedule G (Form 990 or 990-EZ) 2008 **GREENWAY CONSERVANCY, INC.**

20-1678932 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>INAUGURAL EVENT</b> (event type)	(b) Event #2 <b>GREENWAY GALA</b> (event type)	(c) Other Events 8 (total number)	(d) Total Events (Add col. (a) through col. (c))
	<b>Revenue</b>			
1 Gross receipts .....	271,668.	290,250.	39,292.	601,210.
2 Less: Charitable contributions .....				
3 Gross revenue (line 1 minus line 2) .....	271,668.	290,250.	39,292.	601,210.
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Non-cash prizes .....				
6 Rent/facility costs .....				
7 Other direct expenses .....	237,815.	263,442.	40,420.	541,677.
8 Direct expense summary. Add lines 4 through 7 in column (d) .....				( 541,677.)
9 Net income summary. Combine lines 3 and 8 in column (d) .....				59,533.

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? .....

b If "No," Explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

b If "Yes," Explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? .....

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
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

**a** The organization's facility ..... **13a** %  
**b** An outside facility ..... **13b** %

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

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a**

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....

**c** If "Yes," enter name and address:

Name ► .....

Address ► .....

**16** Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

► Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization **ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.** Employer identification number  
**20-1678932**

**Part I Questions Regarding Compensation**

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

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

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision  
of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? **4a** ☐ Yes ☒ No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** ☐ Yes ☒ No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** ☐ Yes ☒ No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

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

- a** The organization? **5a** ☐ Yes ☒ No
- b** Any related organization? **5b** ☐ Yes ☒ No
- If "Yes," to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** ☐ Yes ☒ No
- b** Any related organization? **6b** ☐ Yes ☒ No
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III **7** ☐ Yes ☒ No

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** ☐ Yes ☒ No

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

Schedule J (Form 990) 2008

GREENWAY CONSERVANCY, INC.

<b>Part II</b>	<b><u>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.</u></b> Use Schedule J-1 if additional space is needed.
----------------	--

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Employer identification number  
20-1678932

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

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 WILL ADVOCATE FOR STANDARDS OF CONSISTENCY AND EXCELLENCE IN DESIGN; MANAGE ITS OPERATIONS, WORKING COLLABORATIVELY TO CREATE, FINANCE, PROMOTE AND COORDINATE PUBLIC PROGRAMS AND EVENTS; AND RAISE ADEQUATE AND STABLE FUNDING TO SUPPORT THE LONG-TERM SUSTAINABILITY OF ITS PUBLIC USES.

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

FUTURE AS ONE OF AMERICA'S FOREMOST URBAN PARKS, THE CONSERVANCY WILL ADVOCATE FOR STANDARDS OF CONSISTENCY AND EXCELLENCE IN DESIGN; MANAGE ITS OPERATIONS, WORKING COLLABORATIVELY TO CREATE, FINANCE, PROMOTE AND COORDINATE PUBLIC PROGRAMS AND EVENTS; AND RAISE ADEQUATE AND STABLE FUNDING TO SUPPORT THE LONG-TERM SUSTAINABILITY OF ITS PUBLIC USES.

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

GREEN AND GROW, THE CONSERVANCY'S YOUTH PROGRAM THAT COMBINES ACADEMIC SUPPORT AND WORKFORCE DEVELOPMENT TRAINING, BEGAN ITS INITIAL CLASS OF SUMMER INTERNS IN JUNE 2009;

CONSERVANCY BOARD AND DEVELOPMENT TEAM RAISED \$1.25 MILLION IN PRIVATE CONTRIBUTIONS AND SECURED A \$2 MILLION GRANT OVER TWO YEARS FROM A QUASI-PUBLIC ORGANIZATION.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Employer identification number  
20-1678932

**OPERATIONS AND MAINTENANCE**

THE GREENWAY PROVIDES THE PUBLIC WITH YEAR ROUND BOTANICAL INTEREST IN A BEAUTIFUL URBAN SETTING. THE CONSERVANCY'S OPERATIONS AND MAINTENANCE STAFF CONDUCT DAILY AND SEASONAL MAINTENANCE. THEY USE ENVIRONMENTALLY RESPONSIBLE "BEST PRACTICES" IN THE CARE OF TREES, PLANTS, FOUNTAINS AND HARDSCAPE PARK ELEMENTS DRAWN FROM THE MOST SUSTAINABLE AND ORGANIC METHODS KNOWN. RESPONSIBLE LAND STEWARDSHIP IS CENTRAL TO OUR MISSION.

THE CONSERVANCY CONTRACTED WITH WORK INC., A NON-PROFIT ORGANIZATION, TO SUPPLEMENT THE LANDSCAPING AND SURFACE MAINTENANCE AND PROVIDE TRASH AND SNOW REMOVAL SERVICES REQUIRED TO KEEP THE GROUNDS IN PRISTINE CONDITION. WORK INC. IS NATIONALLY RECOGNIZED FOR DEVELOPING COMMUNITY-BASED PROGRAMS FOR INDIVIDUALS WITH DISABILITIES.

OTHER ASPECTS OF PARK OPERATIONS INCLUDE LANDSCAPE DESIGN AND CAPITAL PROJECT MANAGEMENT. THE CONSERVANCY'S PLANNING AND DESIGN STAFF WORKS WITH EXISTING PROFESSIONAL ORGANIZATIONS, AREA COLLEGES AND UNIVERSITIES, AND OTHER NON-PROFIT DESIGN ORGANIZATIONS TO ENGAGE THE BROADER COMMUNITY IN THE CONSERVANCY'S EFFORTS TO PROMOTE THE HIGHEST QUALITY PLANNING AND DESIGN SOLUTIONS FOR THE GREENWAY. PROJECT CATEGORIES FOR FY09 INCLUDED:

**A. CONSERVANCY DESIGN REVIEW PROTOCOLS -**

- **DRAFT PROTOCOLS (PUBLIC GUIDELINE DOCUMENTS) FOR BOTH CAPITAL**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Employer identification number  
20-1678932

IMPROVEMENTS IN PARKS AND FOR ADJACENT PRIVATE DEVELOPMENT PROJECTS

B. CAPITAL IMPROVEMENTS IN PARKS -

- PLAN AND DESIGN CAPITAL IMPROVEMENT PROJECTS THAT ARE PROPOSED BY THE CONSERVANCY, E.G. PARK WAY-FINDING SIGNS; SEASONAL STRUCTURES TO PROVIDE ADDITIONAL SHADE; AND DESIGN CONCEPTS TO ADDRESS INCOMPLETE PORTIONS OF THE GREENWAY.

- PROVIDE DESIGN REVIEW OF PROPOSED PARK FACILITIES PLANNED BY OTHERS.

C. ADJACENT PRIVATE DEVELOPMENT -

- PROVIDE DESIGN REVIEW OF NEW PROJECTS AND ASSESS THEIR POTENTIAL IMPACT ON THE GREENWAY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS  
INAUGURAL CELEBRATION ALONE, OVER 150 VOLUNTEERS PARTICIPATED IN THE  
PARKS-WIDE EVENT.

YOUTH WORKFORCE DEVELOPMENT PROGRAM

GREEN & GROW IS DESIGNED TO PROVIDE PEOPLE AGES 16-20 WITH AN  
OPPORTUNITY TO CONTRIBUTE TO FAMILY INCOME WHILE CONTINUING THEIR  
ACADEMIC STUDIES. THE PROGRAM EMPOWERS YOUNG ADULTS FROM LOW-INCOME

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

Schedule O (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
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Name of the organization

ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Employer identification number  
20-1678932

AND IMMIGRANT FAMILIES IN BOSTON THROUGH HANDS-ON LEARNING EXPERIENCES,  
WORK-READINESS SKILLS, MENTORSHIP WITH TRAINED PROFESSIONALS,  
TEAM-BUILDING EXCURSIONS, AND CURRICULUM THAT FOCUSES ON HORTICULTURE,  
ORGANIC LANDSCAPING, URBAN DESIGN, PARK TECHNOLOGIES AND GREEN-BUILDING  
PRACTICES WITH THE GOAL THAT THESE YOUNG ADULTS WILL BE THE FUTURE  
CARETAKERS OF THE GREENWAY.

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

- DAILY CAROUSEL PROGRAM
- WEEKLY FITNESS PROGRAMS - YO-CHI CLASSES, POWER-WALKING
- WEEKLY FAMILY ACTIVITIES - CHILDREN'S STORY HOUR WITH THE CITY  
OF BOSTON'S READBOSTON PROGRAM, GAMES IN THE PARKS, TREASURE HUNTS
- WEEKLY FARMER'S MARKET (TWO DAYS PER WEEK), WITH THE BOSTON  
PUBLIC MARKET ASSOCIATION
- SIGNATURE EVENTS - GREENWAY INAUGURAL CELEBRATION IN OCTOBER  
2008 AND SPRING MOTHERS' DAY CELEBRATION IN MAY 2009.

IN ADDITION, THE CONSERVANCY PROMOTES THE USE OF THE GREENWAY TO  
OTHER ORGANIZATIONS WHO WISH TO OFFER FREE EVENTS AND PROGRAMS AND  
ASSISTS THEM IN EXECUTION.

DEVELOPMENT DEPARTMENT

THE CONSERVANCY IS A NON-PROFIT PUBLIC/PRIVATE PARTNERSHIP;  
THEREFORE FUNDRAISING IS AN INTEGRAL PART OF THE ACTIVITIES OF THE  
ORGANIZATION. OUR ACCOMPLISHMENTS IN FY09 INCLUDED:

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

832211  
12-18-08

Schedule O (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Employer identification number  
20-1678932

THE MOTHERS' WALK PROGRAM ATTRACTED NEW GREENWAY SUPPORTERS TO THE CONSERVANCY FROM CITIES THROUGHOUT MASSACHUSETTS, THE U.S. AND INTERNATIONALLY. SINCE LAUNCHING IN 2007, OVER 1600 INDIVIDUALS AND FAMILIES HAVE HONORED LOVED ONES ON THE GREENWAY WITH AN INSCRIBED PAVER ON THE MOTHERS' WALK, CONTRIBUTING NEARLY \$1 MILLION IN REVENUE.

THE FIRST ANNUAL GREENWAY GALA ATTRACTED OVER 380 SUPPORTERS FROM THE BUSINESS COMMUNITY, NON-PROFIT COMMUNITY GROUPS, CORPORATIONS, FOUNDATIONS AND POLITICAL LEADERSHIP AND RAISED OVER \$290,000.

FORM 990, PART VI, SECTION A, LINE 10: THE FINANCE MANAGER RECEIVES DRAFT AUDITED FINANCIAL STATEMENTS AND TAX RETURNS FROM THE CONSERVANCY'S INDEPENDENT ACCOUNTANT. THE FINANCE MANAGER REVIEWS THE DRAFT TX RETURNS AND FINANCIALS AS WELL AS FORWARDS THEM ALONG TO THE FINANCE COMMITTEE FOR REVIEW AND COMMENT. A MEETING IS THEN SET UP WITH THE INDEPENDENT ACCOUNTING FIRM TO REVIEW ANY QUESTIONS THAT MAY HAVE ARISEN. ONCE THE FINANCE COMMITTEE APPROVES THE DRAFT FINANCIAL STATEMENT, THE INDEPENDENT ACCOUNT PROVIDES AN UPDATED DRAFT TO THE FINANCE MANAGER WHO THEN FORWARDS ON TO THE ENTIRE BOARD OF DIRECTORS FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONSERVANCY HAS BOARD OF DIRECTORS SIGN THE CONFLICT OF INTEREST POLICY YEARLY AND FOLLOWS UP WITH ANY CONFLICTS THAT ARISE.

FORM 990, PART VI, SECTION B, LINE 15: THE CONSERVANCY BOARD'S EXECUTIVE

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

Schedule O (Form 990) 2008

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Department of the Treasury  
Internal Revenue Service

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20-1678932

COMMITTEE RECOMMENDS COMPENSATION FOR THE EXECUTIVE DIRECTOR. IN FY09 THE EXECUTIVE COMMITTEE, AT THE DIRECTION OF THE BOARD OF DIRECTORS, HIRED AN INDEPENDENT CONSULTANT TO CONDUCT AN EXECUTIVE COMPENSATION SURVEY TO DEVELOP A RECOMMENDATION FOR ANY CHANGES TO THE EXECUTIVE DIRECTOR'S SALARY. THE CONSULTANT REVIEWED NINE COMPARABLE AND RELEVANT ORGANIZATIONS EITHER THROUGH DIRECT SURVEYS OR THE ORGANIZATIONS' 990S AND RECOMMENDED A COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR BASED ON THESE RELEVANT ORGANIZATIONS, PERFORMANCE AND THE ECONOMIC CLIMATE. THE EXECUTIVE COMMITTEE REPORTED THE FINDINGS TO THE BOARD, WHICH THEN VOTED TO APPROVE A COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19: THE CONSERVANCY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

THE FINANCE MANAGER RECEIVES DRAFT AUDITED FINANCIAL STATEMENTS AND TAX RETURNS FROM THE CONSERVANCY'S INDEPENDENT ACCOUNTANT. THE FINANCE MANAGER REVIEWS THE DRAFT TX RETURNS AND FINANCIALS AS WELL AS FORWARDS THEM ALONG TO THE FINANCE COMMITTEE FOR REVIEW AND COMMENT. A MEETING IS THEN SET UP WITH THE INDEPENDENT ACCOUNTING FIRM TO REVIEW ANY QUESTIONS THAT MAY HAVE ARISEN. ONCE THE FINANCE COMMITTEE APPROVES THE DRAFT FINANCIAL STATEMENT, THE INDEPENDENT ACCOUNT PROVIDES AN UPDATED DRAFT TO THE FINANCE MANAGER WHO THEN FORWARDS ON TO THE ENTIRE BOARD OF DIRECTORS FOR FINAL APPROVAL.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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**2008**

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Inspection

Name of the organization

ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Employer identification number  
20-1678932

**ORGANIZATION BACKGROUND**

THE ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, A PRIVATE, NON-PROFIT CORPORATION, WAS ESTABLISHED IN 2004 BY THE MASSACHUSETTS TURNPIKE AUTHORITY, THE CITY OF BOSTON, AND THE COMMONWEALTH OF MASSACHUSETTS TO "PROMOTE, PRESERVE, AND IMPROVE THE GREENWAY AS A FIRST-CLASS PUBLIC SPACE." THE GREENWAY IS ONE OF AMERICA'S MOST AMBITIOUS USES OF URBAN PARKLAND AND OPEN SPACE TO TRANSFORM AN HISTORIC CITY AND BRING NEW VITALITY TO LIFE AT STREET LEVEL FOR RESIDENTS, DOWNTOWN WORKERS AND VISITORS.

THE BOSTON COMMUNITY'S VISION FOR THIS NEW PARKLAND SHAPED THE GREENWAY AS A PHYSICAL AND CIVIC CONNECTOR, REUNITING AREAS OF THE CITY SEPARATED BY THE OLD ELEVATED HIGHWAY THAT NOW RUNS UNDERGROUND. THE PARKS INVITE RESIDENTS AND VISITORS TO PAUSE AND RECONNECT WITH THEMSELVES AND OTHERS AMONG THE FIFTEEN ACRES OF NEW GREEN SPACE, GARDENS, PLAZAS AND FOUNTAINS. OPENED IN LATE 2007, THE PARKS WELCOME 1.5 TO 2 MILLION PEOPLE ANNUALLY.

IN JULY 2008 THE STATE LEGISLATURE PASSED THE ENABLING STATUTE CONFIRMING THAT THE CONSERVANCY WOULD SERVE AS THE STEWARD OF THE GREENWAY ON BEHALF OF THE PUBLIC. IN FEBRUARY 2009 THE MASSACHUSETTS TURNPIKE AUTHORITY (NOW THE MASSACHUSETTS DEPARTMENT OF TRANSPORTATION) AND THE CONSERVANCY ENTERED INTO A LEASE AGREEMENT IN WHICH THE CONSERVANCY UNDERTOOK THE RESPONSIBILITY FOR THE GREENWAY'S MAINTENANCE, OPERATIONS, PROGRAMMING AND IMPROVEMENTS FOR ALL THE GREENWAY PARKLANDS AND RELATED OPEN SPACE PARCELS.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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Inspection**

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THE CONSERVANCY HAS STEADILY BUILT A REPUTATION FOR HIGH STANDARDS OF PERFORMANCE IN PARK OPERATIONS, ENVIRONMENTALLY-RESPONSIBLE PRACTICES, INCLUSIVE CULTURAL PROGRAMS AND A RESPECTED YOUTH EDUCATION/WORKFORCE DEVELOPMENT INITIATIVE. AS THE STEWARD OF THE GREENWAY, THE CONSERVANCY'S ACTIVITIES HAVE ATTRACTED ENTHUSIASTIC VISITORS, SUPPORTERS AND VOLUNTEERS TO THE GREENWAY. IT ALSO RAISES SIGNIFICANT PRIVATE CONTRIBUTIONS TO COMPLEMENT A CORRESPONDING PUBLIC INVESTMENT.

**SUPPLEMENTAL INFORMATION**

**ORGANIZATION PURPOSE**

THE CONSERVANCY'S OVERARCHING OBJECTIVES INCLUDE:

-IMPLEMENTING AN ECONOMICALLY-PRUDENT AND ENVIRONMENTALLY-SUSTAINABLE LANDSCAPE MANAGEMENT PROGRAM;

-ADDING VALUE TO THE PUBLIC EXPERIENCE OF THE PARKS THROUGH A) CONSERVANCY-SPONSORED PUBLIC EVENTS, REGULAR FITNESS PROGRAMS, TEMPORARY INSTALLATIONS OF PUBLIC ART, AND B) COMMUNITY-BASED PARTNERSHIPS TO BRING A WIDE VARIETY OF PUBLIC PROGRAMS TO THE GREENWAY;

-DEVELOPING INCREASED INVOLVEMENT IN THE PARKS BY THE BROADER COMMUNITY, INCLUDING A YOUTH WORKFORCE DEVELOPMENT PROGRAM IN ALL ASPECTS OF PARK OPERATIONS.

THE CONSERVANCY IS STRIVING TO ESTABLISH THE GREENWAY AS ONE OF THE FIRST URBAN CORRIDORS IN AMERICA THAT IS MAINTAINED USING ECOLOGICALLY-SENSITIVE OPERATING PRACTICES. TOWARD THIS END, THE



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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GREENWAY CONSERVANCY, INC.

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20-1678932

CONSERVANCY IS WORKING TO IMPLEMENT A SUSTAINABLE LANDSCAPE MANAGEMENT PROGRAM THAT CONSERVES RESOURCES AND INCORPORATES ORGANIC/NON-TOXIC PRACTICES.

**SUPPLEMENTAL INFORMATION**

**GOVERNANCE, ADMINISTRATION AND FINANCE**

THE CONSERVANCY IS GOVERNED BY A 17-MEMBER BOARD (INCLUDING TWO EX-OFFICIO MEMBERS). THE CONSERVANCY ALSO HAS A CITIZENS' ADVISORY COMMITTEE KNOWN AS THE GREENWAY LEADERSHIP COUNCIL. EXECUTIVE DIRECTOR NANCY BRENNAN HEADS A STAFF OF 21 FTE'S INCLUDING:

MAINTENANCE AND HORTICULTURE - 6

PLANNING AND DESIGN - 3

PUBLIC PROGRAMS AND EDUCATION - 3.5

DEVELOPMENT - 3.5

ADMINISTRATION AND FINANCE - 5

THE CONSERVANCY'S FIRST FINANCIAL MILESTONE WAS TO COMPLETE A \$20 MILLION CAMPAIGN BY DECEMBER 2007, INTENDED LARGELY TO ESTABLISH A PERMANENT ENDOWMENT (\$14.2 MILLION IS PERMANENTLY RESTRICTED AND \$.93 MILLION IS BOARD RESTRICTED).

IN FY09 THE CONSERVANCY RECEIVED A \$2M GRANT TO FUND OPERATIONS AND MAINTENANCE FOR TWO YEARS FROM MASSDEVELOPMENT, A QUASI-PUBLIC ORGANIZATION. PRIVATE SUPPORT IS COMPOSED OF ENDOWMENT INCOME, CONTRIBUTIONS INCLUDING MAJOR GIFTS, GALA PROCEEDS, TEMPORARILY RESTRICTED GIFTS AND GRANTS, INCOME FROM SALE OF THE POPULAR "MOTHERS'

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0047

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GREENWAY CONSERVANCY, INC.

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20-1678932

WALK" PAVERS, AND IN-KIND CONTRIBUTIONS.

VOLUNTEERS ARE ANOTHER MEASURE OF SUPPORT. VOLUNTEERS PLAYED A VITAL  
ROLE IN THE SUCCESS OF THE CONSERVANCY'S EVENTS, PROGRAMS, AND  
HORTICULTURE NEEDS. DURING THE OCTOBER 2008 INAUGURAL CELEBRATION,  
OVER 120 VOLUNTEERS PARTICIPATED IN THE PARK-WIDE EVENT BY STAFFING  
INFORMATION BOOTHS, SUPERVISING CHILDREN'S GAMES AND ACTIVITIES,  
HELPING MOTHERS' WALK DONORS TO LOCATE THEIR PAVERS, ETC. TO CELEBRATE  
EARTH DAY IN APRIL 2009, THE CONSERVANCY ENLISTED THE HELP OF LOCAL  
RESIDENTS AND BUSINESS PEOPLE TO HELP AWAKEN THE PARKS FROM THEIR  
WINTER SLUMBER, CLEARING LITTER AND DEBRIS, CUTTING BACK OVERGROWN  
GRASSES AND CLEANING BENCHES.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

**2008**Attachment  
Sequence No. 67ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.

Business or activity to which this form relates

Identifying number

FORM 990 PAGE 10

20-1678932

**Part I** Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II** Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	11,639.

**Part III** MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 40-year	/		40 yrs.	MM	S/L

**Part IV** Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	11,639.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**ROSE FITZGERALD KENNEDY  
GREENWAY CONSERVANCY, INC.**

Form 4562 (2008)

20-1678932 Page 2

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	

**26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L			
		%			S/L			
		%			S/L			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

**28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1

**29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2008 tax year:					
<b>43</b> Amortization of costs that began before your 2008 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC.</b>	Employer identification number <b>20-1678932</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>185 KNEELAND STREET 7TH FLOOR</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02110</b>	

**Check type of return to be filed** (File a separate application for each return):

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**NANCY BRENNAN**

- The books are in the care of **185 KNEELAND STREET 7TH FLOOR - BOSTON, MA 02110**  
 Telephone No. **617-292-0020** FAX No. **617 292-2705**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2010**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶**

Title **▶ EXECUTIVE DIRECTOR**

Date **▶**

Form **8868** (Rev. 4-2009)