IRS e-file Signature Authorization OMB No. 1545-0047 for a Tax Exempt Entity Form 8879-TE , 2021, and ending For calendar year 2021, or fiscal year beginning ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service ROSE FITZGERALD KENNEDY GREENWAY EIN or SSN Name of filer CONSERVANCY, INC. 20-1678932 CHRISTOPHER COOK Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ 1b 8,732,611. Form 990 check here \_\_\_\_\_ > X 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here ...... 5a b Balance due (Form 8868, line 3c) 5b Form 990-T check here 6a 7a Form 4720 check here ..... 8a Form 5227 check here **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize AAFCPAS, 02114 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this maturing bleating copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 9/20/2022 cuns cook Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 04198955555 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date  $\triangleright$  09/20/22 ERO's signature ► AAFCPAS, INC. **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

102521 01-11-22

Form **8879-TE** (2021)

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

#### EXTENDED TO NOVEMBER 15, 2022

Form **990** 

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

АГ	OI LII	e 2021 calendar year, or tax year beginning and	enaing	_	
B c	heck if	ROSE FIIZGERALD RENNEDI GREENWAI		D Employer identifi	cation number
	Addre chang Name			1 20 16700	2.0
$\vdash$	Name chang Initial return	Doing business as  Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	20-16789	
	Final return	185 KNEELAND STREET	noon/suite	E Telephone number (617) 29	2-0020
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	9,352,509.
	Amen	BOSION, MA UZIII		H(a) Is this a group re	
	Application pendi			for subordinates	
		100 KNEELAND STREET, BUSTON, MA UZIII		H(b) Are all subordinates in	ncluded? Yes No
<u> </u>	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) €	or 527	<b>⊣</b> ′	list. See instructions
		te: WWW.ROSEKENNEDYGREENWAY.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2004 N	M State of legal domicile: MA
Ра	rt I	Summary	3 mm 3 OI	TED GOTTEDITE	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE	A'I"I'ACI	HED SCHEDULE	0
rna	2	Check this box  if the organization discontinued its operations or dispose	sed of mor	e than 25% of its net as	ssets.
ove	l			3	21
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			21
es 8		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			49
viţie	l	Total number of volunteers (estimate if necessary)			376
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		4,881,790.	5,492,797.
nue	9	Program service revenue (Part VIII, line 2g)		350,584.	906,169.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		576,245.	2,348,412.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		139,112.	-14,767.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,947,731.	8,732,611.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,263,317.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  663,55		17,655.	25,950.
χĎ				0 200 605	0.600.740
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,388,607.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,669,579.	
_ s		Revenue less expenses. Subtract line 18 from line 12		278,152.	
Net Assets or und Balances		T. I. (D. I.V.); 40)	В	eginning of Current Year 27,875,664.	End of Year 31,444,070.
Ysse Bak	20	Total assets (Part X, line 16)		529,956.	818,227.
Net / Fund	21	Total liabilities (Part X, line 26)		27,345,708.	30,625,843.
_	rt II	Net assets or fund balances. Subtract line 21 from line 20		27,343,700.	30,023,043.
		alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and staten	nents, and to the best of m	v knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			, momentuge and some, it is
,		•			
Sigr	า	Signature of officer		Date	
Her		CHRISTOPHER COOK, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	l	DAVID KELLEHER, CPA DAVID KELLEHER,	CPA	09/20/22 if self-employ	P01059560
Prep	arer	Firm's name AAFCPAS, INC.		Firm's EIN ▶	04-2571780
Use	Only	Firm's address 50 WASHINGTON STREET			
		WESTBOROUGH, MA 01581		Phone no. 50	8-366-9100
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE PART I, LINE 1	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses, and
	revenue, if any, for each program service reported.	05 747
4a	(Code: ) (Expenses \$ 3,083,309. including grants of \$ ) (Revenue \$	95,747.
	SEE ATTACHED SCH O-MAINTENANCE, HORTICULTURE, AND RANGERS	
4b	(Code:) (Expenses \$	823,226.)
	SEE ATTACHED SCHEDULE O - PROGRAMS	
	(Code: ) (Expenses \$ 599,115 • including grants of \$ ) (Revenue \$	
4c	(Code: ) (Expenses \$ 599,115 · including grants of \$) (Revenue \$)  SEE ATTACHED SCHEDULE O - PUBLIC ART	)
	DEE ATTACHED DCHEDOLE O TODLIC AKT	
4d	Other program services (Describe on Schedule O.)	
		869.)
4e	Total program service expenses ► 4,545,107.	
		Form <b>990</b> (2021)

#### 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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Э		122
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			$ _{\mathbf{x}}$
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	1 Ie	21	
f	the organization's separate of consolidated linaricial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "		<u> </u>
ızu	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			

### ROSE FITZGERALD KENNEDY GREENWAY

Form 990 (2021)

CONSERVANCY, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
•	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		X
h	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			<b>₩</b>
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<del></del>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	E		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  In the number of Forms W-2G included on line 1a. Enter -0, if not applicable	4		
b	Enter the number of Forms with an additional forms and appropriate the forms with a second se			
C	(gambling) winnings to prize winners?	1c	Х	
	(33)35			

132004 12-09-21

Form **990** (2021)

Form 990 (2021) CONSERVANCY, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	to statements magaranty care magarant rax compliance (continues)			
0-	Established and an experience of an experience of an experience of the experience of		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  49			
h	filed for the calendar year ending with or within the year covered by this return	2b	Х	
Ь	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	ZIJ		
32	Did the consciention become already to a first order of \$4,000 and the state of \$4,000 and the state of \$5,000 and the state of \$6,000 and the state o	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	JU		
<del>-1</del> a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	<del>T</del> a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
122	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZA		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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

_	Check if Schedule O contains a response or note to any line in this Part VI					X					
<u>Sec</u>	tion A. Governing Body and Management										
		1 1	0.4		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any othe	er								
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	he direct superv	rision								
	of officers, directors, trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		X					
5	· · · · · · · · · · · · · · · · · · ·										
6	Did the organization have members or stockholders?			6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or									
	more members of the governing body?			7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, o	r								
	persons other than the governing body?			7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the followin	g:								
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)									
			_		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliate	es,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing t	he form?	11a	X						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe									
	on Schedule O how this was done			12c	Х						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review and approv										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'	?									
а	The organization's CEO, Executive Director, or top management official			15a	Х						
b	Other officers or key employees of the organization			15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a									
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's									
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►MA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (secti	on 501(c)(3):	s only	availa	able					
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain	n on Schedule C	0)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interes	st policy, and	d finar	ncial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and record	ls ▶								
	CHRISTOPHER COOK - 617-292-0020										
	185 KNEELAND STREET, BOSTON, MA 02111										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization n		orga	aniza			nper	nsat			
(A)	(B)		ı	<b>(C</b> Posi	C) ition	,		(D)	(E)	(F)
Name and title	Average		not cl	heck	more	than o		Reportable	Reportable	Estimated
	hours per week	offic	, unles cer an	ss pe d a d	rson irecto	is botl or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALEX ROGERS PITTMAN	line) 46.00	트	Ë	JO.	Ke	en Hi	요			
DIRECTOR OF DEVELOPMENT	10.00	1				x		134,977.	0.	25,314.
(2) DAVID DALENA	46.00		Н			<del> </del>				
SENIOR DEVELOPMENT OFFICER		1				x		142,307.	0.	17,120.
(3) CHRIS COOK	43.00		Н					,		,
EXECUTIVE DIRECTOR		1		Х				139,305.	0.	1,089.
(4) ROBERT STIGBERG	44.00		П							
DIRECTOR OF MAINTENANCE						Х		115,174.	0.	2,518.
(5) TRACEY COOKE	48.00									
DIRECTOR OF FINANCE AND AD						Х		104,108.	0.	12,050.
(6) KEELIN CALDWELL	43.00								_	
DIRECTOR OF PROGRAMS						Х		105,067.	0.	8,891.
(7) JESSE BRACKENBURY	43.00									
FORMER EXECUTIVE DIRECTOR			Ш	Х				92,895.	0.	11,671.
(8) DOUG HUSID	5.00	l								
CHAIR		Х		Х				0.	0.	0.
(9) JOHN SHEA	5.00								•	
VICE CHAIR	0.00	Х	Ш	Х				0.	0.	0.
(10) KAREN JOHNSON	7.00	,,		77					0	•
TREASURER	0.00	Х	Ш	Х				0.	0.	0.
(11) SUSANNE LAVOIE	4.00	<b>.</b> ,		77					0	0
CLERK (12) ALLI ACHTMEYER	2.00	Х	Н	Х				0.	0.	0.
DIRECTOR	0.00	X						0.	0.	0.
(13) MARK BOYLE	2.00	Δ	Н					0.	· ·	0.
DIRECTOR (RESIGNED 03/21)		X						0.	0.	0.
(14) CONOR FINLEY	2.00		Н						•	•
DIRECTOR	0.00	x						0.	0.	0.
(15) ROBERTSTONE GOODRIDGE	3.00	<del></del>	Н			$\Box$				
DIRECTOR	0.00	Х						0.	0.	0.
(16) ROSALIND GORIN	2.00		П							
DIRECTOR	0.00	Х						0.	0.	0.
(17) CARMINE GUARINO	2.00		П							
	0.00		. 1					0.	0.	0.

132007 12-09-21

Form 990 (2021)

Form 990 (2021)

	ANCY, INC	<i>-</i> : •							20-16/8	932 Page <b>8</b>
Part VII Section A. Officers, Directors, T	rustees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)				<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<del></del>	er an	iu a u	recio	rrus	iee)	from	from related	other
	(list any hours for	or director						the	organizations	compensation
	related	or di	98			sated		organization	(W-2/1099-MISC/	from the
	organizations	nstee	trust		, e	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		ploye	st con		1099-NEO)		organizations
	line)	Individual trustee	Institutional trustee	Officer	key employee	Highest compensated employee	Forme			organizations
(18) KIRSTEN HOFFMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(19) DENIZ JOHNSON	3.00									
DIRECTOR		Х						0.	0.	0.
(20) REBECCA LEE	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(21) THOMAS O'BRIEN	2.00									
DIRECTOR		Х						0.	0.	0.
(22) LINDA SEE	2.00									
DIRECTOR		Х						0.	0.	0.
(23) BRADLEY W. SNYDER	4.00									
DIRECTOR		Х						0.	0.	0.
(24) KIM SHERMAN STAMLER	1.00									
DIRECTOR		Х						0.	0.	0.
(25) MATT CONTI	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(26) JENNY MORSE	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
1b Subtotal								833,833.	0.	78,653.
c Total from continuation sheets to Par	t VII, Section A						<b>&gt;</b>	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	833,833.	0.	78,653.
2 Total number of individuals (including bu	ut not limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
BLOCK BY BLOCK	GENERAL PARK	
PO BOX 643873, CINCINNATI, OH 45264	MAINTENANCE	874,996.
NELM CORP	GENERAL CONTRACTOR,	
135 INDUSTRIAL WAY, ROCKLAND, MA 02370	₽2	316,554.
BENCHMARK ARTS	PUBLIC ART	
1757 STANDARD AVENUE, GLENDALE, CA 91201	INSTALLATION	157,501.
J.A.J COMPANY, INC.	GENERAL CONTRACTOR -	
21 PRESCOTT STREET, MEDFORD, MA 02155	MASONRY WORK	150,756.
	1	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization • 4

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

Form 990

Form 990 CONSERVAL	NCY, INC	<u>.                                    </u>							20-167	8932
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per	(			<u> </u>		1,,	from	from related	other
	week					ee/		the	organizations	compensation
	(list any	ctor				Highest compensated employee		organization	(W-2/1099-MISC)	from the
	hours for	Individual trustee or director				ed er		(W-2/1099-MISC)		organization
	related	tee o	Institutional trustee			ensat				and related
	organizations	l trus	ıal trı		oyee	dwo				organizations
	below	/id ua	tutio	la la	ldme	esto	je.			
	line)	Indiv	Insti	Officer	Key employee	High	Former			
(27) KATHERINE FICHTER	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(28) YVONNE GARCIA	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(29) HILINA AJAKAIYE	2.00								•	
DIRECTOR	0.00	x						0.	0.	0.
(30) DAVID WILKINSON	2.00								•	
DIRECTOR (RESIGNED 12/21)	0.00	v						0.	0.	0.
DIRECTOR (RESIGNED 12/21)	0.00							0.	•	•
			$\vdash$	$\vdash$		$\vdash$				
			$\vdash$	$\vdash$		$\vdash$				
Tatalas Bastalli Coming Anno 1										
Total to Part VII, Section A, line 1c										

Form 990 (2021)

Part VIII Statement of Revenue

			Check if Schedule O	cont	ains a	response	or note to any lin	ne in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
ts ts	1	<u>-</u>	Federated campaigns			1a					
ran Gu			Membership dues			1b					
٩			Fundraising events			1c	457,749.				
ifts			Related organizations			1d	107,720.				
nig,			Government grants (conti			1e	1,904,937.				
Sir			All other contributions, gifts,		,		_,,,,,,,,				
le Et		•	similar amounts not included			<sub>1f</sub>	3,130,111.				
Ĕ Ŏ		_	Noncash contributions included in			1g \$	5,860.				
Contributions, Gifts, Grants and Other Similar Amounts			<b>Total.</b> Add lines 1a-1f				· · · · · · · · · · · · · · · · · · ·	5,492,797.			
<u> </u>		<u>''</u>	Total: Add lines fa 11				Business Code	-,,			
a	2	2	CAROUSEL REVENUE, N	EТ			722100	475,899.	475,899.		
, Ki		b BEER GARDENS c FOOD VENDING INCOME d PROMOTIONAL FEES					722440	111,745.	111,745.		
Ser							713110	110,765.	110,765.		
E S							541800	86,159.	86,159.		
Program Service Revenue		-	MAINTENANCE REVENUE				900099	82,929.	82,929.		
Pro		-	All other program service		nua		900099	38,672.	38,672.		
			Total. Add lines 2a-2f					906,169.	55,512.		
	3	9	Investment income (include					200,202.			
	Ü		other similar amounts)					2,231,724.			2,231,724.
	4		Income from investment					_,,			_,,
	5		Royalties			-					
	J		rioyaitics	<u> </u>	(i	) Real	(ii) Personal				
	6	2	Gross rents	6a	<b>├</b>	,	(.,,				
			Less: rental expenses	6b	+						
			Rental income or (loss)	6c	+						
			Net rental income or (loss)		1						
			Gross amount from sales of	<u> </u>		ecurities	(ii) Other				
	•	<b>u</b>	assets other than inventory	7a		695,771.	( )				
		h	Less: cost or other basis	<u>,                                    </u>		, , , , , ,					
e E		~	and sales expenses	7b		579,083.					
Revenue		c	Gain or (loss)	$\overline{}$		116,688.					
Re/			Net gain or (loss)			-		116,688.			116,688.
ther			Gross income from fundraisi					, -			
₹	•	_	including \$								
			contributions reported on			-					
			Part IV, line 18		•	I	11,375.				
		b	Less: direct expenses				40,815.				
			Net income or (loss) from					-29,440.			-29,440.
			Gross income from gamir			_		,			,
	-	-	Part IV, line 19								
		b	Less: direct expenses				<b>I</b>				
			Net income or (loss) from			· · · · · · · · · · · · · · · · · · ·	<b></b>				
			Gross sales of inventory,	-	_						
			and allowances			I					
		b	Less: cost of goods sold								
			Net income or (loss) from			····					
<u>"</u>			,				Business Code				
Miscellaneous Revenue	11	а	OTHER INCOME				900099	14,673.	14,673.		
ane		b									
eve eve		С									
Ais		d	All other revenue								
_			Total. Add lines 11a-11d					14,673.			
	12		Total revenue. See instruction					8,732,611.	920,842.	0.	2,318,972.

#### 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).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				
	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	'	ĕxpenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	237,178.	71,152.	83,013.	83,013
6	trustees, and key employees  Compensation not included above to disqualified	237,170.	71,152.	03,013.	03,013
6	persons (as defined under section 4958(f)(1)) and				
	paragna described in section 40E0(a)(2)(D)				
7		2,218,775.	1,586,546.	245,934.	386,295
7 o	Other salaries and wages  Pension plan accruals and contributions (include	2,210,773.	1,300,340.	440,0040	300,293
8	section 401(k) and 403(b) employer contributions)	35,360.	29,278.	4,062.	2 020
0		326,764.	241,141.	34,673.	2,020 50,950
9 10	Other employee benefits	239,836.	166,016.	30,344.	43,476
10	Payroll taxes	233,030.	100,010.	30,344.	45,470
11	Fees for services (nonemployees):				
a	Management	21,823.	14,219.	7,006.	598
b	Legal	57,810.	14,210.	57,810.	330
C	Accounting	37,010.		37,010.	
d	, , , , , , , , , , , , , , , , , , , ,	25,950.			25,950
e	· · · · · · · · · · · · · · · · · · ·	25,550.			23,330
f	Investment management feesOther. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)				
40	· · · · · · · · · · · · · · · · · · ·				
12	Advertising and promotion	55,545.	16,790.	35,453.	3,302
13	Office expenses	75,631.	50,920.	17,396.	7,315
14	Information technology	75,051.	30,520.	17,350.	7,313
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest  Payments to affiliates				
21	Payments to affiliates	552,313.	534,288.	5,962.	12,063
22 23	The state of the s	141,644.	129,268.	12,376.	12,000
23 24	Insurance Other expenses. Itemize expenses not covered	T11/011	125,200	12,570	
<b>4</b> 4	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
_	CONTRACTED SERVICES	1,017,752.	988,564.	29,188.	
a b	DIRECT EXPENSE	766,224.	716,925.	771.	48,528
		,00,224	, 10, 525	, , _ •	10,520
c d				+	
	All other expenses			+	
e 25	Total functional expenses. Add lines 1 through 24e	5,772,605.	4,545,107.	563,988.	663,510
25 26	Joint costs. Complete this line only if the organization	3,7,2,003.	1,010,1010	303,300.	000,010
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-09-21				Form <b>990</b> (202

Form **990** (2021)

Part X | Balance Sheet

<u>rar</u>	τX	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,137,817.	1	2,196,698
	2	Savings and temporary cash investments			1,787,348.	2	1,541,210
	3	Pledges and grants receivable, net			333,911.	3	983,953
	4	Accounts receivable, net	188,409.	4	15,997		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	ction 4958(c)(3)(B)		6	
g	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			98,037.	9	184,161
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		8,801,133.			
	b	Less: accumulated depreciation	10b	3,235,767.	5,337,994.	10c	5,565,366
	11	Investments - publicly traded securities			8,887,898.	11	10,267,901
	12	Investments - other securities. See Part IV, line 1		10,104,250.	12	10,688,784	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			27,875,664.	16	31,444,070
	17	Accounts payable and accrued expenses	529,956.	17	632,727		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
<u> </u>		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	0.		185,500
	00	of Schedule D			529,956.	25	818,227
$\dashv$	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, chec			329,930•	26	010,227
es		and complete lines 27, 28, 32, and 33.	ck ner	e 🖊 🔼			
ا <u>ي</u>	27				8,021,205.	27	9,063,310
39	28	Net assets with donor restrictions  Net assets with donor restrictions			19,324,503.	28	21,562,533
힏	20	Organizations that do not follow FASB ASC 95			13/321/3031	20	21/302/333
፤		and complete lines 29 through 33.	oo, cire	sck liefe P			
ğ	29	Capital stock or trust principal, or current funds		1		29	
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
ASS	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			27,345,708.	32	30,625,843
_	33	Total liabilities and net assets/fund balances			27,875,664.	33	31,444,070
	55	Total nabilities and flet assets/fully balafiles			,,	-00	Form <b>990</b> (20)

Form **990** (2021)

Га	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>11.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				05.
3	Revenue less expenses. Subtract line 2 from line 1	3				06.
4						08.
5	Net unrealized gains (losses) on investments	5		320	, 1	29.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	30,6	525	5,8	<u>43.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
				`	Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	t			
	Act and OMB Circular A-133?		L3	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	3b		
			Fo	orm §	990 (	(2021)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
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	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit describ	ned in	
		section 170(b)(1)(A)(iv). (C		maga ar armvarany arma	. o. opo.u				
6		A federal, state, or local gov	•	nental unit described in	section 17	70/h\/1\/A\	(v)		
-	X	An organization that norma	_					nublic described in	
'		•	•	intial part of its support i	Torri a gov	CITIITICITIAI	unit or from the general	public described in	
_		section 170(b)(1)(A)(vi). (C	-	/4WAW 13 /O					
8	Н	A community trust describe	• •		•				
9		An agricultural research org				-	-	-	
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	e or	
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from (	contributio	ons, membership fees, a	nd gross receipts from	
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or	
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section 509(a)(3).	Check the box on	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	* *			•	<del>_</del>	, aivina	
_		the supported organization	•	•		•			
		organization. <b>You must o</b>			a majority .	or the dire		apporting	
b		Type II. A supporting org			tion with it	e eunnort	ed organization(s), by ha	vina	
b			•					-	
		control or management o			arrie perso	JIIS IIIAI CI	official of manage the sup	ported	
		organization(s). You mus				41			
С	L							ed with,	
		its supported organization		•					
d			= ::				• • • • • •		
		that is not functionally int	-	• •	-		•	iveness	
	_	requirement (see instruct	•	-					
е		□ Check this box if the organic					a Type I, Type II, Type III		
		functionally integrated, or		nally integrated support	ing organiz	zation.			
f		er the number of supported o	-						
g		vide the following information		· · · · · ·	(iv) Is the orga	nization lieted			
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other	
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	

Total

ERVANCY, 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	4,832,545.	3,618,130.	4,376,922.	4,881,790.	5,380,579.	23,089,966.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
_	furnished by a governmental unit to							
	the organization without charge	244,206.	262,878.	252,727.	265,561.	236,893.	1,262,265.	
4	Total. Add lines 1 through 3	5,076,751.	3,881,008.	4,629,649.	5,147,351.	5,617,472.	24,352,231.	
	The portion of total contributions	, , ,	, , ,	, , ,	, , ,	, , ,	, , -	
·	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						6,111,158.	
6	Public support. Subtract line 5 from line 4.						18,241,073.	
	ction B. Total Support						10,241,075.	
		(-) 0017	(h) 0010	(-) 0010	(4) 0000	(=) 0001	(f) Tatal	
	ndar year (or fiscal year beginning in)	(a) 2017 5,076,751.	<b>(b)</b> 2018 3,881,008.	(c) 2019 4,629,649.	(d) 2020 5,147,351.	(e) 2021 5,617,472.	(f) Total 24,352,231.	
	Amounts from line 4	3,070,731.	3,001,000.	4,029,049.	3,147,331.	3,017,472.	24,332,231.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	1 501 160	1 050 214	202 226	77 020	0 001 704	5 622 064	
_	and income from similar sources	1,791,162.	1,250,314.	282,236.	77,828.	2,231,724.	5,633,264.	
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	F 4 00 6	40.006	100 106	165 505	14 653	406 600	
	assets (Explain in Part VI.)	54,296.	49,006.	123,126.	165,597.	14,6/3.	406,698.	
11	<b>Total support.</b> Add lines 7 through 10						30,392,193.	
12	'	•					,564,549.	
13	First 5 years. If the Form 990 is for the	-						
_	organization, check this box and stop	here					<u></u>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				60.00	
	Public support percentage for 2021 (I					14	60.02 %	
	Public support percentage from 2020					15	66.53 %	
16a	33 1/3% support test - 2021. If the o	-						
	<b>stop here.</b> The organization qualifies							
b	33 1/3% support test - 2020. If the o							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□	
b	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the		
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	<u> </u>	

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, I	,				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and <b>stop here</b>						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (	line 8, column (f), o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	) Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
	Investment income percentage for 20					17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	fies as a publicly	supported organiz	ation	▶□
ı	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	t <b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation If the organization	n did not obook a	hay on line 14 10	a or 10h chock t	his how and soo in	etructions	

132023 01-04-22

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
			110
	1		
	2		
	За		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9c		
	90		
	10a		
	10b		
ماريا	Δ (Forr	n 000	2021

Pa	t IV   Supporting Organizations (continued)			.900
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
^	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	61		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	20		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
J	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

132025 01-04-22 Schedule A (Form 990) 2021

Pa	rt v   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
	Check have if the current year is the ergenization's first as a non-function	ally intograte	d Type III supporting or	anization (acc				

Schedule A (Form 990) 2021

instructions).

Par	t V   Type	e III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ıed)	
Secti	on D - Distri	butions		•		Current Year
1	Amounts pa	id to supported organizations to accomplish exe		1		
2	Amounts pa	id to perform activity that directly furthers exemp	ot purposes of supported			
	organization	s, in excess of income from activity		2		
3	Administrativ	ve expenses paid to accomplish exempt purpose	ns	3		
4	Amounts pa	id to acquire exempt-use assets			4	
5	Qualified set	-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distrib	outions (describe in Part VI). See instructions.			6	
7	Total annua	Il distributions. Add lines 1 through 6.			7	
8	Distributions	to attentive supported organizations to which the	he organization is responsiv	е		
	(provide deta	ails in <b>Part VI</b> ). See instructions.			8	
9	Distributable	e amount for 2021 from Section C, line 6			9	
10	Line 8 amou	nt divided by line 9 amount			10	
Secti	on E - Distri	bution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable	e amount for 2021 from Section C, line 6				
2	Underdistrib	utions, if any, for years prior to 2021 (reason-				
	able cause r	equired - explain in Part VI). See instructions.				
3	Excess distr	ibutions carryover, if any, to 2021				
а	From 2016					
b	From 2017					
С	From 2018					
d	From 2019					
ее	From 2020					
f	Total of lines	s 3a through 3e				
g	Applied to u	nderdistributions of prior years				
h	Applied to 2	021 distributable amount				
i_	Carryover fro	om 2016 not applied (see instructions)				
j	Remainder.	Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions	s for 2021 from Section D,				
	line 7:	\$				
a	Applied to u	nderdistributions of prior years				
b	Applied to 2	021 distributable amount				
С	Remainder.	Subtract lines 4a and 4b from line 4.				
5	•	inderdistributions for years prior to 2021, if				
	any. Subtrac	ct lines 3g and 4a from line 2. For result greater				
		xplain in Part VI. See instructions.				
6	Remaining u	inderdistributions for 2021. Subtract lines 3h				
	and 4b from	line 1. For result greater than zero, explain in				
	Part VI. See	instructions.				
7	Excess dist	ributions carryover to 2022. Add lines 3j				
	and 4c.					
8	Breakdown	of line 7:				
	Excess from					
	Excess from					
	Excess from					
d	Excess from	2020				

Schedule A (Form 990) 2021

e Excess from 2021

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

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY TNC.

**Employer identification number** 20-1678932

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose of	conferring
	impermissible private benefit?	······	Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	0, 1	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservat	ion easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	re estisfy the requirements of section 170/	o)(4)(D)(i)
8		•	
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation.		
3	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	iote to the organization's infancial stateme	ints that describes the
Pai		f Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	,	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	s.
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on 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 treat		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2021

	t III Organizations Maintaining C	ollections of Ar	t. Historical Tr	easures, or Oth	ner Simil	ar Asse	ts/contin	ued)	_
			-					ucu)	
3	Using the organization's acquisition, accession	on, and other records	s, check any or the	Tollowing that make	signincarii	. use of its			
	collection items (check all that apply):		<b>_</b> .						
	a Public exhibition d Loan or exchange program								
b									
С	Preservation for future generations								
4	Provide a description of the organization's co					ose in Par	t XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
_	to be sold to raise funds rather than to be ma						Yes	N	lo
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organization	n answered "Yes" o	n Form 99	ວ, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for contributior	ns or other assets no	ot included				
	on Form 990, Part X?						Yes	□ N	lo
b	If "Yes," explain the arrangement in Part XIII								
		·	· ·				Amount		
С	Beginning balance				1c				_
	Additions during the year								
	Distributions during the year								_
f	Ending balance								_
	Did the organization include an amount on Fo					<del>'                                    </del>	Yes	l N	lo
	If "Yes," explain the arrangement in Part XIII.						_ 100	一.	•
Pai									_
	23.7	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years bac	k
<b>1</b> a	Beginning of year balance	17,876,345.	15,886,641.		+	979,688 <b>.</b>		669,87	
	Contributions		,		,-	, ,		650,00	
	Net investment earnings, gains, and losses	2,398,594.	2,690,580.	2,695,116	-1 4	437,820.	2	298,24	
	Grants or scholarships	2,000,0021	2,000,000.	2,000,220	-,	,			<del>-</del>
	Other expenditures for facilities								_
e	, '	740,090.	700,876.	697,321	١,	653,022.		638,42	5
	and programs	740,050.	700,070.	057,521	·  `	755,022.		030,42	<u> </u>
	Administrative expenses	19,534,849.	17 076 245	15,886,641	12 (	888,846.	15	979,68	_
g	End of year balance		17,876,345.		13,0	300,040.	15,	919,00	۰.
2	Provide the estimated percentage of the curr	ent year end balance		a)) neid as:					
	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 72.5400	%							
С	Term endowment ▶ 27.4600 g								
	The percentages on lines 2a, 2b, and 2c short	=							
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	ind administered for	the organi	zation	г	Vaa N	_
	by:							Yes N	
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)	X	<u>-</u>
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm		Doubly line 11 o	See Ferrer 000 Death	V line 10				
	Complete if the organization answered								
	Description of property	(a) Cost or ot		', '	Accumulate		(d) Book	value	
		basis (investm	ierit) basis	(other) d	epreciation				
	Land								
	Buildings		0 10	0 000	025 4	42	F 101	- 10	,
С	Leasehold improvements				935,4		5,185		
d	Equipment			1,213.	138,3			2,913	
	Other			9,011.	162,0			,986	
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part )	X. column (B). line 1	(Oc.)			5,565	,366	

0011000111111111	RALD KENNEDY		1670022 - 4
Schedule D (Form 990) 2021 CONSERVANCY	, INC.	20	)-1678932 <sub>Page</sub> :
Part VII Investments - Other Securities.	E 000 B 1 11 / 11	141 O E 000 B 1 V II 40	
Complete if the organization answered "Yes"			-1-6
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	10 600 704	THE OF WEAR MARKET	D 373 T 1113
(A) TIFF MULTI ASSET FUND	10,688,784.	END-OF-YEAR MARKET	r value
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	10 600 504		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	10,688,784.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.	,	,	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	l 1e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability	<u> </u>	•	(b) Book value
(1) Federal income taxes			
(2) CONDITIONAL GRANT ADVANCE	S		185,500
(3)			, , , , , , , , , , , , , , , , , , , ,
(4)			

185,500. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.... X

Schedule D (Form 990) 2021

(5) (6) (7) (8) CONSERVANCY INC

	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per B		1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		. Hovelide per i	.o.a	•
1	Total various science and albeit average disconnected for a circle determinate			1	9,412,992.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				· ·
а	Net unrealized gains (losses) on investments	2a	320,129.		
b	Donated services and use of facilities		360,252.		
	Recoveries of prior year grants		·	-	
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	680,381.
3	Subtract line <b>2e</b> from line <b>1</b>			3	8,732,611.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,732,611.
Pai	t XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	6,132,857.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	360,252.		
b	Prior year adjustments	2b			
С	Other losses				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	360,252.
3	Subtract line 2e from line 1			3	5,772,605.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,772,605.
Pai	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Read and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			4; Part	X, line 2; Part XI,
PAF	RT V, LINE 4:				
THE	CONSERVANCY ADHERES TO THE UNIFORM PRU	DENT MAN	NAGEMENT OF	' INS	STITUTIONAL
FUI	IDS ACT (UPMIFA). THE ASSETS IN ITS PERM	ANENTLY	RESTRICTED	ENI	DOWMENT
FUI	ID ARE DONOR-RESTRICTED ASSETS UNTIL APP	ROPRIATI	ED ACCORDIN	G T	O THE DONOR
STI	PULATION FOR EXPENDITURE BY THE CONSERVA	ANCY. TH	HE CONSERVA	NCY	HAS
ADO	OPTED AN INVESTMENT AND SPENDING POLICY	FOR ITS	ENDOWMENT	ASSI	ETS AND
	R ANY BOARD DESIGNATED NET-ASSETS THAT I				

#### PART X, LINE 2:

CONSERVANCY AND ITS PROGRAMS.

THE CONSERVANCY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE

THROUGH RISK MANAGEMENT WHILE PROVIDING A LEVEL OF SUPPORT FOR THE

Part XIII   Supplemental Information (continued)
WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR
UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND
MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX
POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE CONSERVANCY
HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER 31,
2021. THE CONSERVANCY'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY
THE FEDERAL AND STATE JURISDICTIONS.

## SCHEDULE G (Form 990)

Department of the Treasury

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC.

Employer identification number 20-1678932

Schedule G (Form 990) 2021

	es. Complete if the organization answer	ered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-E2	filers are not
required to complete this p						
1 Indicate whether the organization						
a X Mail solicitations				overnment grants		
<b>b</b> X Internet and email solicitation			-	nment grants		
c X Phone solicitations	g L Specia	l fundra	ising	events		
d X In-person solicitations						
2 a Did the organization have a writte						
	, Part VII) or entity in connection with բ					
	dividuals or entities (fundraisers) purs	uant to	agree	ements under which	the fundraiser is to b	e
compensated at least \$5,000 by t	he organization.					
		(iii)	Did		(v) Amount paid	
(i) Name and address of individual	(ii) Activity	(iii) fundr have ci	aiser Istody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) / totavity	or con	trol of	from activity	fundraiser listed in col. (i)	organization
LISA MYKYTA - 114 PRESCOTT		Yes	No		ilated ii i coi. (i)	
STREET, READING, MA 01867	GRANT WRITING	100	X	888,500.	25,950.	862,550.
SIRBIT, REMETING, MI 01007	SHINI WHITING			000,500.	23,330.	002,330.
		+				
	•					
Total				888,500.	25,950.	862,550.
3 List all states in which the organiza			utions			egistration
or licensing.	· ·				·	
MA						

132081 10-21-21

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

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups and groups.							
		or fundraising event contributions and gre	(a) Event #1	J-LZ,	(b) Event #2		c) Other events	(d) Total events	
							NONE	(add col. (a) through	
			GALA 2021 (event type)		(overt type)	+	(total number)	col. (c))	
Jue			(event type)		(event type)		(total number)		
Revenue	1	Gross receipts	469,124.					469,124.	
ш	2	Less: Contributions	457,749.					457,749.	
	3	Gross income (line 1 minus line 2)	11,375.					11,375.	
	4	Cash prizes							
SS	5	Noncash prizes							
bense	6	Rent/facility costs							
Direct Expenses	7	Food and beverages	3,655.					3,655.	
_	8	Entertainment							
	9	Other direct expenses						37,160.	
	10	Direct expense summary. Add lines 4 through					_	40,815.	
Pa	11 rt				Part IV line 19 o			-29,440.	
		\$15,000 on Form 990-EZ, line 6a.	anowered res entrem	1000	, 1 are 10, 1110 10, 0	и торс	rtod more triair		
Φ			(a) Bingo		) Pull tabs/instant	1	c) Other gaming	(d) Total gaming (add	
Revenue			(a) Bingo	bing	o/progressive bingo		o, other gaming	col. (a) through col. (c))	
Re	_	0							
	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
		,	Yes %		Yes %	5 <u> </u>	Yes9	%	
	6	Volunteer labor	No No		No		No		
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	Net gaming income summary. Subtract line 7 from line 1, column (d)								
	9 Enter the state(s) in which the organization conducts gaming activities:								
	a Is the organization licensed to conduct gaming activities in each of these states? Yes \ No b If "No," explain:								
	"	No," explain:							
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		-	x yeai	?	Yes No	
b	If "	Yes," explain:							
1200		D-21-21					Col	nedule G (Form 990) 2021	
1320	n/ 11	U-C I-C I					3CI	reduce a reality 3301 202 l	

### ROSE FITZGERALD KENNEDY GREENWAY

Sch	nedule G (Form 990) 2021	CONSERVANCY,	INC.		20-1	6789	932	Page 3
		aming activities with nonme	mbers?			,	Yes	☐ No
	Is the organization a grantor, ber	neficiary or trustee of a trust	, or a mem	ber of a partnership or other entity formed		<b>,</b>	Yes	□ No
13	Indicate the percentage of gamir							
						13a		%
						13b		%
14	Enter the name and address of the	ne person who prepares the	organizat	ion's gaming/special events books and rec	ords:			
	Name ►							
	Address >							
15a	a Does the organization have a co	ntract with a third party from	n whom the	e organization receives gaming revenue?			Yes	☐ No
ŀ	If "Yes " enter the amount of gan	ning revenue received by the	e organiza	tion ▶\$ and the ar	nount			
	of gaming revenue retained by the				iouni.			
(	If "Yes," enter name and address			_				
	Name ►							
16	Gaming manager information:							
	Name							
	Gaming manager compensation							
	Description of services provided	<b>&gt;</b>						
	Director/officer	Employee	Ind	ependent contractor				
17	Mandatory distributions:							
		er state law to make charitat	ole distribu	tions from the gaming proceeds to				
	retain the state gaming license?					<u></u>	Yes	└── No
ŀ		•		uted to other exempt organizations or spe	nt in the			
De	organization's own exempt activi			equired by Part I, line 2b, columns (iii) and	( )		0 (	21- 401-
ГС		=		ral information. See instructions.	v), and Pan	. 111, 1111	ies 9, s	90, 100,
	130, 130, 10, and 170, a	s applicable. Also provide a	ny addition	iai information. See instructions.				
					,			

### ROSE FITZGERALD KENNEDY GREENWAY

Schedule G	i (Form 990)	CONSERVANCY,	INC.	20-1678932 Page 4
Part IV	G (Form 990)  Supplemental Infor	mation (continued)		<u> </u>
1 dit it	Supplemental inter	mation (continued)		
•				
-				

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC.

Employer identification number 20-1678932

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	, , , , , , , , , , , , , , , , , , ,			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant  Independent compensation consultant  Independent compensation consultant			
	Torm 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The totally of lines has, list the persons and provide the applicable amounts for each term in a chin			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Populations section 52 4059 6(a)?			

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

Schedule J (Form 990) 2021

20-1678932

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ALEX ROGERS PITTMAN	(i)	134,977.	0.	0.	3,713.	21,601.	160,291.	0.
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID DALENA	(i)	142,307.	0.	0.	0.	17,120.	159,427.	0.
SENIOR DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. A	so complete this part for any additional information.				
PART I, LINE 4:					
SEE ATTACHED SCHEDULE O FOR DESCRIPTION OF COMPENSATION REVIEW PROCED	URES.				

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

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: THE CONSERVANCY HAS SOLE RESPONSIBILITY FOR MANAGING ALL ASPECTS OF THE ROSE KENNEDY GREENWAY, INCLUDING HORTICULTURE, PROGRAMMING, PUBLIC ART, MAINTENANCE, AND CAPITAL IMPROVEMENTS. WE ENVISION A VIBRANT, INCLUSIVE, AND EVOLVING GATHERING PLACE THAT OFFERS -HEALTHY GREEN SPACE, -FUN, ENGAGING, AND THOUGHT-PROVOKING EXPERIENCES, AND -A TESTING GROUND FOR NEW IDEAS. WE PURSUE OUR MISSION THROUGH -PARK CARE THAT SUSTAINS YEAR-ROUND BEAUTY, ENSURES SAFETY, AND MODELS ENVIRONMENTAL STEWARDSHIP; -ROBUST PROGRAMMING THAT SHOWCASES AND SUPPORTS THE INGENUITY AND BREADTH OF OUR COMMUNITY; AND -TEMPORARY EXHIBITIONS OF CONTEMPORARY PUBLIC ART THAT FACILITATE ARTISTIC EXPERIMENTATION AND SPEAK TO OUR CURRENT MOMENT; RAISING THE STANDARD OF EXCELLENCE FOR URBAN PARK MANAGEMENT. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE GREENWAY IS THE CONTEMPORARY PUBLIC PARK IN THE HEART OF BOSTON, WELCOMING VISITORS TO GATHER, PLAY, UNWIND, AND EXPLORE. THE GREENWAY CONSERVANCY IS THE NON-PROFIT RESPONSIBLE FOR THE MANAGEMENT AND CARE OF THE GREENWAY. THE MAJORITY OF THE PUBLIC PARK'S ANNUAL BUDGET IS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 Schedule O (Form 990) 2021 Page **2** 

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

GENEROUSLY PROVIDED BY PRIVATE SOURCES.

THROUGHOUT THIS SECOND PANDEMIC YEAR, THE GREENWAY SERVED AS A PLACE OF

JOY AND RENEWAL WHERE BOSTON RESIDENTS, WORKERS, AND VISITORS

RECONNECTED WITH NATURE, FRIENDS, AND NEIGHBORS.

IN 2021, THE CONSERVANCY CONTINUED ITS EXCEPTIONAL CARE AND IMPROVEMENT
OF THE GREENWAY:

-OUR TEAM CONTINUED TO CARE FOR THE PARK WITH SPECIAL PANDEMIC SAFETY

PROTOCOLS. SPECIAL PROJECTS INCLUDED ADDING POURED IN PLACE SAFETY

SURFACING TO THE PLAY CUBES IN CHIN PARK, PRUNING OF 119 TREES,

COMPLETION OF CONVERSION TO ALL ENERGY EFFICIENT LED LIGHTING, CAROUSEL

REPAIRS, AND ASSESSMENT AND GIS MAPPING OF 885 TREES.

-IN A TIME OF CLOSED MUSEUMS, OUR PUBLIC ART WAS MORE IMPORTANT THAN EVER.

-IN JANUARY 2021, WE INSTALLED ANDY LI'S THE HERD, THE LATEST PROJECT OF OUR ANNUAL ZODIAC CURATION IN CHINATOWN.

-IN SPRING AND SUMMER 2021, WE INSTALLED NEW WORKS FROM DANIEL GORDON
THROUGHOUT THE GREENWAY FOR THE FIRST COMPREHENSIVE EXHIBITION ACROSS
THE GREENWAY BY A SINGLE ARTIST: SUMMER STILL LIFE WITH LOBSTERS AND
FERN ON THE GREENWAY WALL AT DEWEY SQUARE, THE ARTIST'S FIRST OUTDOOR
SCULPTURE BLUE POPPIES, NEW CANVAS ON THE LIGHT BLADES, AND STILL LIFE,
A SERIES OF 20 PHOTOGRAPHS.

-WITH THE HELP OF OUR PUBLIC ART PROJECT MANAGER STEPPING UP INTO THE

ROLE OF INTERIM ASSOCIATE CURATOR, WE SUCCESSFULLY MANAGED THE

TRANSITION BETWEEN OUTGOING AND INCOMING DIRECTORS OF PUBLIC ART.

TO SUPPORT AND SAFELY HOST OVER 320 FREE EVENTS, OPEN OUR BEER AND WINE

GARDENS FOR THEIR FULL SEASON, SUPPORT OUR FOOD TRUCKS, SPIN THE

CAROUSEL, AND TURN ON THE FOUNTAINS. WORKING CAREFULLY WITHIN

GOVERNMENT GUIDELINES, WE HOSTED OVER 90 FREE FITNESS CLASSES AND THE

WEEKLY FARMERS AND ARTISAN MARKETS. OUR TEAM LAUNCHED A REDISCOVER THE

GREENWAY CAMPAIGN CONSISTING OF OVER 50 NEW PERFORMANCES, MOVIES, AND

PLAY ACTIVITIES.

- DESIGN AND PRE-CONSTRUCTION WORK ADVANCED FOR NORTH MEADOW ON THE
GREENWAY, WHICH BROKE GROUND IN THE SUMMER AND WILL BE A BRAND NEW PARK
SPACE THAT IS BOTH A GATEWAY TO THE GREENWAY AND A PACKET OF OPEN SPACE
FOR RESIDENTS AND VISTORS TO THE SURROUNDING NEIGHBORHOODS IN THE WEST
END AND NORTH END.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

HORTICULTURE

THE CONSERVANCY CONTINUES TO IMPROVE THE GREENWAY'S PHYSICAL APPEARANCE
THROUGH SKILLED, ATTENTIVE ECOLOGICAL HORTICULTURE AND THOUGHTFUL

DESIGN IMPROVEMENTS. AS ONE OF THE FIRST ORGANICALLY-MAINTAINED PUBLIC

PARKS IN THE UNITED STATES, THE CONSERVANCY USES ECOLOGICAL AND ORGANIC

LANDSCAPE PRACTICES THAT ARE INNOVATIVE, AWARD-WINNING, AND FISCALLY

SOUND; OUR PLANTS ARE HEALTHIER, MORE RESILIENT, AND BETTER ABLE TO

WITHSTAND THE STRESSES OF PUBLIC USE AND THE DEMANDS OF AN URBAN

Schedule O (Form 990) 2021

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

SETTING.

OUR LANDSCAPE MANAGEMENT PROGRAM IS GUIDED BY THE ECOLOGY OF OUR PARK.

OVER THE PAST 10 YEARS, THE HORTICULTURE TEAM HAS BUILT THE PARK'S SOIL

ECOLOGY BY BREWING AND APPLYING ORGANIC COMPOST TEA. NOW THAT THE PARK

IS ESTABLISHED, WE ARE SHIFTING OUR FOCUS TO UNDERSTANDING AND

OBSERVING THE COMPLEXITY OF OUR PARK'S ECOLOGY, TAILORING OUR

MAINTENANCE EFFORTS TO THE NEEDS OF THE PARK, AND REDUCING INPUTS

WHEREVER POSSIBLE, ESPECIALLY WATER CONSERVATION. WE ARE DEDICATED TO

THE PRACTICE OF ECOLOGICAL HORTICULTURE TO CREATE AND MAINTAIN

RESILIENT LANDSCAPES THAT PROVIDE VITAL ECOLOGICAL SERVICES TO OUR

COMMUNITY.

THE WILDFLOWER MEADOW PLANTED IN 2019 CONTINUES TO MATURE AND ATTRACT
NUMEROUS LOCAL BIRD POPULATIONS AND MIGRATING BIRDS, INCLUDING A RARE
ARCTIC REDPOLL THAT VISITED LAST WINTER. IN AUGUST, OUR HORTICULTURE
TEAM MOWED A WALKING PATH THROUGH THE MEADOW INVITING THE PUBLIC TO BE
IMMERSED IN WILDFLOWERS, AND TO CLOSELY OBSERVE BEES AND OTHER
POLLINATORS. ATTENTION WAS GIVEN TO SUPPORTING POLLINATORS AND WILDLIFE
THROUGHOUT THE PARK WITH PLANTINGS OF NEW ENGLAND NATIVE SPECIES IN THE
WHARF DISTRICT PARKS AND DEWEY SQUARE; AND THE CREATION OF A STANDING
SNAG NEAR FORT POINT CHANNEL WITH INTERPRETIVE SIGNAGE TO EDUCATE THE
PUBLIC ABOUT THE BIOLOGICAL BENEFITS OF DECAYING WOOD IN A FOREST
ECOSYSTEM. OTHER 2021 PROJECTS INCLUDED "LIVING MULCH" GROUND COVER
PLANTINGS IN AUNTIE KAY AND UNCLE FRANK CHIN PARK, STRUCTURAL PRUNING
OF 119 TREES, AND THE COMPLETION OF A COMPREHENSIVE ASSESSMENT OF THE
PARK'S 885 TREES, WHICH INCLUDED THE ESTABLISHMENT OF A GIS TREE

MANAGEMENT DATABASE. THE TEAM ALSO EXPLORED WAYS TO USE GIS SOFTWARE AS

Schedule O (Form 990) 2021 Page 2

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

**Employer identification number** 20-1678932

AN ECOLOGICAL MANAGEMENT TOOL CAPABLE OF EXPOSING BIOLOGICAL PATTERNS OF HEALTH AND DECLINE TO HELP US UNDERSTAND OUR PARK ECOLOGY.

OUR VOLUNTEER PROGRAM OFFERS OPPORTUNITIES FOR BOTH INDIVIDUALS AND CORPORATE, NON-PROFIT, ACADEMIC, AND OTHER COMMUNITY GROUPS TO EXPERIENCE HANDS-ON LEARNING WHILE THEY ASSIST US WITH PARK STEWARDSHIP. IN 2021, WE BEGAN TO WELCOME MORE VOLUNTEERS BACK TO THE PARK, AS WELL AS HOSTING SEVERAL GROUP VIRTUAL WORKSHOPS ON SEEDING AND POLLINATOR HOMEBUILDING. BY ESTABLISHING SAFETY PROTOCOLS AND CLEAR, COMPASSIONATE COMMUNICATION, WE ENGAGED 450 INDIVIDUAL HORTICULTURE VOLUNTEERS WHO CONTRIBUTED 1177 HOURS TO PROVIDE ESSENTIAL FIELDWORK ASSISTANCE. ON THE STRENGTH OF REVIEWS FROM VOLUNTEERS, THE CONSERVANCY HAS WON THE "TOP RATED AWARD" FROM GREATNONPROFITS.ORG ELEVEN YEARS RUNNING.

## **MAINTENANCE**

OUR MAINTENANCE TEAM CARES FOR SIX FOUNTAINS, ACRES OF GRANITE PAVING, COMPLEX LIGHTING SYSTEMS, AND MORE, AND SUPPORTS INFRASTRUCTURE FOR PROGRAMS AND PUBLIC ART. THIS TEAM ALSO OVERSEES OUR CONTRACTED BASIC MAINTENANCE INCLUDING LAWN MOWING, LITTER AND TRASH REMOVAL, AND SNOW REMOVAL.

IN 2021, MAINTENANCE PERFORMED AND SUPERVISED REPAIRS AND IMPROVEMENTS THROUGHOUT THE GREENWAY, WORKING WITH PANDEMIC SAFETY PROTOCOLS AS REQUIRED.

IN THE NORTH END, WE SUPERVISED THE REPOINTING OR RESEALING OF JOINTS IN WALLS AND PAVERS IN SEVERAL AREAS IN THE FOUNTAINS AND PATHS. NEW 132212 11-11-21

SKATE DETERRENTS WERE INSTALLED AND SEVERAL OTHERS WERE REPAIRED. IN

THE FOUNTAINS, BY MAKING CHANGES TO THE PROGRAMMABLE LOGIC CONTROLLERS

AND ADJUSTING THEIR TIMING, SIGNIFICANT WATER SAVINGS WERE REALIZED.

THE MAINTENANCE STAFF INSTALLED NEW, BETTER HINGE PINS IN THE SWING

BENCHES.

IN THE CENTRAL PORTION OF THE GREENWAY, THE MAINTENANCE TEAM OVERSAW

REPAIRS TO THE CAROUSEL, MASONRY, AND FOUNTAINS. THE GREENWAY

CAROUSEL'S ROUNDING BOARDS WERE PAINTED, ROTTING WOOD PANELS WERE

REPLACED WITH A COMPOSITE MATERIAL, AND THE ADJACENT MAHOGANY BENCHES

WERE SANDED AND REFINISHED. IN RINGS FOUNTAIN, ALL OF THE 156 COLOR LED

LIGHTS WERE REPLACED UNDER WARRANTY AND ADDITIONAL COPPER PIPES WERE

REPLACED IN THE VAULT. ALL 24 OF THE LIGHT BLADE "READING LIGHTS"

RECEIVED NEW LED FIXTURES. NEW WIFI EQUIPMENT WAS INSTALLED AT THE

NEARBY GRAIN EXCHANGE BUILDING AND ON A POLE OUTSIDE THE RINGS FOUNTAIN

VAULT PROVIDING RELIABLE REMOTE ACCESS OF THE FOUNTAIN CONTROLLER AND

SECURITY CAMERAS AS WELL AS IMPROVED PUBLIC WIFI IN THE WHARF DISTRICT.

MOST OF THE ELECTRO-MECHANICAL EQUIPMENT FOR THE HARBOR FOG WATER

FEATURE WAS REPLACED.

FURTHER SOUTH, MASONRY REPAIRS TO THE PAVEMENTS IN THE FORT POINT,

DEWEY SQUARE AND CHIN PARK AREAS WERE MADE. IN COOPERATION WITH

MASSDOT, NEW WIFI EQUIPMENT WAS ADDED TO THE AIS BUILDING AT DEWEY. IN

CHIN PARK, THE FAILED PLAY CUBES SAFETY SURFACE WAS REPLACED WITH A NEW

POURED-IN-PLACE SAFETY MAT, AND UNSUCCESSFUL GRANITE MOUNDS IN MARY SOO

HOO PARK WERE REMOVED. THE MAINTENANCE TEAM SUCCESSFULLY REPLACED

SEVERAL PLANTING BED LIGHTS AND ALL OF THE LIGHTS ON THE SAIL STRUCTURE

AT THE NORTH END OF THE SERPENTINE PATH.

IN 2021, THE MAINTENANCE AND CAPITAL PROJECTS STAFF WORKED TOGETHER TO

ADVANCE PLANNING RECOMMENDED IN THE STATE OF GOOD REPAIR AND CLIMATE

RESILIENCE REPORTS, RESEARCH CMMS SOFTWARE TO MAINTAIN PARK ASSETS MORE

EFFICIENTLY AND REVIEW INITIAL MEASURES TO PROTECT GREENWAY ASSETS FROM

CLIMATE CHANGE-INDUCED COASTAL FLOODING.

THE CONSERVANCY SUCCESSFULLY CONDUCTED RFP PROCESSES FOR CONSTRUCTION

OF NORTH MEADOW ON THE GREENWAY AND THE CHIN PARK LIGHTING PROJECTS. WE

WERE ALSO SUCCESSFUL IN PROCURING ADDITIONAL FUNDING TO ALLOW THESE

PROJECTS TO PROCEED. THE NORTH MEADOW PROJECT BROKE GROUND IN FALL 2021

AND IS SCHEDULED FOR COMPLETION IN SPRING 2022. THE CHIN PARK LIGHTING

PROJECT IS SCHEDULED TO BREAK GROUND EARLY IN 2022.

THE MAINTENANCE TEAM HOSTED TWO GROUP VOLUNTEER EVENTS THAT INCLUDED

CLEANING OUT JOINTS IN THE MOTHER'S WALK PAVERS AND ADDING SAND AND

REGROUTING THE JOINTS IN GRANITE.

OUR PRIVATELY FUNDED PARK RANGERS PROVIDE SECURITY AND AMBASSADORSHIP

ON THE GREENWAY THROUGHOUT THE YEAR. OUR SENIOR PARK RANGER WAS OUT DUE

TO MEDICAL LEAVE FOR PORTIONS OF THE YEAR. A NEW RANGER WAS HIRED IN

EARLY FALL AND HAS BEEN OUT ON THE GREENWAY DAILY. TO PROVIDE

ADDITIONAL COVERAGE, OUR SUPPLEMENTAL SERVICES CONTRACTOR ADDED A NEW

HOSPITALITY RANGER POSITION TO THEIR STAFF.

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

Employer identification number 20-1678932

## **PROGRAMS**

THIS YEAR BEGAN IN A VERY UNCERTAIN PLACE, WITH LOCAL COVID

RESTRICTIONS AND PART OF OUR PROGRAMS TEAM ON TEMPORARY FURLOUGH.

THANKFULLY, THE ARRIVAL OF THE VACCINE ALLOWED FOR EVENT GUIDELINES TO

BE LIFTED IN MAY 2021. MANY OF OUR REGULAR EVENTS WERE ABLE TO OCCUR,

THOUGH AT SMALLER SCALES GIVEN THE REDUCED PLANNING TIMELINE AND

LINGERING HEALTH CONCERNS. THE RELATIVE SAFETY OF OUTDOOR SPACES

PROVIDED THE PUBLIC AND OUR EVENT PARTNERS WITH A COMFORTABLE SPACE TO

GATHER AND CELEBRATE.

THE PROGRAMS DEPARTMENT WAS ABLE TO SUPPORT AND HOST OVER 320 FREE EVENTS ON THE GREENWAY IN 2021, INCLUDING MARKETS, FITNESS CLASSES, AND PERFORMANCES. FAVORITE FESTIVALS RETURNED, INCLUDING BOSTON CALLING BLOCK PARTIES, BOSTON LOCAL FOOD FESTIVAL PRESENTED BY THE SUSTAINABLE BUSINESS NETWORK, THE CARIBBEAN ONE WORLD EXPO PRESENTED BY THE AUTHENTIC CARIBBEAN FOUNDATION, JAZZ IN THE PARK PRESENTED BY THE NORTH END MUSIC AND PERFORMING ARTS CENTER, FILMS AT THE GATE PRESENTED BY THE ASIAN CDC, AND THE LANTERN FESTIVAL PRESENTED BY CHINATOWN MAIN STREET. NEW PARTNERSHIPS BROUGHT THE BOSTON CHILDREN'S CHORUS AND THE FRIENDS OF THE PUBLIC GARDEN FOR A WE SING CHORUS PRACTICE SERIES, THE BOSTON SYMPHONY ORCHESTRA FOR THEIR ROLLING RECITALS PROGRAM, AND THE RESIDENCE LAB COLLABORATION BETWEEN PAO ARTS CENTER AND THE ASIAN CDC. THE BOSTON PUBLIC MARKET RETURNED WITH A WEEKLY FARMERS MARKET AT DEWEY SQUARE PARK AND CHINATOWN MAIN STREET LAUNCHED A NEW BI-WEEKLY FARMERS MARKET IN CHIN PARK, PROVIDING THOUSANDS OF DOLLARS OF FOOD COUPONS TO LOCAL RESIDENTS. THE GREENWAY ARTISAN MARKET HAD A SUCCESSFUL SEASON UNDER A NEW OPERATING TEAM FROM SOMERVILLE FLEA. THE TRILLIUM GARDEN ON THE GREENWAY WAS OPEN FROM MAY TO OCTOBER, PROVIDING A BEAUTIFUL

OUTDOOR GATHERING SPACE FOR BEER-LOVERS AND CITY WINERY'S PLAZA WINE

GARDEN WAS OPEN FROM MAY TO SEPTEMBER. WE WORKED CLOSELY WITH 13

FITNESS INSTRUCTORS TO OFFER OVER 90 FREE CLASSES. INSTRUCTORS AND

ATTENDEES WERE GRATEFUL FOR A SAFE, BEAUTIFUL, OUTDOOR SPACE TO

EXERCISE, AND OFFERINGS RANGED FROM RETURNING CLASSES SUCH AS

HIGH-INTENSITY INTERVAL TRAINING, YOGA, AND DANCE CARDIO TO NEW

ACTIVITIES SUCH AS BARRE AND BILINGUAL CLASSES.

A MAJOR FOCUS OF THE PROGRAMS TEAM THIS YEAR WAS TO OFFER EMPATHETIC

AND DATA-DRIVEN SUPPORT TO SMALL BUSINESSES AND LONG-TERM PARTNERS. WE

STAYED IN CLOSE CONTACT WITH OUR PARTNERS, WHICH MEANT WE WERE MORE

PREPARED WHEN RESTRICTIONS LIFTED. WE ALSO CREATED AN OPPORTUNITY WITH

THE GREENWAY BUSINESS IMPROVEMENT DISTRICT TO LAUNCH A SERIES OF 50+

PERFORMANCES, MOVIES, AND MORE WITH OUR REDISCOVER THE GREENWAY SERIES.

THIS SERIES HELPED DRIVE INTEREST AND EXCITEMENT ABOUT BEING DOWNTOWN,

WHILE ALSO SUPPORTING OUR LOCAL ARTS ORGANIZATIONS. FOR EXAMPLE, WE

PARTNERED WITH CHINATOWN MAIN STREET TO EXTEND A SERIES OF WEEKLY LION

DANCES AT THE CHINATOWN GATE AND WITH THE CITY OF BOSTON TO BRING A

HALLOWEEN-THEMED MOVIE SERIES TO DEWEY SQUARE.

THE GREENWAY PLAYED AN IMPORTANT OPEN SPACE ROLE FOR CHINATOWN

COMMUNITY MEMBERS, WHO CONTINUED TO ACTIVELY LOOK FOR WAYS TO SAFELY

SPEND TIME WITH FAMILY AND FRIENDS OUTDOORS. WE HOSTED MORE PROGRAMS

THAN EVER BEFORE IN THIS SPACE, THROUGH EXPANDED PROGRAMMING WITH OUR

STRONG COMMUNITY PARTNERS. OUR TYPICAL FESTIVALS RETURNED, THE CHINESE

CONSOLIDATED BENEVOLENT ASSOCIATION HOSTED TAI CHI AND KUNG FU CLASSES,

AND THE BOSTON BOOK FESTIVAL BROUGHT A STORYWALK TO CHIN PARK. OUR

WEEKLY CHIN PARK PLAY SESSIONS RESUMED IN JUNE AND WENT THROUGH

Schedule O (Form 990) 2021 Page 2

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

Employer identification number 20-1678932

OCTOBER, OFTEN FEATURING PERFORMANCES BY LOCAL ARTISTS.

WE ALSO CONTINUED TO PROMOTE OUR PARK AMENITIES. THE GREENWAY CAROUSEL

AT THE TIFFANY & CO. FOUNDATION GROVE, A BOSTON LANDMARK, SAW IT'S BEST

YEAR EVER. OVER 120,000 PEOPLE TOOK A SPIN ON THE SEA TURTLE, RABBIT,

LOBSTER, COD, PEREGRINE FALCON, SKUNK, AND OTHER CHARACTERS, ALL

INSPIRED BY THE DRAWINGS OF BOSTON SCHOOL CHILDREN AND BROUGHT TO LIFE

BY A LOCAL ARTIST. THE FREE WI-FI NETWORK CONTINUED TO BE POPULAR, AND

MAJOR UPGRADES IMPROVED CONNECTIVITY. WE RESTRUCTURED OUR APPROACH TO

OUR NATIONALLY ACCLAIMED GREENWAY FOOD VENDING PROGRAM, OFFERING

CONTRACT EXTENSIONS AND REVENUE-BASED FEE STRUCTURES FOR OUR SMALL

BUSINESS PARTNERS. WHILE THE DOWNTOWN WORK POPULATION WASN'T ABLE TO

SUSTAIN A LARGE PROGRAM THIS YEAR, WE HAD 21 TRUCKS REMAIN IN THE

PROGRAM.

THE CONSERVANCY'S LARGEST FUNDRAISING EVENT, THE GREENWAY GALA, BECAME

A VIRTUAL EVENT THIS YEAR. THE PROGRAMS, DEVELOPMENT, AND OUTREACH

DEPARTMENTS WORKED CLOSELY TOGETHER TO CREATE AN ENGAGING VIRTUAL

PROGRAM PAIRED WITH A THOUGHTFUL MAILED EXPERIENCE BOX THAT HIGHLIGHTED

KEY AREAS OF THE CONSERVANCY'S WORK. THE VIRTUAL GALA WAS MOVED UP TO

APRIL, AND BOTH HONORED OUTGOING EXECUTIVE DIRECTOR JESSE BRACKEBURY

AND WELCOMED NEW EXECUTIVE DIRECTOR CHRIS COOK. AN ESTIMATED 393

ATTENDEES LOGGED IN, AND WE MET OUR FUNDRAISING GOAL OF \$430,000 NET.

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

PUBLIC ART

THE GREENWAY CONSERVANCY HAS BECOME A LEADER IN CONTEMPORARY PUBLIC ART

IN BOSTON. GREENWAY PUBLIC ART GIVES RESIDENTS, WORKERS, AND TOURISTS A
REASON TO VISIT, LINGER, AND DISCUSS. THE PUBLIC ART NETWORK (PAN) OF
AMERICANS FOR THE ARTS HAS RECOGNIZED 8 GREENWAY PUBLIC ART COMMISSIONS
AMONG THEIR LIST OF THE TOP 50 PUBLIC ART WORKS OVER THE LAST 8 YEARS,
PROVIDING NATIONAL RECOGNITION FOR THE CONSERVANCY'S PUBLIC ART
PROGRAM.

IN 2021, THE CONSERVANCY BROUGHT FREE, ACCESSIBLE, AND OUTDOOR

CONTEMPORARY EXHIBITS TO THE GREENWAY FROM ONE NATIONAL ARTIST AND ONE

LOCAL ARTIST, INCLUDING THE FIRST COMPREHENSIVE EXHIBITION ACROSS THE

GREENWAY BY A SINGLE ARTIST, DANIEL GORDON.

IN JANUARY 2021, WE INSTALLED ANDY LI'S THE HERD, THE LATEST PROJECT OF
OUR ANNUAL ZODIAC CURATION IN CHINATOWN FOR THE YEAR OF THE OX. LI IS A
BOSTON BASED FIBER ARTIST WHOSE WORK SEEKS TO STITCH THE COMMON THREADS
OF INDIVIDUAL EXPERIENCES INTO AN EMOTIONAL LANDSCAPE SHARED BY THE
COMMUNITY. FOR THIS PROJECT, LI CREATED A SERIES OF 24 VIBRANTLY
COLORED, TEXT-BASED FLAGS FLYING ON CUSTOM-MADE POLES ABOVE THE BAMBOO
GARDEN ALONG THE SERPENTINE PATH. THIS FIBER-BASED INSTALLATION
REFLECTED ON THE YEAR OF THE OX BY CHANNELING THE OX'S MOST PROMINENT
ZODIAC ATTRIBUTES AND ETHIC OF PERSEVERANCE. WITH THE NEW YEAR, THE OX
CARRIES HOPE THROUGH DETERMINATION, HONESTY, AND PATIENCE. THE HERD WAS
ENVISIONED TO CREATE A SERENE AND UNIFYING ENVIRONMENT IN CHIN PARK TO
REMIND US THAT, LIKE A HERD OF OXEN, WE ARE IN THIS TOGETHER.

IN SPRING AND SUMMER 2021, WE INSTALLED NEW WORKS FROM DANIEL GORDON
THROUGHOUT THE GREENWAY FOR THE FIRST COMPREHENSIVE EXHIBITION ACROSS
THE PARK BY A SINGLE ARTIST. THE EXHIBITION INCLUDED FOUR SEPARATE

INSTALLATIONS: A LARGE-SCALE MURAL, SUMMER STILL LIFE WITH LOBSTERS AND

FERN, ON THE GREENWAY WALL AT DEWEY SQUARE; BLUE POPPIES, THE ARTIST'S

FIRST OUTDOOR SCULPTURE; NEW CANVAS, A SERIES OF FOUR LARGE-SCALE

HANGING TAPESTRIES ON THE LIGHT BLADES; AND STILL LIFE, A SERIES OF 20

PHOTOGRAPHS DISTRIBUTED AT TWO LOCATIONS THROUGHOUT THE PARK.

LIKE GENERATIONS OF PHOTOGRAPHERS BEFORE HIM, DANIEL GORDON HAS BEEN

FASCINATED BY THE MANIPULATION OF IMAGERY AND THE DISTORTION OF REALITY

THROUGH HIS MEDIUM. EACH COMPOSITION COMPRISES FOUND IMAGES OF OBJECTS

THAT GORDON PRINTS, CONSTRUCTS, AND ARRANGES IN THREE-DIMENSIONAL

COLLAGES. THROUGH THE PROCESS OF SLICING, CUTTING, GLUING, STAGING,

ARRANGING, AND RECYCLING, GORDON EXECUTES A SHIFT FROM DIGITAL TO

ANALOG-ALMOST AS THOUGH HE WERE ENGAGED IN A PHYSICAL FORM OF

PHOTOSHOP-AND CHALLENGES THE STABILITY OF THE FIXED IMAGE, OPENING UP

THE POSSIBILITY FOR NEW MEANINGS TO EMERGE. REVEALING THE ARTIFICE OF

HIS PHOTOGRAPHS AND PHOTOGRAPHY IN GENERAL, GORDON'S WORK HONORS THE

VERY HUMAN TENDENCY TO CREATE MEANING THAT IS SIMULTANEOUSLY FICTION

AND TRUTH.

WITH THE ONGOING CORONAVIRUS PANDEMIC, WE CONTINUED WEBINAR-BASED

PROGRAMMING. IN JANUARY, WE PRESENTED A WEBINAR IN CONJUNCTION WITH THE

PHYSICAL PUBLIC ART PROJECTS FEATURED ON THE GREENWAY: CURATING FOR THE

CHINESE ZODIAC (JANUARY 28). THROUGH THESE ONLINE WEBINARS AND POSTED

VIDEOS WE WERE ABLE TO REACH OVER =250 UNIQUE VIEWERS, ENCOMPASSING

REGIONAL, NATIONAL AND INTERNATIONAL PARTICIPANTS.

IN JULY 2021, THE GREENWAY'S PUBLIC ART PROJECT MANAGER WAS PROMOTED TO
INTERIM ASSOCIATE CURATOR IN ORDER TO PROVIDE COMPREHENSIVE SUPPORT

DURING THE TRANSITION BETWEEN OUTGOING AND INCOMING DIRECTORS OF PUBLIC

ART. IN SEPTEMBER 2021, THE GREENWAY WELCOMED THE NEW DIRECTOR AND

CURATOR OF PUBLIC ART THROUGH AN OUTDOOR RECEPTION ATTENDED BY =70

PEOPLE, ENCOMPASSING DONORS, VOLUNTEERS, MEMBERS OF THE GREENWAY PUBLIC

ART ADVISORY GROUP, AND SUPPORTERS OF OUR PUBLIC ART PROGRAM. THE

PUBLIC ART DEPARTMENT WORKED TOGETHER THROUGHOUT FALL TO PLAN THE 2022

SEASON, CONDUCTING 8 STUDIO VISITS AND COMMISSIONING 4 ARTISTS TO MAKE

AND INSTALL WORK FOR THE UPCOMING SEASON. IN DECEMBER 2021, WITH THE

SUPPORT OF THE DEVELOPMENT TEAM, THE PUBLIC ART TEAM RECEIVED AN

ARTSAMPLIFIED GRANT THROUGH THE BARR FOUNDATION IN THE AMOUNT OF

\$400,000, TO SUPPORT THE PUBLIC ART PROGRAM OVER 24 MONTHS (2022-2023

AND 2023-2024).

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

OUTREACH

THE OUTREACH DEPARTMENT LEADS EXTERNAL MESSAGING EFFORTS TO DRAW

VISITORS TO GATHER, PLAY, UNWIND, AND EXPLORE ON THE GREENWAY AND

UNDERSTAND CONSERVANCY INITIATIVES. THE TEAM IS IN REGULAR AND

CONSISTENT CONTACT WITH THE GENERAL PUBLIC, COMMUNITY GROUPS,

GOVERNMENT OFFICIALS, THE MEDIA, AND OTHER STAKEHOLDERS THROUGH DIRECT

OUTREACH, IN-PARK MESSAGING, AND ELECTRONIC COMMUNICATIONS, INCLUDING

EMAIL AND OWNED DIGITAL MEDIA ASSETS.

IN 2021, THE OUTREACH DEPARTMENT CONTINUED THE SUCCESS OF DIGITAL

CONTENT, ASSISTING PUBLIC ART WITH A WINTER WEBINAR AND PROVIDING ALL

THE TECHNICAL, VIDEOGRAPHY, AND MARKETING SUPPORT FOR THE

ORGANIZATION'S FIRST EVER VIRTUAL GREENWAY GALA. WITH COVID-19

GUIDELINES LIFTING IN THE SPRING, THE OUTREACH TEAM PROVIDED IMPORTANT

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

ABLE TO RETURN.

Employer identification number 20-1678932

MESSAGING SUPPORT FOR THE MANY PARK EVENTS AND ACTIVITIES THAT WERE

THE OUTREACH DEPARTMENT SUCCESSFULLY PITCHED AND GOT COVERAGE ON

STORIES OF OUR REMARKABLE ACHIEVEMENTS THIS YEAR, GENERATING MORE THAN

160 NEWS STORIES FROM OVER 75 MEDIA OUTLETS, INCLUDING THE BOSTON

GLOBE, BOSTON BUSINESS JOURNAL, COMMONWEALTH MAGAZINE, WBUR, AND THE

BAY STATE BANNER. OUTREACH PRODUCED OVER 1400 SOCIAL MEDIA POSTS IN

2021, CONTRIBUTING TO A 3% GROWTH IN OUR SOCIAL MEDIA FOLLOWER BASE AND

A 3% GROWTH IN OUR EMAIL SUBSCRIBER BASE.

OUTREACH CONTINUED WORK ON BRAND AWARENESS INITIATIVES THROUGHOUT THE

PARK IN 2021. THE TEAM DESIGNED A NEW VINYL WRAP SYSTEM FOR KEEPING OUR

PERMANENT SIGNAGE UPDATED, PROVIDED HEAVY BRANDING SUPPORT FOR THE

REDISCOVER THE GREENWAY PROGRAMMATIC CAMPAIGN, AND CREATED CAPITAL

PROJECT SIGNAGE SOLUTIONS. OUTREACH ALSO SUPPORTED THE OTHER

DEPARTMENTS' SIGNAGE, MESSAGING, AND COLLATERAL NEEDS ACROSS A WIDE

RANGE OF DIGITAL, PRINT, AND IN-PARK MEDIA. THE OUTREACH DEPARTMENT

DESIGNED AND IMPLEMENTED ALL PARTNER AND SPONSOR RECOGNITION MATERIALS,

INCLUDING A LARGE SCALE PARK BANNER PROJECT TO RECOGNIZE GALA SPONSORS.

THE OUTREACH DEPARTMENT CONTINUED TO PROVIDE UPDATES AND SEEK FEEDBACK

FROM STAKEHOLDERS INCLUDING THE GREENWAY BUSINESS IMPROVEMENT DISTRICT

MEMBERS, ELECTED OFFICIALS, GOVERNMENT STAFF, PARTNER ORGANIZATIONS,

AND COMMUNITY MEMBERS. IN PARTICULAR, WE PLAYED A ROLE IN ONBOARDING

AND MESSAGING THE NEW EXECUTIVE DIRECTOR AND LEADERSHIP STAFF, AND WE

WORKED CLOSELY WITH CHINATOWN COMMUNITY STAKEHOLDERS ON UPCOMING PARK

IMPROVEMENTS AND PUBLIC ART.

Schedule O (Form 990) 2021 Page 2

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

Employer identification number 20-1678932

EXPENSES \$ 252,053. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,869.

FORM 990, PART VI, SECTION A, LINE 7A:

PER COMMONWEALTH LAW, AND THE ACTS OF 2008, CERTAIN MEMBERS OF THE BOARD OF DIRECTORS ARE NOMINATED BY ELECTED OFFICIALS OR BY GOVERNMENT AGENCIES.

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

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

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

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

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

THE EXECUTIVE DIRECTOR'S COMPENSATION WAS APPROVED BY THE BOARD OF
DIRECTORS AND BASED ON MARKET DATA FOR COMPARABLE POSITIONS IN THE SECTOR.

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

THE CONSERVANCY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM

990, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND POSTED