

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

**2014**

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.

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

**A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 185 KNEELAND STREET City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02111 <b>F Name and address of principal officer:</b> JESSE BRACKENBURY 185 KNEELAND STREET, BOSTON, MA 02111	<b>D Employer identification number</b> 20-1678932 <b>E Telephone number</b> (617) 292-0020 <b>G Gross receipts \$</b> 16,441,048. <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.ROSEKENNEDYGREENWAY.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> 2004		<b>M State of legal domicile:</b> MA

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE ATTACHED SCHEDULE O</u>	
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	3 20
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	4 20
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) .....	5 46
	<b>6</b> Total number of volunteers (estimate if necessary) .....	6 847
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a 0.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	7b 0.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year 3,033,686. Current Year 4,752,224.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	578,124. 663,978.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	1,100,846. 861,915.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-72,673. -98,250.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	4,639,983. 6,179,867.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		0. 0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		2,047,528. 2,312,059.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		0. 0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 441,486.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		1,954,241. 3,335,296.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		4,001,769. 5,647,355.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	638,214. 532,512.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year 21,953,882. End of Year 21,606,598.
	<b>21</b> Total liabilities (Part X, line 26) .....	354,861. 732,370.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	21,599,021. 20,874,228.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>JESSE BRACKENBURY, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DAVID KELLEHER, CPA	Preparer's signature DAVID KELLEHER, CPA
	Date 05/02/16	Check if self-employed <input type="checkbox"/> PTIN P01059560
	Firm's name ▶ ALEXANDER, ARONSON, FINNING & CO., P.C. Firm's address ▶ 21 EAST MAIN STREET WESTBORO, MA 01581	Firm's EIN ▶ 04-2571780 Phone no. 508-366-9100

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

**Part III Statement of Program Service Accomplishments**

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

**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  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 2,352,789. including grants of \$ \_\_\_\_\_) (Revenue \$ 74,078.)  
**SEE ATTACHED SCHEDULE O - MAINTENANCE, HORTICULTURE AND RANGERS**

**4b** (Code: \_\_\_\_\_) (Expenses \$ 618,896. including grants of \$ \_\_\_\_\_) (Revenue \$ 599,419.)  
**SEE ATTACHED SCHEDULE O - PROGRAMS AND PLANNING**

**4c** (Code: \_\_\_\_\_) (Expenses \$ 1,791,105. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**SEE ATTACHED SCHEDULE O - PUBLIC ART**

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 36,344. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **4,799,134.**

ROSE FITZGERALD KENNEDY GREENWAY  
CONSERVANCY, INC.

**Part IV Checklist of Required Schedules**

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

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

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	20	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	20	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>X</b>	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JESSE BRACKENBURY - 617-292-0020**  
**185 KNEELAND STREET, BOSTON, MA 02111**

ROSE FITZGERALD KENNEDY GREENWAY  
CONSERVANCY, INC.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JESSE BRACKENBURY EXECUTIVE DIRECTOR	55.00	X		X				170,998.	0.	24,650.
(2) GEORGIA MURRAY CHAIR AND DIRECTOR	4.00	X		X				0.	0.	0.
(3) ROBERT GORE TREASURER AND DIRECTOR	2.00	X		X				0.	0.	0.
(4) CHRISTINE MANFREDI CLERK AND DIRECTOR	2.00	X		X				0.	0.	0.
(5) YOUNG PARK VICE CHAIR AND DIRECTOR	2.00	X		X				0.	0.	0.
(6) CHRISTOPHER BETKE DIRECTOR	1.00	X						0.	0.	0.
(7) KATHRYN BURTON DIRECTOR	1.00	X						0.	0.	0.
(8) JAMES CHAN DIRECTOR	1.00	X						0.	0.	0.
(9) JANELLE CHAN DIRECTOR	1.00	X						0.	0.	0.
(10) HELEN CHIN SCHLICHTER DIRECTOR	2.00	X						0.	0.	0.
(11) JAMES KALUSTIAN DIRECTOR	1.00	X						0.	0.	0.
(12) BEEDEE LADD DIRECTOR	1.00	X						0.	0.	0.
(13) MARTIN LYNN DIRECTOR LEFT DURING THE TAX YEAR	2.00	X						0.	0.	0.
(14) TIM MORNINGSTAR DIRECTOR	1.00	X						0.	0.	0.
(15) JANE PAPPALARDO DIRECTOR	1.00	X						0.	0.	0.
(16) COLLEEN RICHARDS POWELL DIRECTOR	1.00	X						0.	0.	0.
(17) JOHN PREGMON DIRECTOR	1.00	X						0.	0.	0.

ROSE FITZGERALD KENNEDY GREENWAY  
CONSERVANCY, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBYN REED DIRECTOR	1.00	X						0.	0.	0.
(19) DANIEL SIEGER DIRECTOR	1.00	X						0.	0.	0.
(20) JEROME SMITH DIRECTOR	1.00	X						0.	0.	0.
(21) DANIEL TOSCANO DIRECTOR	1.00	X						0.	0.	0.
(22) CLINTON BENCH DIRECTOR	1.00	X						0.	0.	0.
(23) CHERYL CRONIN DIRECTOR LEFT DURING THE TAX YEAR	1.00	X						0.	0.	0.
(24) MAGGIE FELLNER HUNT CLERK AND DIRECTOR LEFT DURING THE T	1.00	X		X				0.	0.	0.
(25) CHRISTOPHER FINCHAM DIRECTOR LEFT DURING THE TAX YEAR	1.00	X						0.	0.	0.
(26) SUSANNE LAVOIE DIRECTOR LEFT DURING THE TAX YEAR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								170,998.	0.	24,650.
<b>c Total from continuation sheets to Part VII, Section A</b>								337,972.	0.	34,912.
<b>d Total (add lines 1b and 1c)</b>								508,970.	0.	59,562.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
WORK, INC. 25 BEACH STREET, DORCHESTER, MA 02122	BASIC PARK MAINTENANCE	627,611.
COMMODORE BUILDERS 80 BRIDGE STREET, NEWTON, MA 02458	CAROUSEL FABRICATORS	141,535.
GREENWAY CAROUSEL ENTERTAINMENT 201 SOMERVILLE AVE, SOMERVILLE, MA 02143	CAROUSEL OPERATOR	119,170.
WINDHAVEN INVESTMENT MANAGEMENT, 1 INTERNATIONAL PLACE, #33, BOSTON, MA 02110	INVESTMENT SERVICES	111,733.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



ROSE FITZGERALD KENNEDY GREENWAY  
CONSERVANCY, INC.

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<b>Part VII</b> Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARTIN SUUBERG DIRECTOR	1.00	X					0.	0.	0.	
(28) MAEVE VALLEY-BARTLETTE DIRECTOR LEFT DURING THE TAX YEAR	1.00	X					0.	0.	0.	
(29) VIVIEN WU DIRECTOR LEFT DURING THE TAX YEAR	1.00	X					0.	0.	0.	
(30) JODI WOLIN DIRECTOR OF DEVELOPMENT	50.00				X		126,178.	0.	7,311.	
(31) STEVEN ANDERSON DIRECTOR OF PARK OPERATIONS	45.00				X		108,546.	0.	17,292.	
(32) LINDA JONASH DIRECTOR OF PLANNING & DES	45.00				X		103,248.	0.	10,309.	
Total to Part VII, Section A, line 1c .....							337,972.	34,912.		

ROSE FITZGERALD KENNEDY GREENWAY  
CONSERVANCY, INC.

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	460,159.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	2,507,106.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,784,959.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		4,752,224.				
	<b>Program Service Revenue</b>	<b>2 a</b> FOOD VENDING INCOME .....	<b>Business Code</b> 713110	366,362.	366,362.		
<b>b</b> CAROUSEL REVENUE .....		722210	178,541.	178,541.			
<b>c</b> MAINTENANCE REVENUE .....		900099	74,078.	74,078.			
<b>d</b> OPEN MARKET .....		900099	24,690.	24,690.			
<b>e</b> PROGRAM FEES .....		900099	20,307.	20,307.			
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			663,978.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		564,080.			564,080.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....			297,835.		297,835.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 460,159. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	30,846.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	138,615.			
<b>c</b> Net income or (loss) from fundraising events .....			-107,769.			-107,769.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME .....		900099	9,519.	9,519.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			9,519.			
<b>12 Total revenue.</b> See instructions. ....			6,179,867.	673,497.	0.	754,146.	

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CONSERVANCY, INC.

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	210,001.	69,300.	71,401.	69,300.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,705,901.	1,292,121.	176,403.	237,377.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,799.	8,635.	635.	2,529.
9 Other employee benefits	212,581.	179,323.	13,559.	19,699.
10 Payroll taxes	171,777.	126,600.	20,993.	24,184.
11 Fees for services (non-employees):				
a Management				
b Legal	19,535.	18,146.	169.	1,220.
c Accounting	45,598.	19,400.	23,359.	2,839.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	87,861.		87,861.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	67,657.	54,866.	5,121.	7,670.
14 Information technology	35,011.	25,761.	5,497.	3,753.
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	258,396.	250,959.	163.	7,274.
23 Insurance	113,138.	112,384.	312.	442.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>CONTRACTED SERVICES</b>	1,493,982.	1,465,332.		28,650.
b <b>DIRECT PROGRAM EXPENSE</b>	1,193,791.	1,156,813.	1,073.	35,905.
c <b>PROFESSIONAL DEVELOPMEN</b>	20,327.	19,494.	189.	644.
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	5,647,355.	4,799,134.	406,735.	441,486.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

ROSE FITZGERALD KENNEDY GREENWAY  
CONSERVANCY, INC.

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	603,993.	<b>1</b>	602,193.
	<b>2</b> Savings and temporary cash investments .....	947,947.	<b>2</b>	1,392,221.
	<b>3</b> Pledges and grants receivable, net .....	113,443.	<b>3</b>	418,458.
	<b>4</b> Accounts receivable, net .....	31,120.	<b>4</b>	10,605.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	22,656.	<b>9</b>	118,525.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,794,207.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 697,383.	4,176,687.	<b>10c</b> 4,096,824.
	<b>11</b> Investments - publicly traded securities .....	9,668,917.	<b>11</b>	4,007,066.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,389,119.	<b>12</b>	10,960,706.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	21,953,882.	<b>16</b>	21,606,598.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	354,861.	<b>17</b>	732,370.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	354,861.	<b>26</b>	732,370.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	5,757,967.	<b>27</b>	5,914,485.
	<b>28</b> Temporarily restricted net assets .....	2,336,284.	<b>28</b>	1,454,973.
	<b>29</b> Permanently restricted net assets .....	13,504,770.	<b>29</b>	13,504,770.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	21,599,021.	<b>33</b>	20,874,228.
	<b>34</b> Total liabilities and net assets/fund balances .....	21,953,882.	<b>34</b>	21,606,598.

Form 990 (2014)

ROSE FITZGERALD KENNEDY GREENWAY  
CONSERVANCY, INC.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,179,867.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,647,355.
3	Revenue less expenses. Subtract line 2 from line 1	3	532,512.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,599,021.
5	Net unrealized gains (losses) on investments	5	-1,257,305.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,874,228.

**Part XII Financial Statements and Reporting**

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,950,445.	3,916,848.	5,603,759.	3,033,686.	4,752,224.	21,256,962.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...	214,939.	213,943.	235,047.	244,361.	268,920.	1,177,210.
<b>4 Total.</b> Add lines 1 through 3 .....	4,165,384.	4,130,791.	5,838,806.	3,278,047.	5,021,144.	22,434,172.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1,022,542.
<b>6 Public support.</b> Subtract line 5 from line 4.						21,411,630.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	4,165,384.	4,130,791.	5,838,806.	3,278,047.	5,021,144.	22,434,172.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	266,863.	312,083.	310,133.	752,596.	568,891.	2,210,566.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				32,198.	9,519.	41,717.
<b>11 Total support.</b> Add lines 7 through 10						24,686,455.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,242,102.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	86.73 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	87.58 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> 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.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

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

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

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

Form with multiple questions (1-9) about conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) about reporting collections of art and historical treasures, including amounts for revenue and assets.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	15,163,053.	13,504,770.	13,504,770.	13,504,770.	13,527,270.
<b>b</b> Contributions .....					-22,500.
<b>c</b> Net investment earnings, gains, and losses .....	-198,291.	2,265,431.	686,381.	524,941.	1,022,991.
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	732,349.	607,148.	686,381.	524,941.	1,022,991.
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	14,232,413.	15,163,053.	13,504,770.	13,504,770.	13,504,770.

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

- a** Board designated or quasi-endowment  \_\_\_\_\_ %
- b** Permanent endowment  94.92 %
- c** Temporarily restricted endowment  5.08 %

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

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

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

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		4,655,635.	607,218.	4,048,417.
<b>d</b> Equipment .....		25,569.	11,645.	13,924.
<b>e</b> Other .....		113,003.	78,520.	34,483.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,096,824.

ROSE FITZGERALD KENNEDY GREENWAY  
CONSERVANCY, INC.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) TIFF MULTI ASSET FUND	10,960,706.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	10,960,706.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	5,583,380.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,257,305.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	748,679.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-508,626.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	6,092,006.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	87,861.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	87,861.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	6,179,867.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	6,308,173.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	748,679.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	748,679.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	5,559,494.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	87,861.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	87,861.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	5,647,355.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

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

**PART X, LINE 2:**

THE CONSERVANCY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE

**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  
EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER  
31, 2015. THE CONSERVANCY'S INFORMATION RETURNS ARE SUBJECT TO  
EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS AND GENERALLY REMAIN  
OPEN FOR THE MOST RECENT THREE YEARS.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ALEX ROGERS PITTMAN - 16 MILES STREET, ROXBURY, MA	GRANT WRITING		X	1,373,000.	25,755.	1,347,245.
<b>Total</b>				1,373,000.	25,755.	1,347,245.

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

MA

ROSE FITZGERALD KENNEDY GREENWAY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GREENWAY GALA	GLOW IN THE PARK	NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .....	466,635.	24,370.	491,005.
	2	Less: Contributions .....	438,555.	21,604.	460,159.
	3	Gross income (line 1 minus line 2) .....	28,080.	2,766.	30,846.
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....	68,520.	7,350.	75,870.
	7	Food and beverages .....	40,445.	4,500.	44,945.
	8	Entertainment .....	1,175.	1,075.	2,250.
	9	Other direct expenses .....	13,429.	2,121.	15,550.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			138,615.
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			-107,769.

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

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

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

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

ROSE FITZGERALD KENNEDY GREENWAY

Schedule G (Form 990 or 990-EZ) 2014 CONSERVANCY, INC.

20-1678932 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: ALEX ROGERS PITTMAN

(I) ADDRESS OF FUNDRAISER: 16 MILES STREET, ROXBURY, MA 02119



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**20-1678932**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2014

ROSE FITZGERALD KENNEDY GREENWAY  
CONSERVANCY, INC.

20-1678932

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JESSE BRACKENBURY EXECUTIVE DIRECTOR	(i)	170,998.	0.	0.	5,267.	19,383.	195,648.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

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

PART I, LINE 4:

SEE ATTACHED SCHEDULE O FOR DESCRIPTION OF COMPENSATION REVIEW PROCEDURES

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

ROSE FITZGERALD KENNEDY GREENWAY  
CONSERVANCY, INC.

Employer identification number  
20-1678932

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

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

THE CONSERVANCY WORKS TO ACHIEVE ITS PUBLIC MISSION IN A PUBLIC/PRIVATE  
PARTNERSHIP WITH THE COMMONWEALTH OF MA.

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

**SUMMARY AND ACCOMPLISHMENTS:**

THE CONSERVANCY IS THE DESIGNATED STEWARD OF THE ROSE KENNEDY GREENWAY,  
A MILE-AND-A-HALF OF CONTEMPORARY PARKS IN THE HEART OF BOSTON THAT  
CONNECT PEOPLE AND THE CITY WITH BEAUTY AND FUN. THE NON-PROFIT  
CONSERVANCY MAINTAINS, PROGRAMS, AND IMPROVES THE GREENWAY ON BEHALF OF  
THE PUBLIC AND IN PARTNERSHIP WITH THE COMMONWEALTH OF MASSACHUSETTS.

THE CONSERVANCY CONTINUED TO MAKE THE GREENWAY A JOY-FILLED PLACE FOR  
RESIDENTS AND VISITORS:

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-THE CONSERVANCY COMMISSIONED AND INSTALLED A MONUMENTAL JANET ECHELMAN SCULPTURE, AS IF IT WERE ALREADY HERE, SUSPENDED 350 FEET OVER THE PARK FROM THREE ADJACENT SKYSCRAPERS. THE PIECE BROUGHT THE GARDENS BENEATH ALIVE AND WAS CELEBRATED BY PULITZER PRIZE-WINNING ART CRITIC SEBASTIAN SMEE AS "THE MOST BEAUTIFUL AND AUDACIOUS PIECE OF PUBLIC ART IN BOSTON IN LIVING MEMORY." WE ALSO INSTALLED MULTIPLE OTHER TEMPORARY EXHIBITIONS OF CONTEMPORARY PUBLIC ART.

-IN 2015, 1,194,000 VISITORS ENJOYED THE 300 FREE EVENTS, CAROUSEL, FOOD TRUCKS, AND FREE WI-FI, AND MILLIONS MORE CASUALLY ENJOYED THE FOUNTAINS, GARDENS, AND PLAZAS.

-WE EXPANDED OUR CONTRACTED LANDSCAPE CARE OFFERINGS TO INCLUDE SPECIALTY ORGANIC SERVICES FOR THE FEDERAL RESERVE BANK OF BOSTON.

-WE COMPLETELY RENOVATED A MAJOR GARDEN BED IN THE NORTH END PARK TO BRING MORE FOUR-SEASON HORTICULTURAL INTEREST.

-OUR MAINTENANCE TEAM ACCOMPLISHED SIGNIFICANT MASONRY AND LIGHTING REPAIRS IN THE NORTH END PARK, WHILE CONTINUING THE DAILY RESPONSIBILITIES OF MAINTAINING A CLEAN, FUNCTIONAL PARK.

-WE BEGAN A NEW GRANT-FUNDED PARK RANGERS PROGRAM TO ADD SECURITY AND AMBASSADORSHIP ON THE GREENWAY.

-ALL THIS LED TO AWARDS FROM GREATNONPROFITS.ORG, THE BOSTON BUSINESS JOURNAL, USA TODAY, AND TRIP ADVISOR.

#### HORTICULTURE

WE CONTINUE TO IMPROVE THE GREENWAY'S BEAUTY THROUGH SKILLED, ATTENTIVE MAINTENANCE AND IMPORTANT, THOUGHTFUL IMPROVEMENTS. THE CONSERVANCY USES ORGANIC AND SUSTAINABLE LANDSCAPE PRACTICES THAT ARE INNOVATIVE, AWARD-WINNING, AND FISCALLY SOUND.

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THE GREENWAY IS BOSTON'S ONLY ORGANICALLY-MAINTAINED PUBLIC PARK AND ONE OF A HANDFUL OF ORGANICALLY-MAINTAINED URBAN PARKS IN THE UNITED STATES; OUR SUSTAINABILITY EFFORTS HAVE EARNED US A MAYOR'S GREENOVATE AWARD. GREENWAY PLANTS ARE HEALTHIER, MORE RESILIENT, AND BETTER ABLE TO WITHSTAND THE STRESS OF PUBLIC USE AND THE DEMANDS OF AN URBAN ENVIRONMENT BECAUSE OF OUR MANAGEMENT PRACTICES. THE CONSERVANCY'S POLICY OF NOT USING HERBICIDES AND TOXINS ALSO ENSURES THAT RUN-OFF FROM THE PARKS WILL NOT POLLUTE BOSTON HARBOR OR HARM THE DELICATE MARINE LIFE. CHILDREN AND PETS CAN FREELY AND SAFELY PLAY ON OUR PARK LAWNS WITHOUT THE WORRY OF PESTICIDES. A HARVARD KENNEDY SCHOOL TEAM PARTNERED WITH US AND DETERMINED THAT OUR DAILY ORGANIC CARE IS LESS EXPENSIVE THAN A NON-ORGANIC APPROACH. THE CORNERSTONE OF OUR ORGANIC APPROACH IS OUR COMPOST TEA OPERATION. WE HAVE INCREASED APPLICATIONS OF OUR ORGANIC COMPOST TEA FROM 1,800 GALLONS IN 2010 TO APPROXIMATELY 13,500 GALLONS ANNUALLY. THE DEPTH OF THE ROOTS ON THE GREENWAY HAS TRIPLED SINCE THE CONSERVANCY TOOK OVER PARK OPERATIONS AND INTRODUCED ORGANIC METHODS. THE PARK IS A NATIONAL WILDLIFE FEDERATION CERTIFIED WILDLIFE HABITAT. IN 2015, WE CUT THE FERTILIZER APPLIED TO THE LAWN IN HALF, AS WE'VE HAD SUCH SUCCESS IN BUILDING UP THE NATURAL SOIL BIOLOGY.

A WALK DOWN THE GREENWAY REVEALS LUSH, GREEN GRASS AND THRIVING GARDEN BEDS. OUR SUSTAINABLE HORTICULTURE PRACTICES INCLUDE WEED MANAGEMENT, TOP SEEDING, AND AERATION, ORGANIC DEBRIS COMPOSTING FOR FERTILIZER APPLICATIONS, AND EFFICIENT WATER USAGE. IN ADDITION, THE GREENWAY'S DEWEY SQUARE PARK FEATURES POLLINATOR, EDIBLE, DEMONSTRATION, AND RAIN GARDENS. 75 PLANTER CONTAINERS THROUGHOUT THE PARK ARE CHANGED OUT SEASONALLY WITH ARRANGEMENTS CONSISTENT WITH THEIR PARK SURROUNDINGS.

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IN 2015, WE TOOK ON ADDITIONAL PROPERTY RESPONSIBILITY. WE WON A SMALL CONTRACT FOR SPECIALTY ORGANIC SERVICES FOR THE LANDSCAPING AT THE FEDERAL RESERVE BANK OF BOSTON, ACROSS FROM THE GREENWAY. WE ALSO CONTINUED OUR COMPETITIVELY-AWARDED CONTRACT TO MAINTAIN THE BEAUTIFUL GARDENS, FOUNTAINS, AND LABYRINTH IN ARMENIAN HERITAGE PARK.

WE TRANSFORMED THE HORTICULTURE IN THE NORTH END PARK. WITH A NEW DESIGN DONE IN CONSULTATION WITH PUBLIC GARDEN DESIGNER LYNDEN MILLER, WE ENTIRELY REPLANTED THE LARGE GARDEN BED ACROSS FROM THE NEW BOSTON PUBLIC MARKET FOR GREATER FOUR-SEASON INTEREST. THIS REPLACED FAILING PLANTS AND AN INVASIVE WEED WITH A LUSH GARDEN. WE ALSO INSTALLED A COMPLIMENTARY SET OF PLANTINGS UNDERNEATH THE PERGOLA, INCLUDING EVERGREENS AND ROSES, TO SCREEN AGAINST THE TRAFFIC ON THE ADJOINING SURFACE STREETS; THIS MATCHES WORK DONE IN THE PERGOLA BED SOUTH OF HANOVER STREET IN SPRING 2014. THESE EFFORTS WERE INFORMED BY COMMUNITY MEETINGS HELD OVER THE LAST SEVERAL YEARS.

OUR VOLUNTEER PROGRAM OFFERS OPPORTUNITIES FOR INDIVIDUALS AND COMPANIES FOR HANDS-ON LEARNING WHILE THEY ASSIST WITH PARK STEWARDSHIP. SHOULDER-TO-SHOULDER WITH OUR HORTICULTURAL STAFF, THE COMMUNITY LEARNS ABOUT OUR ORGANIC CARE IN THIS ROOF-TOP GARDEN. WE CONTINUE TO SEE INCREASES IN VOLUNTEER ENGAGEMENT WITH THE GREENWAY, WITH HOURS GROWING FROM 2,171 IN 2012, TO 3,118 IN 2013, TO 3205 IN 2014. IN ONE EXAMPLE OF COMMUNITY VOLUNTEERISM, STUDENTS FROM THE CHINATOWN'S JOSIAH QUINCY ELEMENTARY SCHOOL PLANTED 700 PACHYSANDRA PLUGS IN MARY SOO HOO PARK. ON THE STRENGTH OF REVIEWS FROM VOLUNTEERS, THE CONSERVANCY HAS WON THE TOP RATED AWARD FROM GREATNONPROFITS.ORG

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MULTIPLE YEARS RUNNING.

MAINTENANCE

THE MAINTENANCE DEPARTMENT RESPONDS TO THE DAILY AND SEASONAL DEMANDS OF RUNNING A CLEAN, GREEN, AND SAFE PARK. OUR TEAM CARES FOR SEVEN WATER FEATURES, ACRES OF GRANITE PAVING, COMPLEX LIGHTING SYSTEMS, AND MORE. THE CONSERVANCY'S MAINTENANCE STAFF HANDLES REPAIRS, FOUNTAIN MAINTENANCE, AND OTHER SKILLED TASKS; OUR EFFORTS ARE SUPPLEMENTED BY OUR CONTRACTED NON-PROFIT PARTNER, WORK INC., WHICH EMPLOYS INDIVIDUALS WITH DISABILITIES. WORK INC. HANDLES BASIC PARK CARE-INCLUDING LAWN MOWING, LITTER AND TRASH REMOVAL, AND SNOW REMOVAL-AND HELPS PROVIDE AN IN-PARK PRESENCE 16 HOURS PER DAY, 365 DAYS PER YEAR.

REGULAR MAINTENANCE WORK INCLUDES FOUNTAIN CARE, WELDING REPAIRS, RE-LAMPING, VEHICLE MAINTENANCE, MASONRY, AND MORE. MASONRY WORK THROUGHOUT THE GREENWAY INCLUDED RESETTING LOOSE PAVERS, REPAIRING HANDICAPPED RAMPS, RESTORING FAILED MORTAR JOINTS, AND RE-CAULKING FAILED EXPANSION JOINTS. SEASONALLY, THE MAINTENANCE TEAM SETS OUT AND REMOVES MOVEABLE FURNITURE; STARTS-UP AND THEN DECOMMISSIONS AND WINTERIZES THE SEVEN WATER FEATURES; INSTALLS AND REMOVES WINTER LIGHTING; AND SUPERVISES ACRES OF SNOW REMOVAL.

SIGNIFICANT WORK WAS DONE ON THE GREENWAY'S WATER FEATURES. WE INSTALLED NEW CONTROLLERS IN THREE FOUNTAINS ENABLING REMOTE ADDRESSABILITY OF MANY FOUNTAIN CONTROL FUNCTIONS WHILE IMPROVING RELIABILITY AND SAFETY OF ALL THREE FOUNTAINS. WE STANDARDIZED THE CHEMICAL TREATMENT SO ALL FOUNTAINS NOW USE ONE DISINFECTANT PRODUCT THAT IS MORE ECONOMICAL, MORE STABLE, BETTER FOR THE ENVIRONMENT, AND

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SAFER TO HANDLE. WE MADE REPAIRS TO DEFECTIVE SUMP PUMPS AT THE RINGS  
AND NORTH END FOUNTAINS, THE JOCKEY PUMP AND PIPES AT RINGS, THE PUMP  
MOTOR AT HARBOR FOG, AND THE CHINATOWN FOUNTAIN STREAM BED.

IN THE NORTH END PARKS, WE MADE SIGNIFICANT CAPITAL REPAIRS AND  
IMPROVEMENTS. WE REPLACED THE BOLLARD LIGHTS WITH MORE EFFICIENT,  
ATTRACTIVE AND STURDY LED LIGHTS. THE FOUNTAIN TROUGH WAS  
RE-WATERPROOFED, AND THE PERGOLAS WERE RESURFACED. WE REPLACED CHIPPED  
AND SPALLED GRANITE PAVERS IN FREEDOM TRAIL. WE EXTENSIVELY RE-POINTED  
AND RE-SEALED THE GRANITE PAVEMENT JOINTS ON THE NORTH END PARCELS.

IN THE WHARF PARKS, WE MADE MASONRY REPAIRS TO HANDICAP RAMPS, ADDED  
SKATEBOARD DETERRENTS, AND MADE THE ELECTRICAL OUTLETS MORE SECURE WITH  
DIRECT BURIAL LOCKABLE OUTLET BOLLARDS.

THE MAINTENANCE TEAM PLAYS A CRITICAL ROLE IN SUPPORT OF THE PARK  
ACTIVATION. PUBLIC ART INSTALLATIONS AND DIDACTIC SIGNAGE OFTEN INCLUDE  
SIGNIFICANT LABOR FROM THE MAINTENANCE STAFF. IN THE FORT POINT CHANNEL  
PARK, THE SOOFA SOLAR POWERED BENCH WAS INSTALLED IN NEW COBBLE PAVING.  
THE JANET ECHELMAN INSTALLATION WAS COMPLIMENTED BY THE MAINTENANCE  
TEAM'S ADDITION OF RECYCLING/TRASH RECEPTACLES AND NEW TEMPORARY  
HAMMOCKS.

WE BEGAN A NEW GRANT-FUNDED PARK RANGERS PROGRAM TO ADD SECURITY AND  
AMBASSADORSHIP ON THE GREENWAY. TWO FULL-TIME RANGERS INTERFACE WITH  
THE PUBLIC, COMPASSIONATELY ENSURING A SAFE AND WELCOMING PARK  
EXPERIENCE FOR ALL VISITORS. RANGERS CONNECT A WIDE RANGE OF PEOPLE  
WITH THE INFORMATION AND SERVICES THEY NEED, FROM OUT-OF-TOWN VISITORS

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TO FAMILIES TO THE HOMELESS. RANGERS INVEST A SIGNIFICANT PORTION OF  
THEIR TIME LIAISING WITH COMMUNITY-BASED ORGANIZATIONS THAT ASSIST WITH  
SOCIAL SERVICES.

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

PROGRAMS AND PLANNING:

THE CONSERVANCY HAS BROUGHT THE GREENWAY TO LIFE. IN ADDITION TO THE  
MILLIONS OF VISITORS WHO PASSIVELY ENJOY OUR FOUNTAINS AND GARDENS, THE  
TRACKABLE VISITATION-EVENTS, WI-FI, CAROUSEL, AND MOBILE EATS-CONTINUED  
TO INCREASE DRAMATICALLY, FROM 801,000 IN 2013 TO 1,023,000 IN 2014.  
TOURISTS, WORKERS, AND RESIDENTS MEET AND PLAY ON THE GREENWAY, MOVING  
THROUGH THE GARDENS FROM THE FOUNTAINS TO THE FOOD TRUCKS TO THE NEARBY  
ATTRACTIONS.

OUR 300 FREE ANNUAL EVENTS INCLUDE FESTIVALS, MARKETS, FITNESS CLASSES,  
AND CONCERTS. MAJOR EVENTS INCLUDED THE BOSTON LOCAL FOOD FEST, THE  
FIGMENT PARTICIPATORY ART FESTIVAL, AND RACE AMITY DAY. RECURRING  
EVENTS INCLUDE THE BOSTON CALLING BLOCK PARTIES, HELD WEEKLY AT DEWEY  
SQUARE PARK WITH OUTDOOR MUSIC AND DRINKS; THE SEASONAL FARMERS MARKET  
AT DEWEY SQUARE PARK, THE SATURDAY GREENWAY OPEN MARKET WITH ARTISAN  
WARES, AND THE BERKLEE COLLEGE OF MUSIC CONCERT SERIES. WE HOSTED MORE  
THAN 80 FREE FITNESS CLASSES FROM YOGA TO CROSSFIT THROUGH THE  
GREENWAY. OUR NATIONALLY ACCLAIMED GREENWAY MOBILE EATS PROGRAM  
CONTINUES TO EXPAND WITH 30 TRUCKS AND TRIKES OFFERING ROSEMARY FRIES,  
TEA-SMOKED EGGS, GOURMET GRILLED CHEESE, AND MORE.

THE GREENWAY CAROUSEL AT THE TIFFANY & CO. FOUNDATION GROVE IS A NEW



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BOSTON LANDMARK. THE ONE-OF-A-KIND, ARTIST-CRAFTED CAROUSEL FEATURES 14 DIFFERENT CHARACTERS NATIVE TO THE LAND, SEA AND SKY OF MASSACHUSETTS INCLUDING A SEA TURTLE, RABBIT, LOBSTER, COD, PEREGRINE FALCON, AND SKUNK. THE CHARACTERS WERE INSPIRED BY THE DRAWINGS OF BOSTON SCHOOL CHILDREN AND BROUGHT TO LIFE BY A LOCAL ARTIST. THE GREENWAY CAROUSEL WAS DESIGNED TO CREATE ACCESS FOR PEOPLE OF ALL ABILITIES. RIDERSHIP HAS TOPPED 100,000 EACH FULL YEAR IT HAS BEEN OPEN. CAROUSEL REVENUES HELP SUPPORT THE 300 FREE ANNUAL PROGRAMS ON THE GREENWAY.

THE GREENWAY GALA IS THE CONSERVANCY'S ANNUAL FUNDRAISING EVENT. IN 2015, THE GALA WAS AGAIN HOSTED ON THE GREENWAY, WELCOMING GUESTS INTO A SPECTACULAR TENT WITH DECORATIONS PUT TOGETHER BY THE CONSERVANCY'S HORTICULTURE TEAM. THE NIGHT WAS A GLOWING SUCCESS - ATTENDED BY 400 REPRESENTATIVES FROM THE BUSINESS COMMUNITY, NONPROFIT COMMUNITY GROUPS, CORPORATIONS, FOUNDATIONS AND INDIVIDUALS. THE GALA PROVIDES THE CONSERVANCY AN OPPORTUNITY TO SAY THANK YOU TO OUR SUPPORTERS AND PROVIDES A PLATFORM FOR SHARING OUR CURRENT AND FUTURE INITIATIVES.

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

PUBLIC ART:

THE GREENWAY CONSERVANCY HAS BECOME A LEADER IN CONTEMPORARY PUBLIC ART IN BOSTON. PUBLIC ART ON THE GREENWAY GIVES RESIDENTS, WORKERS, AND TOURISTS A REASON TO VISIT, LINGER, AND DISCUSS.

IN FALL 2014, THE CONSERVANCY COMMISSIONED THE THIRD GREENWAY WALL MURAL, SEVEN MOON JUNCTION BY SHINIQUE SMITH IN COLLABORATION WITH THE MUSEUM OF FINE ARTS BOSTON. THIS PIECE WAS WAS NAMED ONE OF THE TOP 50

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PUBLIC ART WORKS IN THE COUNTRY BY THE AMERICANS FOR THE ARTS' PUBLIC ART NETWORK. WE ALSO HIRED OUR FIRST PUBLIC ART CURATOR, LUCAS COWAN, FORMERLY SENIOR CURATOR AT MILLENNIUM PARK IN CHICAGO.

2015 BROUGHT THE TEMPORARY INSTALLATION OF A MONUMENTAL JANET ECHELMAN SCULPTURE, AS IF IT WERE ALREADY HERE, SUSPENDED 350 FEET OVER THE PARK FROM THREE ADJACENT SKYSCRAPERS. THIS PROJECT-WHICH INVOLVED THREE PRIVATE PROPERTY OWNERS AND THE 10-HOUR INSTALLATION CLOSING OF 2 MAJOR STREETS AND A HIGHWAY RAMP-WAS AN ENORMOUS PUBLIC SUCCESS. THE PARK BENEATH WAS ACTIVATED IN A COMPLETELY NEW WAY. ALL SEASON LONG THE PUBLIC SNAPPED PICTURES, GAZED UP AT THE ARTWORK FROM HAMMOCKS, AND MARVELED AT THE SCULPTURE. ECHELMAN'S SCULPTURE WAS CELEBRATED BY PULITZER PRIZE-WINNING ART CRITIC SEBASTIAN SMEE AS "THE MOST BEAUTIFUL AND AUDACIOUS PIECE OF PUBLIC ART IN BOSTON IN LIVING MEMORY." THE SCULPTURE TRANSFORMED THE CONVERSATION ABOUT PUBLIC ART IN BOSTON; AS BOSTON GLOBE COLUMNIST YVONNE ABRAHAM WROTE, THE PIECE " REFLECTS THE KIND OF COURAGEOUS, FREE-SPIRITED VISION FOR THE CITY THAT MANY HAVE BEEN LONGING FOR FOREVER. THE NEW INSTALLATION MOVED ME TO TEARS, SILENCING IN THE MOMENT ONE OF MY LONGER-RUNNING BELLY-ACHES: THE DEARTH OF PUBLIC ART IN BOSTON; THE UNIFORMITY OF THE ART WE HAVE - STODGY LEGIONS OF BRONZE FIGURES DEPICTING POLITICIANS AND SPORTING OR OTHER HEROES; THE LACK OF AMBITION IN OUR SHARED SPACES. WE'VE HAD SOME GREAT DEPARTURES FROM THAT TRADITION OVER THE YEARS, BUT NONE THIS DRAMATIC AND ACCESSIBLE. CREDIT THE GREENWAY CONSERVANCY FOR THIS." IN ADDITION TO OUR MEDIA SPONSORS-THE BOSTON GLOBE, CBS WBZ, THE IMPROPER BOSTONIAN, WBUR, AND ARTS NEW ENGLAND-COVERAGE EXTENDED TO THE ATLANTIC, ARCHITECTURAL DIGEST, TIME MAGAZINE, CORRIERE DELLA SERA SETTE, FAST COMPANY, INTERIOR DESIGN, AND THE NEW YORK TIMES.

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2015 ALSO SAW NUMEROUS OTHER INSTALLATIONS WHICH ESTABLISHED THE GREENWAY AS A DESTINATION FOR PUBLIC ART. THE CONSERVANCY LAUNCHED A 12-YEAR CURATION PROJECT BASED ON THE CHINESE ZODIAC THAT BEGAN WITH KYU SEOK OH'S WANDERING SHEEP; THIS ARTWORK, ALONG WITH THE ADDITION OF TABLES, CHAIRS, AND PLANTERS, BROUGHT TO LIFE A VACANT PLAZA IN CHINATOWN.

THE CONSERVANCY LAUNCHED NEW ARTS EDUCATION EFFORTS. A VOLUNTEER CORPS OF 19 ART AMBASSADORS PROVIDED TOURS AND STAFFING A "PORTABLE READING LIBRARY" UNDERNEATH THE ECHELMAN. THE CONSERVANCY ALSO HOSTED "COMMUNITY DAYS" FOR THE BOYS & GIRLS CLUBS OF BOSTON, BRINGING HUNDREDS OF CHILDREN TO THE GREENWAY FOR PUBLIC ART EXPLORATION, A CAROUSEL RIDE, FOUNTAIN PLAY, AND A FOOD TRUCK LUNCH.

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

OUTREACH:

THE OUTREACH DEPARTMENT, NEWLY ORGANIZED IN FY15 TO CONSOLIDATE VARIOUS MARKETING, COMMUNICATIONS, COMMUNITY RELATIONS, AND GOVERNMENT AFFAIRS FUNCTIONS, LEADS THE CONSERVANCY'S EXTERNAL MESSAGING EFFORTS. THE TEAM IS IN REGULAR CONTACT WITH THE PUBLIC, COMMUNITY GROUPS, GOVERNMENT OFFICIALS, THE MEDIA, AND OTHER STAKEHOLDERS THROUGH DIRECT OUTREACH, IN-PARK MESSAGING, AND ELECTRONIC COMMUNICATIONS. THE DEPARTMENT ALSO ASSISTS WITH THE CONSERVANCY'S GOVERNMENT PERMITTING EFFORTS. THE DEPARTMENT COORDINATES THE MARKETING OF ALL GREENWAY OFFERINGS AND CONSERVANCY STORIES.

METRICS FOR THE CONSERVANCY'S OWNED MEDIA ACCOUNTS WERE ALL UP

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SIGNIFICANTLY IN FY15. GROWTH WAS CATALYZED BY THE GREENWAY ECHELMAN SCULPTURE COMBINED WITH A RENEWED FOCUS ON COMMUNICATING WITH THE PUBLIC WHEN AND WHERE THEY WERE. TWITTER, INSTAGRAM AND FACEBOOK WERE CUMULATIVELY UP BY MORE THAN 75% IN CY2015. WEB SEARCHES SEEKING INFORMATION ON CONSERVANCY EVENTS AND ACTIVITIES WERE AT THE RECORD LEVELS, WITH MAY THROUGH SEPTEMBER 2015 EACH AMONG THE TOP 7 RECORDED MONTHS SINCE THE CONSERVANCY WAS FOUNDED. THE GREENWAY BLOG AND ENEWSLETTER EACH REACHED NEW HIGHS IN INTERACTIONS AND CLICKS. THE OUTREACH DEPARTMENT SOUGHT, OBTAINED, AND FULFILLED NEARLY A DOZEN MEDIA PARTNERSHIP AGREEMENTS RELATED TO PUBLIC ART INSTALLATIONS IN FY15. THOSE AGREEMENTS PROVIDED ROUGHLY \$250,000 IN IN-KIND ADVERTISING OPPORTUNITIES IN EARNED MEDIA OUTLETS. THE DEPARTMENT ALSO ENGAGED A PROFESSIONAL BRANDING FIRM WHO PROVIDED THEIR SERVICES PRO BONO ON MARKETING STRATEGY, DESIGN SERVICES, AND A COMPLETE REBRANDING. THE REBRANDING EFFORT INCLUDED REDESIGNING THE CONSERVANCY'S LOGO, COLORS, AND FONTS. EXPENSES \$ 36,344. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAW CHANGES CONCERN THE FINANCE, AUDIT AND RISK MANAGEMENT COMMITTEE, WHICH CHANGED FROM 9 TO AT LEAST 7 MEMBERS. THE COMMITTEE ALSO HAS THE ABILITY TO SEEK ADVICE FROM OTHER PERSONS WHO SERVE IN NON-VOTING ADVISORY CAPACITIES.

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

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

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

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'S FINANCE, AUDIT AND RISK MANAGEMENT COMMITTEE WHICH REVIEWS THE FILINGS AND REPORTS TO THE BOARD OF DIRECTORS.

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

IN 2014 AND IN 2015, AN AD HOC BOARD WORKING GROUP CONSIDERED FORM 990 EXECUTIVE DIRECTOR COMPENSATION FROM COMPARABLE ORGANIZATIONS TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION.

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

THE CONSERVANCY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, FORM PC AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND POSTED ON THE CONSERVANCY'S WEBSITE - [WWW.ROSEKENNEDYGREENWAY.ORG](http://WWW.ROSEKENNEDYGREENWAY.ORG).

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

THE CONSERVANCY DOES NOT HAVE ANY OTHER OFFICERS OR KEY EMPLOYEES.

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FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.