

The Commonwealth of Massachusetts
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

Office Use Only: Fiscal Year

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/23/14 to 12/31/14

Attorney General's Account #: 056741

Federal ID #: 46-4619141

When did the organization first engage in charitable work in Massachusetts? 01/23/2014

Has the organization applied for or been granted IRS tax exempt status? Yes No

If yes, date of application OR date of determination letter: 08/14/2014

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes No

Check all items attached (if applicable)	
<input checked="" type="checkbox"/>	Schedule A-1
<input checked="" type="checkbox"/>	Schedule A-2
<input type="checkbox"/>	Schedule RO
<input type="checkbox"/>	Probate Account
<input checked="" type="checkbox"/>	Copy of IRS Return
<input checked="" type="checkbox"/>	Audited Financial Statements/Review
<input checked="" type="checkbox"/>	Filing Fee
<input type="checkbox"/>	Amended Articles/By-Laws

Organization Data

Name: BOSTON 2024 PARTNERSHIP, INC.

Mailing Address: ONE MARINA PARK DRIVE, 10TH FLOOR

City: BOSTON State: MA ZIP: 02210

Phone Number: (617) 236-4099 Fax Number: _____

Email: EMURPHY@2024BOSTON.ORG Website: WWW.2024BOSTON.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	13	Organization Purpose Code 1	61
Type of Organization (Table 2)	23	Organization Purpose Code 2	55

Please check box if final return prior to dissolution:

Office Use Only: Payment Received

BOSTON 2024 PARTNERSHIP, INC.

46-4619141

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- On what date was the organization created? 01/23/2014
- Where was the organization created? MASSACHUSETTS
- What is the form of organization? (check one)

Corporation	<input checked="" type="checkbox"/>	Testamentary Trust	<input type="checkbox"/>
Unincorporated Association	<input type="checkbox"/>	Inter Vivos Trust	<input type="checkbox"/>

Other (please describe): _____

- Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No
- Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	6,583,103.
B.	Gross support and revenue	6,584,171.
C.	Program services and similar amounts paid out	5,319,090.
D.	Fundraising expenses	119,805.
E.	Management and general expenses	139,968.
F.	Payments to affiliates	0.
G.	Total expenses	5,578,863.
H.	Net assets or fund balances at the end of the year	1,005,308.

- List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	DANIEL O'CONNELL PRESIDENT	40.00	126,923.	0.	0.
2.	ERIN MURPHY EXECUTIVE VICE PRESIDENT	40.00	102,981.	10,155.	0.
3.	EMILEY LOCKHART VICE PRESIDENT & GENERAL COUNSEL	32.00	79,615.	15,694.	0.
4.	MARIE NICOLE MENDOZA VP OF ENGAGEMENT & EXT. AFFAIRS	40.00	58,173.	5,293.	0.
5.	AMY SENNETT VP OF STRATEGIC INIT. & ASSIST.	40.00	33,993.	2,646.	0.

- Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	ELKUS MANFREDI ARCHITECTS	1,017,679.	ARCHITECT
2.	VHB, INC.	947,852.	ENGINEERING CONSULTING
3.	CBT, INC.	879,741.	PLANNING CONSULTING
4.	AUTODESK, INC.	510,732.	IT CONSULTING
5.	NEOSCAPE, INC.	200,300.	DESIGN & VISUALIZATION

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone numbers):

Bank	Address	Phone Number
TD BANK	ONE PORTLAND SQUARE, PORTLAND, ME 04101	(802)879-2173

10. What is the organization's accounting method? Cash Accrual

Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: N/A

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: ERIN MURPHY

Street Address: ONE MARINA PARK DRIVE, 10TH FL

City: BOSTON State: MA ZIP Code: 02110

Phone Number: (617) 236-4099

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

STATEMENT 1

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 2

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 3

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT	1
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NAME AND ADDRESS	PHONE NUMBER
NONE	

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	2
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NAME AND ADDRESS	TITLE
DANIEL O'CONNELL ONE MARINA PARK DRIVE, 10TH FLOOR BOSTON, MA 02210	PRESIDENT (9/1 - 12/31/14)
ERIN MURPHY ONE MARINA PARK DRIVE, 10TH FLOOR BOSTON, MA 02210	EXECUTIVE VP (EFF. 6/14)
EMILEY LOCKHART ONE MARINA PARK DRIVE, 10TH FLOOR BOSTON, MA 02210	VP & GEN. COUNSEL (EFF. 6/14)
JOHN FISH ONE MARINA PARK DRIVE, 10TH FLOOR BOSTON, MA 02210	TREASURER & CLERK
ROBERT KRAFT ONE MARINA PARK DRIVE, 10TH FLOOR BOSTON, MA 02210	BOARD MEMBER (THRU 6/14)
STEVE PAGLIUCA ONE MARINA PARK DRIVE, 10TH FLOOR BOSTON, MA 02210	BOARD MEMBER
GLORIA LARSON ONE MARINA PARK DRIVE, 10TH FLOOR BOSTON, MA 02210	BOARD MEMBER

FORM PC

PAGE 4, LINE 18

STATEMENT 3

<u>NAME AND ADDRESS</u>	<u>AREA OF RESPONSIBILITY</u>
DANIEL O'CONNELL 1 MARINA PARK DR, 10 FL BOSTON, MA 02210	RESPONSIBLE FOR CUSTODY OF FUNDS
JOHN FISH 1 MARINA PARK DR, 10 FL BOSTON, MA 02210	RESPONSIBLE FOR CUSTODY OF FUNDS
DANIEL O'CONNELL 1 MARINA PARK DR, 10 FL BOSTON, MA 02210	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
JOHN FISH 1 MARINA PARK DR, 10 FL BOSTON, MA 02210	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
BOARD OF DIRECTORS 1 MARINA PARK DR, 10 FL BOSTON, MA 02210	RESPONSIBLE FOR FUNDRAISING
KAREN HEGARTY 148 LINDEN STREET WELLESLEY, MA 02482	CUSTODY OF FINANCIAL RECORDS
DANIEL O'CONNELL 1 MARINA PARK DR, 10 FL BOSTON, MA 02210	AUTHORIZED TO SIGN CHECKS
JOHN FISH 1 MARINA PARK DR, 10 FL BOSTON, MA 02210	AUTHORIZED TO SIGN CHECKS
ERIN MURPHY 1 MARINA PARK DR, 10 FL BOSTON, MA 02210	RESPONSIBLE FOR CUSTODY OF FUNDS
ERIN MURPHY 1 MARINA PARK DR, 10 FL BOSTON, MA 02210	RESPONSIBLE FOR DISTRIBUTION OF FUNDS

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No

(c) Been the subject of a proceeding regarding any solicitation or registration? Yes No

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:			
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
H.	Has your organization paid or become obligated to pay wages, salary, or other compensation to a related party?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director, or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors, or trustees has a relationship?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

STATEMENT 4

NAME AND ADDRESS

DANIEL O'CONNELL
 ONE MARINA PARK DRIVE, 10TH FL
 BOSTON, MA 02210

NATURE OF TRANSACTION

PRESIDENT SALARY

AMOUNT INVOLVED

126,923.

PROCEDURE FOLLOWED

BOARD APPROVED

NAME AND ADDRESS

ERIN MURPHY
 ONE MARINA PARK DRIVE, 10TH FL
 BOSTON, MA 02210

NATURE OF TRANSACTION

EXECUTIVE VICE PRESIDENT SALARY AND BENEFITS

AMOUNT INVOLVED

113,136.

PROCEDURE FOLLOWED

BOARD APPROVED

NAME AND ADDRESS

EMILEY LOCKHART
 ONE MARINA PARK DRIVE, 10TH FL
 BOSTON, MA 02210

NATURE OF TRANSACTION

VICE PRESIDENT & GENERAL COUNSEL SALARY AND BENEFITS

AMOUNT INVOLVED

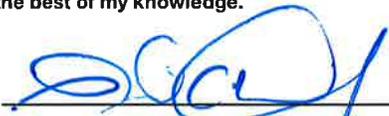
95,309.

PROCEDURE FOLLOWED

BOARD APPROVED

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature:  Date: 5/15/15

Printed Name: RICHARD DAVEY

Title: CHIEF EXECUTIVE OFFICER

Name of Preparer: SMITH, SULLIVAN & BROWN, P.C.

Address 80 FLANDERS ROAD - SUITE #200

City WESTBOROUGH State MA ZIP Code 01581

Phone Number (508) 871-7178

**Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

BOSTON 2024

BOSTON 2024 OLYMPICS ORGANIZING COMMITTEE

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input checked="" type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: SCR & ASSOCIATES, LLC

Address 100 TRADE CENTER, SUITE G-77

City WOBURN State MA ZIP Code 01801

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

DANIEL O'CONNELL

Name and Title: PRESIDENT

Address ONE MARINA PARK DRIVE, 10TH FL

City BOSTON

State MA

ZIP Code 02210

JOHN FISH

Name and Title: TREASURER AND CLERK

Address ONE MARINA PARK DRIVE, 10TH FL

City BOSTON

State MA

ZIP Code 02210

ERIN MURPHY

Name and Title: EXECUTIVE VICE PREISDENT

Address ONE MARINA PARK DRIVE, 10TH FL

City BON

State MA

ZIP Code 02210

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

DANIEL O'CONNELL

Name and Title: PRESIDENT

Address ONE MARINA PARK DRIVE, 10TH FL

City BOSTON

State MA

ZIP Code 02210

JOHN FISH

Name and Title: TREASURER AND CLERK

Address ONE MARINA PARK DRIVE, 10TH FL

City BOSTON

State MA

ZIP Code 02210

ERIN MURPHY

Name and Title: EXECUTIVE VICE PRESIDENT

Address ONE MARINA PARK DRIVE, 10TH FL

City BOSTON

State MA

ZIP Code 02210

Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

BOSTON 2024

BOSTON 2024 OLYMPICS ORGANIZING COMMITTEE

Types of solicitation activities in which you expect to engage (check all that apply):

Table with 2 columns: Activity type and checkbox. Rows include Mass Mailing, Door-to-door, Entertainment event, Telemarketing without sale of goods or ads, Telemarketing with sale of goods, Telemarketing with sale of ads, Via the Internet, Raffle, beano, bingo or gaming event, Sale of goods other than by telephone, Individual Mailings, Corporate solicitations, Grant Proposals.

Other (specify):

Identify the method or methods you expect to use for the fundraising (check all that apply):

Table with 2 columns: Method and checkbox. Rows include Professional solicitor*, Professional fundraising counsel*, Commercial co-venturer*, Own employees, Volunteers.

* Provide applicable names and addresses:

Professional Solicitor Name:

Address

City State ZIP Code

Professional Fundraising Counsel Name: SCR & ASSOCIATES, LLC

Address 100 TRADE CENTER, SUITE G-77

City WOBURN State MA ZIP Code 01801

Commercial Co-Venturer Name:

Address

City State ZIP Code

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

ERIN MURPHY

Name and Title: EXECUTIVE VICE PRESIDENT

Address ONE MARINA PARK DRIVE, 10TH FL

City BOSTON

State MA

ZIP Code 02210

STEVE PAGLIUCA

Name and Title: VICE CHAIRMAN

Address ONE MARINA PARK DRIVE, 10TH FL

City BOSTON

State MA

ZIP Code 02210

RICHARD DAVEY

Name and Title: CHIEF EXECUTIVE OFFICER

Address ONE MARINA PARK DRIVE, 10TH FL

City BOSTON

State MA

ZIP Code 02210

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

ERIN MURPHY

Name and Title: EXECUTIVE VICE PRESIDENT

Address ONE MARINA PARK DRIVE, 10TH FL

City BOSTON

State MA

ZIP Code 02210

STEVE PAGLIUCA

Name and Title: VICE CHAIRMAN

Address ONE MARINA PARK DRIVE, 10TH FL

City BOSTON

State MA

ZIP Code 02210

RICHARD DAVEY

Name and Title: CHIEF EXECUTIVE OFFICER

Address ONE MARINA PARK DRIVE, 10TH FL

City BOSTON

State MA

ZIP Code 02210

Certification by Organization

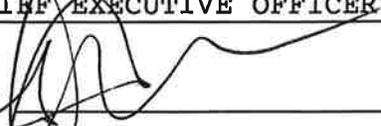
Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:  _____ Date: 5-15-15

Print Name: RICHARD DAVEY

Title: CHIEF EXECUTIVE OFFICER

Signature:  _____ Date: 5-15-15

Print Name: JOHN FISH

Title: TREASURER & CLERK