Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

01/01, 2022, and ending 12/31, 20 22 For calendar year 2022, or fiscal year beginning

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN KENEY PARK SUSTAINABILITY PROJECT 06-1536163 Name and title of officer or person subject to tax HERBERT VIRGO - EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here . . . **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 1b Form 990-EZ check here . . X **b Total revenue**, if any (Form 990-EZ, line 9) Form 1120-POL check here . . . **b Total tax** (Form 1120-POL, line 22) 3b 3a Form 990-PF check here . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) . 4b **b Balance due** (Form 8868, line 3c) Form 8868 check here 5a 5b Form 990-T check here . . . **b Total tax** (Form 990-T, Part III, line 4) Form 4720 check here **b Total tax** (Form 4720, Part III, line 1) 7a 7b **b** FMV of assets at end of tax year (Form 5227, Item D) 8a **Form 5227** check here . . . 8h Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here . . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🗌 I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) , (EIN) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize THE HARVESTERS to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 6 5 9 5 6 number (EFIN) followed by your five-digit self-selected PIN. 6 7 1 4 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date 08/15/2023 ERO's signature ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-EZ**

Short Form 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

Do not enter social security numbers on this form, as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	For the	2022 calend	ar year, or tax year beginning $01/01$, 2022, a	and ending	1	2/31	, 20 22
В	Check if ap	oplicable:	C Name of organization		D Employ	er identification	number
	Address c	hange	06	-1536163			
Ц	Name cha	•	E Telepho	ne number			
Н	Initial retur		PO BOX 1924		86	0-333-87	11
H	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption	
Ħ	Application		HARTFORD, CT 06144		Numbe	er	
G	Account	ting Method:	Cash X Accrual Other (specify):	Н	Check 🔲	if the organiza	tion is not
	Nebsite		NEYPARKSUSTAINABILITY.ORG			attach Sched	
J 1	ax-exen	npt status (che	eck only one) — 🗵 501(c)(3) 🔲 501(c) () (insert no.) 🔲 4947(a)(1) or	527	(Form 990)).	
_			☐ Corporation ☐ Trust ☐ Association ☐ Other:				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore, or if total	assets		
			6500,000 or more, file Form 990 instead of Form 990-EZ			\$	182739
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balance	es (see the	instructi	ons for Par	
			the organization used Schedule O to respond to any question in				
	1		ons, gifts, grants, and similar amounts received			1	106270
	2		ervice revenue including government fees and contracts			2	76469
	3	_	ip dues and assessments			3	
	4	Investmen	•		· · · —	4	
	5a		bunt from sale of assets other than inventory 5a				
	b		or other basis and sales expenses				
	C		ss) from sale of assets other than inventory (subtract line 5b from lin	ne 5a)		ōс	
	6	•	d fundraising events:				
	a	_	ome from gaming (attach Schedule G if greater than				
ne							
Revenue	b	Gross inco		f contributio	ns		
ě			aising events reported on line 1) (attach Schedule G if the				
-			th gross income and contributions exceeds \$15,000) 6b				
	С		t expenses from gaming and fundraising events 6c		5540		
	d		e or (loss) from gaming and fundraising events (add lines 6a and	6b and sul	otract		
						3d	-5540
	7a	Gross sale	s of inventory, less returns and allowances 7a				
	b		of goods sold				
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a) .		7	7c	
	8	-	nue (describe in Schedule O)			8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	177199
	10		I similar amounts paid (list in Schedule O)			10	
	11		aid to or for members			11	
S			ther compensation, and employee benefits			12	42682
JSe	13		al fees and other payments to independent contractors			13	14700
Expenses	14		γ, rent, utilities, and maintenance			14	3013
X	15		ublications, postage, and shipping			15	223
	16		enses (describe in Schedule O)			16	141197
	17		enses. Add lines 10 through 16			17	201815
	18	Excess or	(deficit) for the year (subtract line 17 from line 9)			18	-24616
ets	19		or fund balances at beginning of year (from line 27, column (A))			-	
Net Assets			r figure reported on prior year's return)			19	31014
)† /	20	-	nges in net assets or fund balances (explain in Schedule O)			20	
ž	21		or fund balances at end of year. Combine lines 18 through 20			21	6398
			·				

Form 990-EZ (2022) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year Cash, savings, and investments 6637 4569 22 22 Land and buildings 23 23 37361 24 Other assets (describe in Schedule O) . . 24 125745 43998 25 130314 25 Total liabilities (describe in Schedule O) 12984 **26** 123916 26 31014 27 6398 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses Check if the organization used Schedule O to respond to any question in this Part III (Required for section SUSTAINABLE FOOD SYSTEMS AND PRESE What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Partnership ith organization to restore urban foresttry. 120 trees planted and 10 youth in tree planting 2015 41640 28a (Grants \$) If this amount includes foreign grants, check here Collaborated with Hartford based Farmers providing training on differect agricultural skills serving 2500 residents and donating 20000 lbs of produce (Grants \$ 10500 29a 67745) If this amount includes foreign grants, check here 30 (Grants \$) If this amount includes foreign grants, check here 30a) If this amount includes foreign grants, check here 31a 109385 Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV) (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC/ benefit plans and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) SEE ATTACHED

Form 990-EZ (2022) Page **3**

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		162	
34	detailed description of each activity in Schedule O	33		X
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		X
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911:; section 4912:; section 4955:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed:			
42a	The organization's books are in care of: HERBERT VIRGO Telephone no. (86	0) 3	333-	-87 1
	Located at: 183 WINDSOR AVENUE, WINDSOR CT ZIP+4 060	95		
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)?	42b	Yes	No X
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114. Penert of Foreign Bank and			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		<u> X</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
b	completed instead of Form 990-EZ	44a		X
	completed instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45h		X

Form 99	90-EZ (2	022)						P	age 4
								Yes	No
46		ne organization engage, directly or in							
		ndidates for public office? If "Yes," of		, Part I			. 46		X
Part		Section 501(c)(3) Organization		47 401	1.50				
		All section 501(c)(3) organization	is must answer que	stions 47–49b an	id 52, and	i complete th	ie tables t	or iine	es
		50 and 51.				\ /I			
		Check if the organization used Sc	nedule O to respond	to any question i	n this Part	VI		 V	
47	Did +	he organization engage in lobbying	activities or have a	naction EO1/b) alon	tion in off	act during the	tov	Yes	No
47		rife organization engage in lobbying rif "Yes," complete Schedule C, Par				_			X
48	•	organization a school as described i					. 47		X
40 49a		ne organization make any transfers t	. , , , , , ,						X
+sa b		es," was the related organization a se	· ·	•					
50		olete this table for the organization's						e an	d kev
00		oyees) who each received more than							
		- , ,		(c) Reportable		ealth benefits,			
	(a)	Name and title of each employee	(b) Average hours per week	compensation	contribut	tions to employee	(e) Estimate		
			devoted to position	(Forms W-2/1099-MIS 1099-NEC)		lans, and deferred mpensation	other com	pensat	.ion
NO	NE			,		•			
	—		1						
f	Total	number of other employees paid ov	er \$100,000	·					
51		olete this table for the organization			nt contrac	tors who eacl	h received	more	than
	\$100	,000 of compensation from the orga	nization. If there is no	ne, enter "None."					
	(a)	Name and business address of each independ	dent contractor	(b) Type of s	service	(c) Compensation	on	
	\ \ T T T								
IN C	NE								
-,									
	Total	number of other independent contra	actors each receiving	Over \$100,000					
52		the organization complete Schedu	_			o must attac	h o		
52		bleted Schedule A	ule A: Note. All Se		•				No
I Inder r		of perjury, I declare that I have examined this	return including accompan						
		d complete. Declaration of preparer (other tha					nowledge and	bellet,	11.13
Sign		Signature of officer				Date			
Here HERBERT VIRGO - EXECUTIVE DIRECTOR									
		Type or print name and title							
Dai4		Print/Type preparer's name	Preparer's signature		Date	Check X	if PTIN		
Paid		NYANDAH ROBINSON			08/15/		yed P018	845	36
Prep Use		Firm's name THE HARVES	STERS	I			47-3321		
USE	Office		JITE 108 PEACHTREE CITY, G	A 30269			344) 75	57-7	7327
May t	he IRS	discuss this return with the prepare	r shown above? See	nstructions			. 🗌 Yes	X	No
QNA							Form 99		

SUPPORTING STATEMENTS FOR FORM 990-EZ KENEY PARK SUSTAINABILITY PROJECT 06-1536163

Officers, Directors, Trustees, and Key Employees

Name and Address		 Compensation	Deferred Compensation	
HERBERT VIRGO 86 EAST WOLCOTT AVENUE WINDSOR, CT 06095-	EXECUTIVE DIRECT	39231		
VICTORIA CHRISTIE 86 EAST WOLCOTT WINDSOR, CT 06095-	VICE PRESIDENT	0		
CHARLES CHRISTIE 20 FOREST LANE BLOOMFIELD, CT 06002-	ex officio	0		
SAM KING 26 KENYON STREET HARTFORD, CT 06105-	treasurer 1	0		
FRANCES JOHNSON 118 BROOKLINE AVENUE HARTFORD, CT 06102-	DIRECTOR 1	0		
MIRIAM ROANE 15 BALTIC STREET HARTFORD, CT 06112-	DIRECTOR 1	0		
AMY PATERSON 27 WASHINGTON STREET MIDDLETOWN, CT 06457-	DIRECTOR 1	0		
AMY SAILOR 250 COLUMBUS BLVD HARTFORD, CT 06103-	DIRECTOR 1	0		
JENNIFER WILDER 110 GIDDENS AVENUE WINDSOR, CT 06095-	DIRECTOR 1	0		
PHIL BIRGE LIBERMAN 33 COVENTRY CIRCLE NORTH HAVEN, CT 06473-	president 1	0		
FLOYD BAGWELL 47 WINDBROOK DRIVE WINDSOR, CT 06095-	ex officio	0		
JASON VALAZQUEZ 195 PROSPECT STREET NEW HAVEN, CT 06511-	DIRECTOR 1	0		
LAURA CISNEROS 1376 STORRS ROAD STORRS MANSFIELD, CT 0626	secretary 9- 1	0		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number						
KENEY PARK SUSTAINABILI					06-153616	
Part I Reason for Public Cha						ons.
 The organization is not a private founda 1 A church, convention of churce 2 A school described in section 3 A hospital or a cooperative hospital 	hes, or associati 170(b)(1)(A)(ii).	on of churches descri (Attach Schedule E (F	bed in se orm 990)	ection 17 .)	0(b)(1)(A)(i).	
4 A medical research organization hospital's name, city, and state	on operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(•
5 An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)			•		al unit described ir
 A federal, state, or local govern An organization that normally described in section 170(b)(1) 	receives a subs (A)(vi). (Complet	tantial part of its sup e Part II.)	port from			n the general public
8 A community trust described in			· ·			
9 ☐ An agricultural research organ or university or a non-land-gra university:	nt college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or
10 An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fu t income and un	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a le (less se	and (2) no more than ection 511 tax) from	33 ¹ / ₃ % of its
11 An organization organized and	•		,			
12 An organization organized and one or more publicly supported the box on lines 12a through 12	d organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
a Type I. A supporting organithe supported organization supporting organization. Ye	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same			
c Type III functionally integ its supported organization(ally integrated with,
d Type III non-functionally integrated that is not functionally integrated requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
e Check this box if the organ functionally integrated, or						e II, Type III
f Enter the number of supported of						
g Provide the following information		1		va a nimation	(A) A	(ci) Amount of
(i) Name of supported organization	(ii) Name of supported organization (iii) EIN (iiii) Type of organization (described on lines 1–10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) other support (see instructions)					other support (see
			Yes	No		
(A)						
(B)	3)					
(C))					
(D)						
(E)						
7.1.1						

Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	-					
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47709	67781	128397	164580	177210	585677
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	47709	67781	128397	164580	177210	585677
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						585677
	on B. Total Support				-		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	47709	67781	128397	164580	177210	585677
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						585677
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2022 (line 6						.000 %
15 16a	Public support percentage from 2021 Sch 331/3% support test—2022. If the organi box and stop here. The organization qual	zation did not	check the box	on line 13, an	d line 14 is 33	1/3% or more,	
b	331/3% support test—2021. If the organization this box and stop here. The organization						
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization metal the organization meets the organization	eets the facts- facts-and-circu	and-circumsta Imstances tes	ances test, che t. The organiza	eck this box a ation qualifies	nd stop here . as a publicly	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the face face facts-and-circ	cts-and-circun cumstances te	nstances test, st. The organiz	check this box zation qualifies	x and stop her	e. Explain
18	Private foundation. If the organization of instructions					check this box	x and see

Schedule A (Form 990) 2022

Part	Support Schedule for Organiza (Complete only if you checked the				nization failed	d to qualify ur	ider Part II.
	If the organization fails to qualify						
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Cooti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2010	(c) 2020	(4) 2021	(a) 2022	(f) Total
Galen 9		(a) 2016	(b) 2019	(6) 2020	(d) 2021	(e) 2022	(I) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-					
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8						%
16	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment In				(0)		
17	Investment income percentage for 2022 (-	. , ,		<u>%</u>
18	Investment income percentage from 2021						% and line
19a	33 ¹ / ₃ % support tests—2022. If the organ 17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2021. If the organiz						
~	line 18 is not more than 331/3%, check this l						

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

20 QNA Schedule A (Form 990) 2022 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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	3a		
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Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11b		
Secti	ion B. Type I Supporting Organizations	1110		

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

Section C. Type II Supporting Organizations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
- organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI ho the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

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Yes No

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- 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 Part VI the role played by the organization in this regard.

		Yes	No
	2a		
	2b		
	3a		
l			
	3b		

Schedule A (Form 990) 2022 Page **6**

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

Schedule A (Form 990) 2022

(see instructions).

Schedule A (Form 990) 2022 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued	<u>d)</u>	
Secti	on D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	rted			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purp	nizations	3		
4	Amounts paid to acquire exempt-use assets	occo or capported orga	inzationo	4	
5	Qualified set-aside amounts (prior IRS approval required-	nrovide details in Part	V/\	5	
6	Other distributions (describe in Part VI). See instructions.	–provide details in Fart	VI)	6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whice	h the organization is res	nonsive	-	
O	(provide details in Part VI). See instructions.	in the organization is res	porisive		
				8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	<u> </u>		10	/···\
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required—explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			\neg	
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
ij	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			\dashv	
4	Distributions for 2022 from				
7	Section D, line 7:				
а	Applied to underdistributions of prior years			-	
b	Applied to 2022 distributable amount				
- 2	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

QNA

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

Name of the organization

KENEY PARK SUSTAINABILITY PROJECT

Employer identification number

06-1536163

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization
KENEY PARK SUSTAINABILITY PROJECT

Employer identification number

Page 2

06-1536163

Part I	Contributors (see instructions). Use duplicate co	opies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COWLES FAMILY FOUNDATION		Person 🗵 Payroll
	PO BOX 50027	\$ 5000	Noncash
	STATEN ISLAND, NY 10305-		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NATIONAL PHILANTROPHIC TRUST		Person 🗵 Payroll 🗆
	165 TOWNSHIP LINE ROAD	\$	Noncash
	JENKINTOWN, PA 19046-		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CVS HEALTH FOUNDATION		Person 🗵
	ONE CVS DRIVE	\$ 25500	Payroll Noncash
	WOONSOCKET, RI 02895-		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HARTFORD FOUNDATION FOR PUBLIC		Person 🗵
	10 COLUMBUS BLVD	\$ 34500	Payroll
	HARTFORD, CT 06106-		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE N (Form 990)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions, or plans.

OMB No. 1545-0047

Open to Public **2**0**2**2

Inspection

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. **Employer identification number** 06 - 1536163Go to www.irs.gov/Form990 for the latest information. Attach to Form 990 or Form 990-EZ. Part I can be diministed if additional enact is needed SUSTAINABILITY PROJECT PARK Department of the Treasury Internal Revenue Service Name of the organization KENEY Part

of f ype												No	
S section bient(s) (i impt) or t f entity												Yes	
(g) IRC recij tax-exe o													
(f) Name and address of recipient													
(e) EIN of recipient													
(d) Method of determining FMV for asset(s) distributed or transaction expenses													::
(c) Fair market value of asset(s) distributed or amount of transaction expenses													yee of the organization
(b) Date of distribution													ee, or key emplo
(a) Description of asset(s) distributed or transaction expenses paid													2 Did or will any officer, director, trustee, or key employee of the organization:
	(b) Date of distribution distribution amount of transaction expenses (c) Fair market value of determining FMV for amount of transaction expenses (d) Fair market value of determining FMV for asset(s) distributed or expenses	(b) Date of (c) Fair market value of determining FMV for anset(s) distributed or anount of transaction expenses (c) Fair market value of determining FMV for amount of transaction expenses (f) Mame and address of recipient (f) Name and address of recipient determining FMV for asset(s) distributed or expenses transaction expenses	(b) Date of (c) Fair market value of determining FMV for asset(s) distributed or asset(s) distributed or amount of transaction expenses transaction expenses	(b) Date of (c) Fair market value of determining FMV for anset(s) distributed or asset(s) distributed or expenses transaction expenses	(b) Date of (c) Fair market value of determining FMV for asset(s) distributed or asset(s) distributed or amount of transaction expenses transaction expenses amount of transaction expenses transaction expenses transaction expenses	(b) Date of distribution asset(s) distributed or anount of transaction expenses area expenses asset(s) distributed or expenses are expenses asset(s) distributed or expenses are expenses asset(s) distributed or expenses as a second or expense as a second or	(b) Date of distribution asset(s) distributed or expenses around of transaction expenses around exp	(b) Date of assetle) distribution assetle) distributed or amount of transaction expenses expenses amount of transaction expenses amount of transaction expenses amount of transaction expenses	(b) Date of distribution assets (s) distributed or annual of transaction expenses reached annual of transaction expenses annual of transaction expenses of transaction expenses (s) distributed or annual of transaction expenses of transaction expen	(b) Date of distribution asset(s) distributed or anount of transaction expenses transaction expenses transaction expenses asset(s) distributed or anount of transaction expenses transaction expenses transaction expenses asset(s) distributed or transaction expenses are asset (s) distributed or transaction expenses are	(b) Date of (a) Farmater value of determining Favo distribution asset (g) distributed or amount of transaction expenses expenses (g) Name and address of recipient amount of transaction expenses (g) Name and address of recipient amount of transaction expenses (g) Name and address of recipient amount of transaction expenses (g) Name and address of recipient amount of transaction expenses	(b) Date of (c) Fair market thus of determining TMV for asset(s) distributed or asset(s) distributed or asset(s) distributed or expenses transaction expenses	distribution asset(s) distributed or anount of transaction expenses of month of transaction expenses of transaction expenses an expense of anount of transaction expenses of t

If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

Become a director or trustee of a successor or transferee organization? . .

a

Schedule N (Form 990) 2022

2a 26 2c

Q A A

Liquidation, Termination, or Dissolution (continued)

Yes No	က	4 a	4b	2	- Qa	s; (pp		ization answered	7 (H Oct (-)
isolities), should equal -0		uidate, or terminate?				If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	ne 6b, explain in Part III.	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.	(f) Name and address of recipient
at 7, colaini (b), iiid -	," describe in Part III.	ts intent to dissolve, liqui				x year in accordance with the	e liabilities. If "No" on line	ganization's Assets. (cated if additional spa	(e) EIN of recipient
	instrument(s)? If "No,	riate state official of its		h state laws?	/ear?	id liabilities during the tax	therwise settled these	ıan 25% of the Org Part II can be duplic	(d) Method of determining FMV for asset(s) distributed or
נט ממוווט נווס נמא אכמ	nce with its governing	neral or other appropr		ies in accordance wit	tstanding during the y	all of its tax-exempt bon	ization defeased or o	ransfer of More T h m 990-EZ, line 36. F	(c) Fair market value of asset(s) distributed or amount of transaction
100 as 500 as 50	assets in accordan	fy the attorney ger	de such notice?	pay all of its liabilit	exempt bonds out	discharge or defease	t III how the organ	tion, or Other Tr V, line 32, or Forr	(b) Date of distribution
liabilities), should equal -0	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III.	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	If "Yes," did the organization provide such notice?	Did the organization discharge or pay all of its liabilities in accordance with state laws?	Did the organization have any tax-exempt bonds outstanding during the year?	If "Yes" to line 6a, did the organization	 	art II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.	(a) Description of asset(s) distributed or transaction expenses paid

Schedule N (Form 990) 2022 **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information. Part III

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization		Employer identification number
KENEY PARK SUSTAINABILITY PROJECT		06-1536163
FORM 990-EZ, PART I, LINE 16 - OTHER EXPE	NSES:	
DESCRIPTION	AMOUNT	
INSURANCE	14867	
BANK CHARGES AND INTEREST	2387	
MOTOR VEHICLE EXPENSES	3916	
COMPUTER AND INTERNET RELATED EXPENSES	3711	
PROGRAM EXPENSES	80019	
TRANSPORATION AND MEALS	1679	
REGISTRATION AND LICENSES	909	
OFFICE EXPENSES AND SUPPLIES	3029	
DEPRECIATION (FORM 4562)	16262	
TRAINING AND DEVELOPMENT	1237	
DUES AND SUBSCRIPTION	134	
ADVERTISING AND MARKETING	13047	
TOTAL:	141197	
FORM 990-EZ, PART II, LINE 24 - OTHER ASSE	ETS:	
DESCRIPTION	BEGINNING	ENDING
MOTOR VEHICLES	40	56756
MACHINERY AND EQUIPMENT	11008	11575
ACCRUED INTEREST		12367
ACCOUNTS RECEIVABLE	25280	35414
PREPAID EXPENSES	1033	9633
TOTAL:	37361	125745

FAL LIABILITIES:	
BEGINNING	ENDING
5517	
	15000
2625	37555
4842	2055
	69306
12984	123916
	2625 4842 12984

990EZ SUPPORTING STATEMENTS FOR 06-1536163

KENEY PARK SUSTAINABILITY PROJECT 06-1536163 PO BOX 1924 HARTFORD, CT 06144

**** Schedule of Contributions, gifts, grants, and similar amounts received:

Description	Amount			
GRANTS	73280			
DONATIONS	25990			
IN KIND DONATION	7000			
	106270			

**** Schedule of Program service revenue including~government fees and contracts:

Description	Amount
GOVERNMENT GRANTS AND CONTRACTS	60371
PROGRAM INCOME	16098
	76469

**** Schedule of Professional fees and other payments~to independent contractors:

Description	Amount
ADMINISTRATIVE SUPPORT	730
ACCOUNTING FEES	6425
CONSULTING	5445
GRANT WRITING	2100
	14700

**** Schedule of Occupancy, rent, utilities, and maintenance:

Descript	cion		Amount
TELEPHON	1E		1393
REPAIRS	AND	MAINTENANCE	1620
			3013

**** Schedule of Printing, publications, postage, and shipping:

Description	Amount
POSTAGE	223
	223

Form **4562**

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment
Sequence No. 179

Business or activity to which this form relates Identifying number LINK: Z-1 FORM 990-EZ 06-1536163 KENEY PARK SUSTAINABILITY PROJECT **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 12 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2022 17 2073 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (business/investment use placed in (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) service **19a** 3-year property 70945 5 НΥ 200 DB 14189 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property g 25-year property 25 yrs. 5/1 27.5 yrs. S/L h Residential rental MM 27.5 yrs. S/L MM property ММ S/L i Nonresidential real 39 yrs. MM property Section C-Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs. **c** 30-year 30 yrs. MM S/L 40 yrs. MM S/L d 40-vear Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 16262 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

Election To Not Claim the Additional 100% Special Depreciation

► Attach to your income tax return

Name(s) shown on tax return	Identification Number
KENEY PARK SUSTAINABILITY PROJECT	06-1536163
Tax Year: 2022	
In accordance with Internal Revenue Code I am electing to not claim the additional 100% special deprecians a YEAR PROPERTY	tion for the following:
QNA	

B	.	Cost		D			N4 . 45 1	Life	D	ADS	Next
Description	Date	or other	0 470	Bonus	D	Accum	Method	or	Deprec	Deprec	Year's
of Property	Acquired		Sec 179	Deprec	Basis	Deprec	Used	Rate			Deprec
AIR CONDITIONER	06/08/17	507			507	476	MACRS	5.0	29	29	
HONDA AUTOWORK	06/17/17	580			580	547	MACRS	5.0	33	33	
GREEN HOUSE	08/03/17	3994			3994	3032	MACRS	5.0	230	230	
MOBILE TEACHING KI	08/30/17	2127			2127	2004	MACRS	5.0	123	123	
CHEVY MALIBU	09/15/17	700			700	660	MACRS	5.0	40	40	
GREEN HOUSE	09/09/18	1500		21.0	1500	1500	MACRS	5.0			
LEAF BLOWER COMPUTER	01/04/19	310		310		310	MACRS	5.0			
LOG SPLITTER	02/07/19	2443 500		2443 500		2443 500	MACRS MACRS	5.0 5.0			
COUCH	02/08/19	977		977		977	MACRS	7.0			
	06/28/19						+				
TV	07/02/19	1093		1093		1093	MACRS	5.0			
HUMIDIFIER	07/08/19	349		349		349	MACRS	5.0			
HYDROPONIC SYSTEM	01/01/20	875		875		875	MACRS	5.0			
ESSENTIAL OIL MACH	04/03/20	1041		1041		1041	MACRS	5.0			
DUMP TRAILER	04/27/20	9247		9247		9247	MACRS	5.0			
LAWN MOWER	06/22/20	3044		3044		3044	MACRS	5.0			
TRAIL VEHICLE	06/23/20	6249		6249		6249	MACRS	5.0			
ELECTRIC WEED WACK	10/06/20	304		304		304	MACRS	5.0			
LAWN MOWER BAGGING	11/30/20	750		750		750	MACRS	5.0			
CONTAINER STORAGE	06/18/21	6322			6322	903	MACRS	7.0	1548	1548	1106
TRIMMER	07/25/21	219			219	44	MACRS	5.0	70	70	42
2019 FORD F350	05/16/22	70945			70945		MACRS	5.0	14189	14189	22702
TOTALS:		114076		27182	86894	36348			16262	16262	23850

		Cost						Life		ADS	Next
Description	Date	or other		Bonus		Accum	Method	or	Deprec	Deprec	Year's
of Property	Acquired	Basis	Sec 179	Deprec	Basis	Deprec	Used	Rate	-		Deprec
AIR CONDITIONER	06/08/17	507			507	213	MACRS	5.0	29		
HONDA AUTOWORK	06/17/17	580			580	245	MACRS	5.0	33		
GREEN HOUSE	08/03/17	3994			3994	1687	MACRS	5.0	230		
MOBILE TEACHING KI	08/30/17	2127			2127	898	MACRS	5.0	123		
CHEVY MALIBU	09/15/17	700			700	296	MACRS	5.0	40		
GREEN HOUSE	09/09/18	1500			1500	941	MACRS	5.0	173		86
LEAF BLOWER	01/04/19	310			310	221	MACRS	5.0	36		36
COMPUTER	02/07/19	2443			2443	1740	MACRS	5.0	281		281
LOG SPLITTER	02/08/19	500			500	356	MACRS	5.0	58		58
COUCH	06/28/19	977			977	550	MACRS	7.0	122		87
TV	07/02/19	1093			1093	779	MACRS	5.0	126		126
HUMIDIFIER	07/08/19	349			349	249	MACRS	5.0	40		40
HYDROPONIC SYSTEM	01/01/20	875			875	455	MACRS	5.0	168		101
ESSENTIAL OIL MACH	04/03/20	1041			1041	541	MACRS	5.0	200		120
DUMP TRAILER	04/27/20	9247			9247	4808	MACRS	5.0	1775		1065
LAWN MOWER	06/22/20	3044			3044	1583	MACRS	5.0	584		351
TRAIL VEHICLE	06/23/20	6249			6249	3250	MACRS	5.0	1200		720
ELECTRIC WEED WACK	10/06/20	304			304	158	MACRS	5.0	58		35
LAWN MOWER BAGGING	11/30/20	750			750	390	MACRS	5.0	144		86
CONTAINER STORAGE	06/18/21	6322			6322	903	MACRS	7.0	1548		1106
TRIMMER	07/25/21	219			219	44	MACRS	5.0	70		42
2019 FORD F350	05/16/22	70945			70945		MACRS	5.0	14189		22702
							-				
	-						 				
	-										
	-										
							<u> </u>				
	-						<u> </u>				
TOTALS:		114076			114076	20307			21227		27042

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time, Only submit original (no copies needed), All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print KENEY PARK SUSTAINABILITY PROJECT 06-1536163 Number, street, and room or suite no. If a P.O. box, see instructions. File by the PO BOX 1924 due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. HARTFORD, CT 06144 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 Form 990-T (trust other than above) Form 8870 06 12 Form 990-T (corporation) 07 The books are in the care of ► HERBERT VIRGO (860) 333-8711 Telephone No. ▶ Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . . . ▶ □ . If it is for part of the group, check this box ▶ □ and attach

1	I request an automatic 6-month extension of time until $11/15$, 20 23 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:								
	▶ □ calendar year 20 or ▶ ☒ tax year beginning 01/01, 202_, and ending 12/3	31	<u>, 2022</u> .						
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final ret Change in accounting period	urn							
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	За	\$						
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$						
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3с	\$						
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment									

a list with the names and TINs of all members the extension is for.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

01/01, 2022, and ending 12/31, 20 22 For calendar year 2022, or fiscal year beginning

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN KENEY PARK SUSTAINABILITY PROJECT 06-1536163 Name and title of officer or person subject to tax HERBERT VIRGO - EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here . . . **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 1b Form 990-EZ check here . . X **b Total revenue**, if any (Form 990-EZ, line 9) Form 1120-POL check here . . . **b Total tax** (Form 1120-POL, line 22) 3b 3a Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) . 4b **b Balance due** (Form 8868, line 3c) 5a 5b Form 990-T check here . . . **b Total tax** (Form 990-T, Part III, line 4) Form 4720 check here **b Total tax** (Form 4720, Part III, line 1) 7a 7b **b** FMV of assets at end of tax year (Form 5227, Item D) 8a **Form 5227** check here . . . 8h **Form 5330** check here **b Tax due** (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here . . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🗌 I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) , (EIN) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize THE HARVESTERS to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 6 5 9 5 6 number (EFIN) followed by your five-digit self-selected PIN. 6 7 1 4 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date 08/15/2023 ERO's signature ERO Must Retain This Form - See Instructions