Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

| Α | For the | 2023 cal | lendar year, | or tax year l | beginning | 11/1/2023 | 3 | , and e | nding | 10 | 0/31/2 | 024 | | |
|-------------------------|----------------|-------------------|-------------------|------------------------------|-------------------------------|---|---------------------------------|-----------------|--------------------------|---------------------------|--------------------|-----------------|--------------|---------|
| В | Check if a | pplicable: | C Name of o | rganization | MAIN STAY T | HERAPEUTIC FAR | M, INC | | | D Emplo | yer ider | ntification nu | mber | |
| П. | Address c | hange | Doing busi | ness as | | | | | | | | | | |
| _ | | _ | Number ar | nd street (or P.C |), box if mail is not | delivered to street addi | ess) Roor | n/suite | , | 36-35657 | 47 | | | |
| ш | Name cha | inge | 6919 KEYS | STONE ROA | /D | | | | | E Teleph | one nun | nber | | |
| \Box | Initial retu | rn | City or tov | vn | | State | ZIP | code | | 045.053 | 0074 | | | |
| | | | Richmond | | | 1L | 600 | 71 | | 815-653- | 93/4 | | | |
| Ш | Final return/ | terminated | _ | ountry name | Foreign | province/state/county | Fore | ign postal | code | | ~ <i>\{</i> | Λ | | |
| \Box | Amended | return | | • | _ | | | | | G Gross | receipts | <i>[8]</i> | 1,2 | 30,322 |
| = | | | | | -11-66 | | _ | | | ** | Ò. | 77 | | |
| Ш | Application | n pending | | address of princ | | | | | | his a gro up se tu | · ~ | | Yes | X No |
| | | | LORIANN | DOWELL 69 | <u>919 KEYSTON</u> | IE ROAD, RICHM | OND, IL <u>6</u> | 0071 | H(b) An | e all shpordir | h àt es ind | cluded? | Yes | No. |
| 1 | Tax-exen | not status: | X 501(e | n)(3) 501(c) |) (| (insert no.) 494 | 47(a)(1) or | 527 | /CIC | No, attach a | a list. Se | e instructions | 1 | |
| ÷ | | | | ΓAYFARM.O | | · / — | | | de c | oup exemption | on numb | No. | | |
| <u> </u> | Website: | | | | | | | | Y-A | P.3 | | | | |
| K | Form of c | organization | n: X Corpo | orationTr | rust Associa | ition Other | | L Yea | ır <mark>Öğle</mark> çim | ation 198 | 37 1 | M State of leg | al domicile: | : IL |
| F | art I | Sui | mmary | | | | | | <u> </u> | | | | | |
| | 1 | Briefly d | lescribe the | organization | n's mission or | most significant ac | tivities: | MÂIN | I STAY | 'S MISSIC | ON IS | TO ENRIC | H MIND | BODY |
| 뽔 | 1 ' | AND SE | PIRIT THRO | LIGH POWE | REUL CONN | ECTIONS WITH I | ORSES A | | | | | | | |
| 듩 | | Wind oi | 11311 1111139 | 00111 | | | 10110-011 | | 1 | | =1 | | | |
| Activities & Governance | | | | | | | | | 219 | | | | | |
| š | 2 | Check to | | | | continued its opera | | spo s ęd | of more | e than 259 | | l l | .s. | _ |
| Ğ | 3 | Number | r of voting m | iembers of th | ne governing b | ody (Part VI, line | (a) 👸 😘 | 5 | | | 3 | | | 5 |
| οξ 40 | 4 | | | | | e governing body | | | | | 4 | | | 5 |
| ₽ | 5 | Total nu | umber of ind | lividua <mark>l</mark> s emp | oloyed in caler | idar year 2023 (Ďa | art V. line 2 | á) | | | 5 | | | 27 |
| ₹ | 6 | Total nu | umber of vol | unteers (est | imate if neces | sary) <i>.[.</i> , | . <i>V</i> | | | | 6 | | | 146 |
| Ş | 7a | | | | | III, column (C), lin | e 12 | | | | 78 | 3 | | 0 |
| - | | | | | | orm 990-T, Part I | | | | | 7 t | | | |
| _ | ╅┈ | Hot and | Clated buon | ioco tanabio | | V | ঠ | | | Prior Year | | | urrent Year | г |
| | | Contribu | utions and o | vrante (Part) | /III line 1h) | 64 | • | | | | 148,18 | | | 80,936 |
| 9 | 8 | | | | | | | | | | 163,12 | | | 82,858 |
| Revenue | 9 | | | | VIII, line 2g). | | | | | | 21,44 | | | |
| ě | 10 | | | | | s 3, 4, and 7d). | | | | | | | | 52,730 |
| _ | 11 | | | | | 6d, 8c, 9c, 10c, ar | | | | | -25,51 | | | 35,507 |
| | 12 | | | | | al Part VIII, column | | | | 1,3 | 307,24 | | 1,1 | 81,017 |
| | 13 | | | | | ນ້ າ ກຸກ (A), lines 1–3 | | | | | | 0 | | 0 |
| | 14 | | | | | mn (A), line 4) | | | | | | 0 | | 0 |
| Ø | 15 | Salaries, | , other comp | ensation, em | ployee benefits | ,(Part IX, column (A | , lines 5–1 | 0) | | 7 | 728,97 | '3 | 7 | 93,300 |
| 136 | 16a | Profess | ional fundra | aising fees (F | art IX, column | (A), line 11e) | | | | | | 0 | | 0 |
| Expenses | . b | Total fur | ndraising ex | kpenses (Pa | rtÎX, c <mark>òlu</mark> mn (| D), line 25) | 1 | 36,656 | | | | | | |
| М | 17 | Other e | xpenses (Pa | art IX. colum | ın (A), lines 11 | a-11d, 11f-24e). | | , , | | 5 | 519,52 | 28 | 5 | 32,232 |
| | 18 | Total ex | rnenses Ad | ld lines 13-1 | 7 (must equal | Part IX, column (/ | A), line 25) | | | | 248,50 | | | 325,532 |
| | 19 | | | | | <u>line 12 </u> | | | | | 58,74 | | | 44,515 |
| - 6 5 | | TOVOTIO | 1000 CAPO | A MA | | 1 | | | Begin | ning of Curre | | _ | nd of Year | |
| # | <u> </u> | Total oc | ssets (Party) | | | | | | | | 338,10 | _ | | 30,507 |
| Net Assets | 20 | | | t X line 26) | | | | • • | | | 65,29 | | _ | 08,077 |
| \$ | 21 | Totarila | iolities (Par | (Mille 20) | | from lime 20 | | | | 6 ' | 272,81 | | | 322,430 |
| | | | | | Jouract line 21 | from line 20 | | · · · | | 0,2 | 212,01 | 0 | - 0,0 | 122,430 |
| P | art II | Sig | gnature B | lock | | | | | | | | | | |
| Und | der penalti | ies of perjur | ry, I declare tha | it I have examin | ed this return, inclu | uding accompanying so than officer) is based o | nedules and s | tatements, | , and to t | ne best of my | y Knowle | eage | | |
| anc | i belief, it i | is true, com I | ect, and compli | ste. Declaration | or preparer (other | than officery is based of | ii aii iiiloitiiatic | JII OI WINC | i piepaie | | Owledge | | | |
| Si | gn | I — | | | | | | | | | | | | |
| Here | | Sign | nature of officer | , | | | | | | Date | | | | |
| 110 | 51 C | LO | RIANN DO | WELL | | | | EXE | CUTIV | E DIRECT | <u>for</u> | | | |
| | | Тур | e or print name | and title | | | | | | | | | | |
| | - | | nt/Type prepare | | | Preparer's signature | | | Dat | le | | | PTIN | |
| Pa | aid | | | | | | | | 1 ^ | (2/2025 | Check | _ | 0405005 | 7.0 |
| | reparei | r Ch | eryden Jue | rgensen | | | | | | /3/2025 | | | 0125267 | ь |
| | se Only | | m's name | Eccezion | | <u>. </u> | | | | Firm's EIN | 36 | <u>-3614997</u> | | |
| • | JU 3111 | | m's address | 5400 W. EI | m Street, Suite | e 203, McHenry, II | 60050 | | | Phone no. | (81 | 15) 344-13 | 00_ | |
| N4: | av the II | | | | | above? See instru | | | | | | | Yes | No |

| orm 99 | 0 (2023) | MAIN STAY THERAPEUTIC FARM, INC | 36-3565747 | Page 2 |
|--------|--------------------|---|--|---------|
| Par | | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | | |
| - | MAIN S | describe the organization's mission: TAY'S MISSION IS TO ENRICH MIND, BODY AND SPIRIT THROUGH POWERFUL CONF. S, ANIMALS, AND NATURE. | NECTIONS WITH | |
| | | | | |
| | the prio | organization undertake any significant program services during the year which were not lister Form 990 or 990-EZ? | | X No |
| 3 | Did the service | organization cease conducting, or make significant changes in how it conducts, any prograns? | Yes | X No |
| 4 | Describ expens | te the organization's program service accomplishments for each of its three largest program es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants I expenses, and revenue, if any, for each program service reported. | | |
| | PHYSI | DING THERAPY SERVICES THROUGH NATURE, EQUINE, AND OTHER ANIMAL ACTIVICAL, DEVELOPMENTAL, EMOTIONAL AND SOCIAL DISABILITIES IN AN ORLIFTING AN | TIES TO INDIVIDUALS WI | |
| | | S 12 10 | | |
| | - | | | |
| | | & | | |
| 4b | |) (Expenses \$ | (Payanua \$ | |
| 40 | (Code. |) (Expenses \$) | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4c | (Code: | including grants of \$) | (Revenue \$ |) |
| | | | | |
| | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
| | | ······································ | | |
| | | | | |
| | | | | |
| | | | | |
| 1d | Othor | program services (Describe on Schedule O.) | | |
| 4d | (Exper | | 0) | |

1,034,987

4e Total program service expenses

Checklist of Required Schedules

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors Did the organization maintain any uorior advised range of any such funds or accounts of the right to provide advice on the distribution or investment of amounts in such funds or accounts of the right to provide advice on the distribution or investment of amounts in such funds or accounts of the right to provide advice on the distribution or investment of amounts in such funds or accounts of the right to provide advice on the distribution or investment of amounts in such funds or accounts of the right to provide advice on the distribution or investment of amounts in such funds or accounts of the right to provide advice on the distribution or investment of amounts in such funds or accounts of the right to provide advice on the distribution or investment of amounts in such funds or accounts of the right to provide advice on the distribution or investment of amounts in such funds or accounts of the right to provide advice on the distribution or investment of the right to provide advice on the distribution or investment of the right to provide advice on the distribution or investment of the right to provide advice on the right to provide advice on the right to provide advice on the right to provide advice of the right to provide advice on the right to provide advice of the right to provide advice on the right to provide advice of the right to provide advice on the right to provide advice on the right to provide advice on the right to provide advice of the right to provide advice on the right to provide advice of the right to provide advice on the right to prov 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D.Partill Χ Did the organization maintain collections of works of art, historical treasures, or other sintler assets? If "Yes, 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a Х Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V..... 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X. line 16? If "Yes," complete Schedule D, Part VIII. 11a 11b Х c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No to line 12a, then completing Schedule D, Parts XI and XII is optional.... 12b Is the organization a school described in Section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
Did the organization maintain an office, employees, or agents outside of the United States?
Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Х 13 14a 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 Χ 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

| Pari | IV Checklist of Required Schedules (continued) | | - | |
|----------|---|---------|-----|---------------------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | v |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | - |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | | | |
| | 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 24d | | |
| ∠ɔa | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pagi. | 25a | | Х |
| ь | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a | 200 | | |
| | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or | | | |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from organization report any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule 1, Bart II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | , | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule | | | ^ |
| 20 | L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? # complete Schedule L, Part IV | 28b | | Χ |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, distorical treasures, or other similar assets, or qualified | 30 | | х |
| 24 | conservation contributions? If "Yes," complete Schedule M | 31 | | $\frac{\hat{x}}{x}$ |
| 31 32 | Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets? If "Yes," | | | |
| 32 | complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, | | | |
| | III, or IV, and Part V, line 1. | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 26 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | 350 | | |
| 36 | organization? If "Yes" complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | <u> </u> |
| ٠. | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pai | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | | Yes | Νφ |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | - | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | 1 |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | [|

Form 990 (2023)

MAIN STAY THERAPEUTIC FARM, INC.

36-3565747

Form 990 (2023) Part VI

36-3565747

| Sect | ion A. Governing Body and Management | | r | |
|------|--|---------|----------|------------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 5 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 5 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | X_ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization sassets? | 5_ | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect of appoint | | | |
| | one or more members of the governing body? | 7a | <u> </u> | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | Х | _ |
| b | Each committee with authority to act on behalf of the governing body | 8b | Х | |
| 9 | Each committee with authority to act on behalf of the governing body. Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached by the property of the pr | | | |
| | at the diganizations maining address: ii Tes, provide the manges and addresses on schedule C | 9 | | X |
| Sect | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (| Code. | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | _X_ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. | 11a | X | |
| þ | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | ١ | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Χ | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | , | |
| | describe on Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whist eblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | . | , | |
| a | The organization's CEO, Executive Director, or top management official. | 15a | - | |
| b | Other officers or key employees of the organization | 15b | Х | - |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization investin, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | ایرا | | \ <u>,</u> |
| | with a taxable entity during the year? | 16a | _ | Х |
| þ | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard | 401 | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | | _ | |
| 17 | List the states with which a copy of this Form 990 is required to be filed IL | 047-1 | - | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 9) | νυ ι(C) | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) | | | |
| 10 | X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po | icv | | |
| 19 | and financial statements available to the public during the tax year. | ю, | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| 20 | | | | |
| | LORIANN DOWELL 815-653-9374 | | | |

| | - |
|------|-----|
| Page | - 1 |

| Form 990 (2023) | MAIN STAY THERAPEUTIC FARM, INC | 36-3565747 | Page |
|-----------------|--|------------|------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Con | npensated | |
| . | Employees, and Independent Contractors | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | . 🔲 |

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

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

- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-MEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| | | | | (C | ;) | | | | |
|---------------------------------------|---|----------------|-------|-------|--|----|--|---|--|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unles | s per | tion more than to son is the employee employee | an | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) LORIANN DOWELL EXECUTIVE DIRECTOR | 50.00 0.00 | 18 | Ş | х | | | 104,458 | | |
| (2) DONNA BIRD PRESIDENT | (5.00 0.00 |) _x | | X | | | , | | |
| (3) MATTHEW RAK VICE PRESIDENT | 1.00 | х | | х | | | | | |
| (4) SARA FOSZCZ MEMBER | 1.50 0.00 | х | | | | | | | |
| (5) LAURA TAUBERY SECRETARY |)) 0.50 0.00 | x | | х | | | | | |
| (6) TOM GAUGHAN TREASURER | 6.00 0.00 | х | | х | | | | | |
| | | | | | | | | _ | |
| (8) | | | | | | | | | |
| (9) | | · | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |

| ra | (A) Name and title | (B) Average hours | (do n box, office | ot ch unles | Pos leck is pe d a d | c) ition more rson irecto | than is bott | one n an tee) | (D) Reportable compensation from the | (E) Reportable compensation from related | Estim | (F) ated amou | |
|--------|--|---|-----------------------------------|-----------------------|-------------------------------|---------------------------------------|---------------------------------|---------------------|---|--|---------------|---------------------------------------|------------|
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | fi organ | om the nization and organizatio | d |
| (15) | | | | | | | | _ | | The state of the s | | | |
| (16) | | | | | | | | _ | | \(\frac{1}{2}\) | | | |
| (17) | | · | | | | | | - | 1 | <u> </u> | | | |
| (18) | | | | | | | | - | | | _ | | |
| (19) | | | | | | | Ĝ | 1 | | | | | |
| (20) | | | | | | le | 2/ | 1:25 | (h) | | <u> </u> | | |
| (21) | | | | < | (9) | 3 | | - | | | | | |
| (22) | | | \display | | | 3 | 7 | | | | | - | |
| (23) | | Ć | 1 St | | 100 | Ť | | <u> </u> | | | | | |
| (24) | | | 150 | 2 | | | | | | | | | |
| (25) | | \$ £ | No. | | | | | | | | | | |
| | Subtotal | | | <u> </u> | | <u> </u> | l | L. | 104,458 | 0 | | | 0 |
| c d | Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) | | | | | | | | 104,458 | 0 | _ | | 0 |
| 2 | Total number of individuals (including but not line) | miteg to those lis | | | | | rece | ivec | | | | | |
| | reportable compensation from the organization | <i>3</i> | | | | | | _ | | | 1 | Yes N | 1 No |
| 3 | Did the organization list any former officer, dire | | | | | or h | nighe | st c | ompensated | | | 103 1 | <u></u> |
| | employee on line 1a? If "Yes," complete Scheo | | | | | | | | | | 3 | | <u>X</u> _ |
| 4 | For any individual listed on line 1a, is the sum of the organization and related organizations great | of reportable con ster than \$150 0 | npens | satio "Ye | ona es " | nd c | other oblete | cor Sc | npensation from thedule J for suc | h | | | |
| | individual | | | | | | | | | | 4 | | X |
| 5 | Did any person listed on line 1a receive or accr | | | | | | | | | | | | |
| | for services rendered to the organization? If "Y | es," complete Se | chedu | ile J | for | suc | h pe | rsor | <u> </u> | · · . · · · · · | 5 | | <u>X</u> |
| | tion B. Independent Contractors Complete this table for your five highest compe | ensated indepen | dent d | conf | rac | tors | that | rece | eived more than | \$100,000 of | | | |
| | compensation from the organization. Report co | | | | | | | | | | tax ye | ar, | |
| | (A) Name and business add | ress | | | | | | | (B) Description of ser | vices | (C) Compen | | |
| | | | | | | _ | | ļ . | | | | | 0 |
| | | | | | | | | ╁ | | | | | 0 |
| | | | | | | | | t | | | | | 0 |
| | | | | | | | | L | <u> </u> | | | | 0 |
| 2 | Total number of independent contractors (inclumore than \$100,000 of compensation from the | | ted to | the | se | liste | d abo | |) who received | | | | |
| | more than a too,ood of compensation from the | organization | | | | | U | | | L | | | |

Part VIII Statement of Revenue

| | | Check if Schedule O contains a response of | or note to any line in | this Part VIII | | | 🔲 |
|---|-------------------|--|-------------------------|--------------------------|--|--------------------------------------|--|
| | , | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ifts, Grants ir Amounts | 1a b c d | Federated campaigns | 0 0 c 175,884 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | e f g | Government grants (contributions) 10 All other contributions, gifts, grants, and similar amounts not included above 11 Noncash contributions included in | | | | | |
| and Co | h | Innes 1a-1f | g \$ 10,921 | 980,936 | | | |
| Program Service Revenue | b c | PROGRAM SERVICE REVENUE | 624100 | 182,858 | 182,858 | | |
| Prograr Re | d e f g | All other program service revenue Total. Add lines 2a–2f | | 0 (0 0 (182,858 |) <u>)</u> | | |
| | 3 4 5 | Investment income (including dividends, interest other similar amounts). Income from investment of tax-exempt bond properties. | roceeds , | 51,224 0 0 | - | | 51,224 |
| | 6a b c | Gross rents | 0 2 0 | * | | | |
| | d 7a | Net rental income or (loss) | (() Offier 9,000 | 0 | | | |
| Other Revenue | c p | Less: cost or other basis and sales expenses | 0 7,494 0 1,506 | 1,506 | 1,506 | | |
| Other | d 8a | events (not including \$ 175,884 of contributions reported on line 1c). See Part IV, line 18 | | | 1,300 | | |
| | b c 9a b | Less: direct expenses. 81 Net income or (loss) from fundraising events. Gross income from gaming activities. See Part IV line 19. 9: Less: direct expenses. 91 | a 0 | -37,113 | | | -37,113 |
| · | 0 10a b | Net income or (loss) from gaming activities . Gross sales of inventory, less returns and allowances |)a 0 | _0 | | | |
| snoar ine | | Net income or (loss) from sales of inventory . MISCELLANEOUS | Business Code 900099 | 1,606 | 1,606 | ••• | |
| Miscellaneous Revenue | b c d | All other revenue | | 0 0 0 1,606 | | | |
| | 12 | Total revenue. See instructions. | | 1,181,017 | 185,970 | 0 | 14,111 |

Part IX Statement of Functional Expenses

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

| | Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
|----------|---|-----------------------|------------------------------------|---|--------------------------------|--|--|--|--|--|
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | |
| 1 | Grants and other assistance to domestic organizations | | | | • | | | | | |
| | and domestic governments. See Part IV, line 21 | 0 | | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | | |
| | individuals. See Part IV, line 22 | o | | | | | | | | |
| 3 | Grants and other assistance to foreign | | | • | | | | | | |
| | organizations, foreign governments, and foreign | | | | | | | | | |
| | individuals. See Part IV, lines 15 and 16 | 0 | | | | | | | | |
| 4 | Benefits paid to or for members | 0 | | an A | | | | | | |
| 5 | Compensation of current officers, directors, | | .ه | | | | | | | |
| | trustees, and key employees | 108,940 | 81,705 | 13,073 | 14,162 | | | | | |
| 6 | Compensation not included above to disqualified | | 1 | / A | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | (I | | | | | | | |
| | persons described in section 4958(c)(3)(B) | 0 | | , | | | | | | |
| 7 | Other salaries and wages | 632,730 | 501,980 | 47,766 | 82,984 | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | 0 | | | | | | | | |
| 9 | Other employee benefits | 0 | | | | | | | | |
| 10 | Payroll taxes | 51,63 0 | 6,324 | 40,198 | 5,108 | | | | | |
| 11 | Fees for services (nonemployees): | • | <i>*</i> | | | | | | | |
| a | Management | Q 2025 | * | | | | | | | |
| b | Legal | 3,0,E0 | 3 | 3,025 | | | | | | |
| С | Accounting | 10,500 | | 10,500 | | | | | | |
| q | Lobbying | A | | | ** | | | | | |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | 505 | | | | | | |
| f | Investment management fees | 505 | | 505 | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | A 12 650 | 6.076 | 7 450 | 106 | | | | | |
| 40 | (A), amount, list line 11g expenses on Schedule O.). | 6,216 | 6,076 | 7,458 185 | 125 | | | | | |
| 12 | Advertising and promotion | 10,371 | 1,822 8 | 4,988 | 4,209 5,375 | | | | | |
| 13 14 | Information technology | 12,596 | 12,074 | 4,900 | 365 | | | | | |
| 15 | Royalties | 12,590 | 12,014 | 107 | 303 | | | | | |
| 16 | Occupancy | 68,477 | 66,082 | 737 | 1,658 | | | | | |
| 17 | Travel | 0,477 | 00,002 | 737 | 1,000 | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | |
| | for any federal state or local nublic officials | ol | | | | | | | | |
| 19 | Conferences, conventions, and meetings. | 0 | | | | | | | | |
| 20 | Interest | 0 | ů. | | | | | | | |
| 21 | Payments to affiliates | 0 | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 185,961 | 178,201 | 7,646 | 114 | | | | | |
| 23 | N 27 G | 57,124 | 51,542 | 5,499 | 83 | | | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | | | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | | | | | | |
| | (A), amount, list line 24e expenses on Schedule O.) | | | | | | | | | |
| а | Students Volunteers 💜 | 8,802 | 8,597 | 205 | | | | | | |
| b | Animal Feed, Supplies, Vet Costs | 86,197 | 86,148 | 49 | | | | | | |
| C | Equipment | 14,713 | 8,372 | 70 | 6,271 | | | | | |
| d | Dues and Subscriptions | 4,056 | 3,792 | 15 | 249 | | | | | |
| е | All other expenses | 50,030 | 22,264 | 11,813 | <u>15,953</u> | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,325,532 | 1,034,987 | 153,889 | 136,656 | | | | | |
| 26 | Joint costs. Complete this line only if the | | | | | | | | | |
| | organization reported in column (B) joint costs | | | | | | | | | |
| | from a combined educational campaign and | | | | | | | | | |
| | fundraising solicitation. Check here if | | | | | | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | | | | | | |

| 28 Net assets with donor estrictions | | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|--|--------|-----|--|-----------------|------------------|------------------------|
| Pledges and grants receivable, net. | | | | ` ' | | |
| 3 Pledges and grants receivable, net 1 2 3 0 | | 1 | Cash—non-interest-bearing | 156,196 | 1_ | 346,832 |
| A Accounts receivable, net. | | 2 | Savings and temporary cash investments | 1,239,521 | 2 | 1,086,049 |
| A Accounts receivable, net. | 1 | 3 | Pledges and grants receivable, net | 0 | 3_ | 0 |
| Security | | 4 | | 12,239 | 4 | 190,953 |
| Controlled entity or family member of any of these persons (a clorined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B) To Notes and boars receivable, net (a liver the persons) To Notes and boars receivable, net (b) To Notes and boars receivable, net (c) To Note and to note the persons of the perso | | 5 | | | | |
| Section Complete From other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(8) 0 6 0 7 0 0 7 0 0 0 0 7 0 0 | | | trustee, key employee, creator or founder, substantial contributor, or 35% | | A | |
| Section Complete From other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(8) 0 6 0 7 0 0 7 0 0 0 0 7 0 0 | | | controlled entity or family member of any of these persons | .0 | \bar{5} , | |
| Universe transport The Part | İ | 6 | Loans and other receivables from other disqualified persons (as defined | | 33011 | |
| 7 Notes and loans receivable, net 0 7 0 | | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | . 6 |) |
| 10a | \$ | 7 | | (\ \ 0 | ₹7 | 0 |
| 10a | 88 | 8 | · · · · · · · · · · · · · · · · · · · | Ŏ Ź | 8 | |
| 10a | ₹ | 9 | Prepaid expenses and deferred charges | 12,628 | 9 | 30,246 |
| Secure Complete Part VI of Schedule D 10a 6,769,968 10c 4,732,119 10c 4,732,119 11c | | 10a | · · · · · · · · · · · · · · · · · · · | | | |
| 1 | | | · · · · · · · · · · · · · · · · · · · | | | |
| 11 Investments—publicly traded securities 0 11 0 12 10 12 10 12 10 13 10 13 10 13 10 14 13 14 14 15 15 14 15 15 14 15 15 | | b | | 4.881,220 | 10c | 4,732,119 |
| 12 Investments—other securities. See Part IV, line 11 0 12 0 | | | | 45 | | 0 |
| 13 | | | · · · · · · · · · · · · · · · · · · · | 0 | 12 | 0 |
| 14 Inlangible assets 0 14 0 0 15 0 0 15 0 | | | · · · · · · · · · · · · · · · · · · · | ₹ <i>₫</i>)) 0 | | 0 |
| 15 Other assets. See Part IV, line 11. | | | Intermible assets | S 65 0 | 14 | 0 |
| 17 | | | Other assets. See Part IV. line 11 | 36,304 | 15 | 44,308 |
| 17 | | | Total assets, Add lines 1 through 15 (must equal line 33) | | | |
| 18 Grants payable | \neg | | | | 17 | 53,474 |
| 19 Deferred revenue 21,525 19 54,603 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 24 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 0 25 0 26 Total liabilities. Add lines 17 through 25 65,290 26 108,077 27 Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. 28 Net assets with donor restrictions 37,865 28 44,308 29 Capital stock or trust principal, or current funds 0 30 30 Paid-in or capital surplus, or land, building, or equipment fund 0 30 31 Retained earnings, endowment, accumulated income, or other funds 0 31 32 Total liabilities and net assets/fund balances 6,338,108 33 6,430,507 30 Total liabilities and net assets/fund balances 6,338,108 33 6,430,507 31 Total liabilities and net assets/fund balances 6,338,108 33 6,430,507 32 Total liabilities and net assets/fund balances 6,338,108 33 6,430,507 31 Total liabilities and net assets/fund balances 6,338,108 33 6,430,507 32 Total liabilities and net assets/fund balances 6,338,108 33 6,430,507 33 Total liabilities and net assets/fund balances 6,338,108 33 6,430,507 34 Total liabilities and net assets/fund balances 6,338,108 33 6,430,507 35 Total liabilities and net assets/fund balances 6,338,108 33 6,430,507 34 Total liabilities and net asset | | | Grants payable | | 18 | |
| 20 Tax-exempt bond liabilities | | | Deferred revenue | 21,525 | 19 | 54,603 |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax; payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. Corganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions. Capital stock or trust principal, or current funds. Capital stock or trust principal stock or trust principal stock | | 20 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 0 | 20 | <u> </u> |
| Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. 28 Net assets without donor restrictions. 29 Capital stock or trust principal, or current funds. 29 Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total liabilities and net assets/fund balances. 33 Total liabilities and net assets/fund balances. 40 22 22 Secured mortgages and notes payable to unrelated third parties. 50 23 0 24 0 0 24 0 0 25 0 0 26 5 0 0 27 0 5 0 0 28 108,077 4 108,077 5 108,077 6 108 | | | · · · · · · · · · · · · · · · · · · · | 0 | 21 | |
| trustee, key employee, creator or founder, subŝtantial contributor, or 35% controlled entity or family member of any of these persons. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions. 28 Net assets with donor restrictions. 37,865 28 44,308 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or tust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total liabilities and net assets/fund balances. 33 Total liabilities and net assets/fund balances. 34 O 22 35 Secured mortgages and notes payable to unrelated third parties. 30 Q 25 O 24 O 0 25 O 0 26 108,077 6,278,122 7 6,278,122 8 44,308 7 6,234,953 27 6,278,122 8 14,308 9 Capital stock or tust principal, or current funds. 9 O 29 9 O | တ္ဆ | | | | | |
| 24 Unsecured notes and loans payable to unrelated third parties | Iţe | | | | | |
| 24 Unsecured notes and loans payable to unrelated third parties | Ę | | controlled entity or family member of any of these persons | o | 22 | |
| Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | = | 23 | | 0 | | 0 |
| Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | | | | 0 | | 0 |
| parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | | | Other liabilities (including federal income tax; payables to related third | | | |
| Part X of Schedule D | | | parties, and other liabilities not included on lines 17–24). Complete | | | |
| Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. 7 Net assets without donor restrictions. 6,234,953 27 6,278,122 8 Net assets with donor estrictions. 37,865 28 44,308 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. 0 29 Paid-in or capital surplus, or land, building, or equipment fund. 0 30 Retained earnings, endowment, accumulated income, or other funds. 0 31 Total net assets or fund balances. 6,338,108 33 6,430,507 | | | Part X of Schedule D | 0 | 25 | 0 |
| Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. 7 Net assets without donor restrictions. 6,234,953 27 6,278,122 8 Net assets with donor estrictions. 37,865 28 44,308 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. 0 29 Paid-in or capital surplus, or land, building, or equipment fund. 0 30 Retained earnings, endowment, accumulated income, or other funds. 0 31 Total net assets or fund balances. 6,338,108 33 6,430,507 | | 26 | | 65,290 | | 108,077 |
| and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions | ຜ | | Organizations that follow FASR ASC 958 check here | | | |
| O Total habitation and flot about of the | Ö | | | | | |
| O Total habitation and flot about of the | Па | 27 | Not accord without donor restrictions | 6 234 953 | 27 | 6 278 122 |
| O Total habitation and flot about of the | Ba | | Not accets with donor restrictions | | | |
| O Total habitation and flot about of the | P | 20 | Organizations that do not follow FASB ASC 958 check here | 07,000 | | 11,000 |
| O Total habitation and flot about of the | 2 | | and complete lines 29 through 33 | | | |
| O Total habitation and flot about of the | 5 | 20 | | n | 29 | |
| O Total habitation and flot about of the | Ş | | | | | |
| O Total habitation and flot about of the | 386 | l | | | | |
| O Total habitation and flot about of the | Ä | l . | | | | 6 322 430 |
| O Total habitation and flot about of the | Ž | | | _ | | |
| | _ | 133 | Total liabilities and flet assycondita balances | | | Form 990 (2023) |

| 3565747 | Page | 12 |
|---------|------|----|
| | | |

| Form 9 | 990 (2023) MAIN STAY THERAPEUTIC FARM, INC | 36-3565747 | Pag | ge 12 |
|--------|---|------------|-------|-------|
| Pari | t XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | Х |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 1,181 | 1,01 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 1,325 | 5,532 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | -144 | 1,51 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | 6,272 | 2,818 |
| 5 | Net unrealized gains (losses) on investments | | 8 | 3,509 |
| 6 | Donated services and use of facilities | | | |
| 7 | Investment expenses | | | |
| 8 | Prior period adjustments | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | _ | 185 | 5,618 |
| 10 | Other changes in net assets or fund balances (explain on Schedule O) | | 6,322 | 2,430 |
| Part | XII Financial Statements and Reporting | - | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | | Ш |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual 1 Other | | | İ |
| | If the organization changed its method of accounting from a prior year or checked "Other, explain on | | | ŀ |
| | Schedule O. | i l | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | . 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | |
| | reviewed on a separate basis, consolidated basis, or both. | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Х | |
| - | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | |
| | separate basis, consolidated basis, or both. | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | |
| _ | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | |
| С | the audit, review, or compilation of its financial statements and selection of an independent accountant? | . 2c | Х | |
| | If the organization changed either its oversight process of selection process during the tax year, explain on | . 20 | ^ | |
| | Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | |
| Ja | Uniform Guidance, 2 C.F.R. Part 200, Subpart F2. | 3a | | × |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | . 54 | | Ĥ |
| D | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3b | | |
| | | Form | 990 | (2023 |
| | | | | , |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

| Name of the organization | Employer identification number |
|--|--|
| MAIN STAY THERAPEUTIC FARM, INC | 36-3565747 |
| Part I Reason for Public Charity Status. (All organizations mu | |
| The organization is not a private foundation because it is: (For lines 1 through 1 | |
| 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E | (Form 990).) |
| 3 A hospital or a cooperative hospital service organization described | |
| 4 A medical research organization operated in conjunction with a hos hospital's name, city, and state: | pital described in section 170(b)(1)(A)(ill), Enter the |
| An organization operated for the benefit of a college or university of section 170(b)(1)(A)(iv). (Complete Part II.) | wned or operated by a governmental unit described in |
| 6 A federal, state, or local government or governmental unit describe | d in section 170(ໝໍ(1)(A)(ັ້ ນ) |
| 7 An organization that normally receives a substantial part of its supp described in section 170(b)(1)(A)(vi). (Complete Part II.) | ort from a governmental unit or from the general public |
| 8 A community trust described in section 170(b)(1)(A)(vi). (Complete | Part II.) |
| 9 An agricultural research organization described in section 170(b)(1) or university or a non-land-grant college of agriculture (see instruction university: |)(A)(ix) operated in conjunction with a land-grant college ions). Enter the name, city, and state of the college or |
| An organization that normally receives (1) more than 33 1/3% of its receipts from activities related to its exempt functions, subject to ce support from gross investment income and unrelated business taxa acquired by the organization after June 30, 1975. See section 509 | rtain exceptions; and (2) no more than 33 1/3% of its ble income (less section 511 tax) from businesses (a)(2). (Complete Part III.) |
| 11 An organization organized and operated exclusively to test for public | |
| An organization organized and operated exclusively for the penefit one or more publicly supported organizations described in section Check the box on lines 12a through 12d that describes the type of the section of th | 509(a)(1) or section 509(a)(2). See section 509(a)(3). |
| a Type I. A supporting organization operated, supervised, or contrathe supported organization(s) the power to regularly appoint or e organization. You must complete Part IV, Sections A and B. | olled by its supported organization(s), typically by giving elect a majority of the directors or trustees of the supporting |
| b Type II. A supporting organization supervised or controlled in co control or management of the supporting ofganization vested in organization(s). You must complete Part IV Sections A and C | the same persons that control or manage the supported |
| c Type III functionally integrated. A supporting organization open its supported organization(s) (see instructions). You must come | rated in connection with, and functionally integrated with, plete Part IV, Sections A, D, and E. |
| d Type III non-functionally integrated. A supporting organization that is not functionally integrated. The organization generally murequirement (see instructions)? You must complete Part IV, See | n operated in connection with its supported organization(s) ust satisfy a distribution requirement and an attentiveness |
| e Check this box if the organization received a written determinated functionally integrated, or Type III non-functionally integrated support | on from the IRS that it is a Type I, Type II, Type III |
| f Enter the number of supported organizations | |
| g Provide the following information about the supported organization(s | |
| (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines above (see instruct | s 1-10 listed in your governing support (see other support (see |
| | Yes No |
| (A) | |
| (B) | |
| (C) | |
| (D) | |
| (E) | |
| Total | 0 0 |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| | tion A. Public Support | | | , | | | |
|-------|---|--|----------------------|--|----------------------------|-----------------|-------------|
| Caler | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | _(f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | ļ. <u></u> | | 0 |
| 2 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | 4 | |
| | to or expended on its behalf | | | | <u> </u> | | 0 |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | ÷ | | | \$\ \mathrea{y} | |
| | organization without charge | | | | | * | 0 |
| 4 | Total. Add lines 1 through 3 | 0 | 0 | 0 | _ 10 | ⋄ 0 | 0 |
| 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 | | | | 99 | | 0 |
| Sec | tion B. Total Support | | | | A | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 0 | 20 | 0 | · 0 | 00 | 0 |
| 8 | Gross income from interest, dividends, | - · · · - | <i>∆</i> • € | The same of the sa | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | | | 4 | | | |
| | similar sources | | A.K. | | | | 0 |
| 9 | Net income from unrelated business | | . 😯 | 7 | | | |
| | activities, whether or not the business is | | | | | | |
| | regularly carried on | \Q | (() | | | | 0 |
| 10 | Other income. Do not include gain or | · | | | ļ | | |
| | loss from the sale of capital assets | P | D. 10 | | | | |
| | (Explain in Part VI.) | Q. | | | | | 0 |
| 11 | Total support. Add lines 7 through 10 | A STATE OF THE STA | > | | | | 0 |
| 12 | Gross receipts from related activities, etc. (se | ee instructions) | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the orga | | ond, third, fourth, | or fifth tax year as | a section 501(c)(3) | | |
| | organization, check this box and stop here; | | | | | | |
| Sec | tion C. Computation of Public Su | | | | | _ | |
| | | | | (f)) | | 14 | 0.00% |
| | Public support percentage from 2022 Sched | | | | | 15 | 0.00% |
| 162 | 33 1/3% support test—2023. If the organization | ation did not check | the box on line 1: | 3 and line 14 is 33 | 1/3% or more, che | | |
| IVU | and stop here. The organization qualifies as | a publicly suppor | ted organization . | | | | |
| h | 33 1/3% support test—2022. If the organization | | | | | | |
| D | box and stop here. The organization qualifie | es as a publicly su | poorted organization | on | | | |
| 47. | 10%-facts-and-circumstances jest—2023 | | | | | | |
| 1/a | 10%-racts-and-circumstances jest—2023 10% or more, and if the organization meets t | he facts-and-circu | mstances test, che | eck this how and st | on here Explain in | -7 | |
| | Part VI how the organization meets the facts | -and-circumstance | es test. The organi | zation qualifies as | a publicly supported | d | |
| | organization | | | | | | |
| b | 10%-facts-and-circumstances test—2022 | . If the organization | on did not check a | box on line 13, 16a | a, 16b, or 17a, and I | line | |
| ~ | 15 is 10% or more, and if the organization m | eets the facts-and | -circumstances tes | st, check this box a | ind stop here . Exp | lain | |
| | in Part VI how the organization meets the fac- | cts-and-circumstar | nces test. The orga | anization qualifies a | as a publicly suppor | ted | |
| | organization | | | | | | |
| 18 | Private foundation. If the organization did | not check a box or | line 13, 16a, 16b, | , 17a, or 17b, chec | k this box and see | | |
| | instructions | | | | | | <u></u> |
| | | | | | | | |

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

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

| Sec | tion A. Public Support | | | | | | <u>,</u> |
|-----------|---|----------------------|-------------------------------|--|----------------------|------------------|--------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 _ | (d) 2022 | (e) 20 <u>23</u> | _(f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | 684,766 | 942,068 | 879,616 | 1,148,184 | 980,936 | 4,635,570 |
| 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 | 67,907 | 115,146 | 143,058 | 163,123 | A 182,858 | 672,092 |
| 3 | Gross receipts from activities that are not an | 122 | - | | | | |
| | unrelated trade or business under section 513 | | | _ | € 4 | The state of | 0 |
| 4 | Tax revenues levied for the | | | | 1 | A The | |
| | organization's benefit and either paid to | | | | | (A) (A) | |
| | or expended on its behalf | | | | C. C. | <u> </u> | 0 |
| 5 | The value of services or facilities | | | | 1 00 | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | 0 |
| 6 | Total. Add lines 1 through 5 | 752,673 | 1,057,214 | 1,022,674 | 1,311,307 | 1,163,794 | 5,307,662 |
| 7a | Amounts included on lines 1, 2, and 3 | | | \$ | | | |
| | received from disqualified persons . | 70,000 | 64,126 | 105(415 | 67,951 | 79,294 | 386,786 |
| b | Amounts included on lines 2 and 3 | | | | 1 | | - |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | 0 0 | | | |
| | or 1% of the amount on line 13 for the year | 336,350 | ô | A SOLVER | | | 336,350 |
| С | Add lines 7a and 7b | 406,350 | 64,126 | 105,415 | 67,951 | 79,294 | 723,136 |
| 8 | Public support (Subtract line 7c from | | | 4 | | | |
| | line 6.) | | | ** | | | 4,584,526 |
| Sec | tion B. Total Support | | W. | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | 752,673 | 7,057,214 | 1,022,674 | 1,311,307 | 1,163,794 | 5,307,662 |
| 10a | Gross income from interest, dividends, | • | (2) | | | | |
| | payments received on securities loans, rents, | | 1 | | | | |
| | royalties, and income from similar sources | 18,561 | 2,018 | 720 | 24,025 | 51,224 | 96,548 |
| b | Unrelated business taxable income (less | | * | | | | |
| | section 511 taxes) from businesses | | 5 | | | | |
| | acquired after June 30, 1975 | | <u> </u> | | | | 0 |
| C | Add lines 10a and 10b | A 18,561 | 2,018 | 720 | 24,025 | 51,224 | 96,548 |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | 0 |
| 12 | Other income. Do not include gain or |)) | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | 2,115 | 1,606 | 3,721 |
| 13 | Total support. (Add lines 9, 10c 11 | | | | | | |
| | and 12.) | 771,234 | | | 1,337,447 | 1,216,624 | 5,407,931 |
| 14 | First 5 years. If the Form 990 is for the orga | | | | | | |
| | organization, check this box and stop here | | | | | <u> </u> | · · · · · <u> </u> |
| Sec | ction C. Computation of Public Su | | | | | | |
| 15 | Public support percentage for 2023 (line 8, o | | | | | 15 | 84.77% |
| <u>16</u> | Public support percentage from 2022 Sched | | | <u>, . <u></u></u> | <u> </u> | 16 | 79.46% |
| Se | ction D. Computation of Investmen | | | | | | |
| 17 | Investment income percentage for 2023 (line | e 10c, column (f), c | livided by line 13, o | column (f)) | | 17 | 1.79% |
| 18 | Investment income percentage from 2022 S | chedule A, Part III, | line 17 | | | 18 | 1.27% |
| 19a | 33 1/3% support tests—2023. If the organ | ization did not che | ck the box on line 1 | 4, and line 15 is m | nore than 33 1/3%, | and line 17 is | l 🗇 |
| | not more than 33 1/3%, check this box and | stop here. The org | ganization qualifies | as a publicly supp | orted organization | 22 1/20/ 6-4 | <u> X</u> |
| b | 33 1/3% support tests—2022. If the organ line 18 is not more than 33 1/3%, check this | ization did not che | ok a box on line 14 | or une 19a, and 16 Loughitos as a sub | ie io is more than : | anization | |
| | | | | | | | |
| 20 | Private foundation. If the organization did | not check a box or | i iine 14, 19a, or 1 9 | D, check this box a | and see instruction: | 3 | |

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.)

| | Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and comple | e Part | V.) | |
|------|---|----------------|-----|--------|
| Sect | tion A. All Supporting Organizations | | | NI. |
| | | | Yes | No |
| 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. | 1 | | |
| 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 | ١ | | |
| _ | organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes, answer | 3- | | |
| | lines 3b and 3c below. | 3a | | |
| 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 | | | |
| | N 43 | 3b | | |
| _ | organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) | 30 | | |
| С | (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 40 | Was any supported organization not organized in the United States ("foreign supported organization")? If | 70 | | |
| 4a | "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | 70 | | |
| D | 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. | 4b | | |
| С | 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. | 4c | | |
| 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). | 5a | | |
| 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?> | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | | | |
| | (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity | _ | | |
| _ | with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | |
| 8 | Did the organization make a loal) to a disqualified person (as defined in section 4958) not described on line 7? | | | |
| _ | If "Yes," complete Part to Schedule L (Form 990). | 8 | | |
| 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 . | 9a | | |
| L | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which | 34 | | |
| b | the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| _ | | " | | |
| С | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | [|
| 10a | | " | | |
| iva | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | |
| | supporting organizations)? If "Yes," answer line 10b below. | 10a | [| |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | | \Box |

determine whether the organization had excess business holdings.)

| Part I | V Supporting Organizations (continued) | | | |
|---------|---|----------|----------|----------|
| | | | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | 1 | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described on line 11a above? | 11b | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | 1 | | |
| | detail in Part VI. | 11c | <u> </u> | <u> </u> |
| Section | on B. Type I Supporting Organizations | | Vaa | No |
| | | | Yes | 140 |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office's | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | ļ | | |
| | 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 lax year. | 1 | | |
| , | Did the organization operate for the benefit of any supported organization other than the supported | <u> </u> | _ | |
| 2 | 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 | on C. Type II Supporting Organizations | | | |
| Jectio | on c. Type it oupporting organizations | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| • | or trustees of each of the organization's supported organization(s)? If "No," cescribe 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 | on D. All Type III Supporting Organizations | | | |
| 0000 | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | İ | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | <u>.</u> |
| 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 | | | Ì |
| | supported organizations played in this regard | 3 | l | <u> </u> |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru | ıction | s). | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | inotnio | (iona) | |
| C | | เทรแนะ | | , |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | <u> </u> | Ļ |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | 1 | 1 |
| | 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 | ۱ | | |
| | these activities but for the organization's involvement. | 2b | ļ | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | } | |
| | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | 1 | 1 |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|-------------|----------------|--------------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | 0 | 0 |
| 5 Depreciation and depletion | 5 | A | |
| 6 Portion of operating expenses paid or incurred for production or collection of | | | |
| gross income or for management, conservation, or maintenance of property | | l limited to | |
| held for production of income (see instructions) | 6 | 1 | <u></u> _ |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | _ 4 3 0 | 0 |
| Section B - Minimum Asset Amount | | (A) Rijor Year | (B) Current Year (optional) |
| 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 | 1à | | |
| b Average monthly cash balances | (11b | | |
| c Fair market value of other non-exempt-use assets | विट | 1 N | |
| d Total (add lines 1a, 1b, and 1c) | 10 | 0 | 0 |
| e 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 | 0 | 0 |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| see instructions). | 4 | 0 | . 0 |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 0 | 0 |
| 6 Multiply line 5 by 0.035. | 6 | 0 | 0 |
| 7 Recoveries of prior-year distributions | 7 | 0 | 0 |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | 0 | 0 |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A line 8, column A) | 1 | | 0 |
| 2 Enter 0.85 of line 1. | 2 | | 0 |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | · | 0 |
| 4 Enter greater of line 2 or line 3. | 4 | | 0 |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract ine 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | 0 |

| Schedule | A (Form 990) 2023 MAIN STAY THERAPEUTIC F | | | 36-35657 <u>47</u> | Page 7 |
|----------|--|----------------------------------|----------------------|--------------------------------|-------------|
| Part \ | Type III Non-Functionally Integrated 509(a)(| 3) Supporting Organ | izations (continued) | | |
| Section | on D - Distributions | | | Current | Year |
| 1 | Amounts paid to supported organizations to accomplish ex | cempt purposes | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exer | npt purposes of supported | 1 | | |
| | 2 | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | ations 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | I | |
| 5 | Qualified set-aside amounts (prior IRS approval required- | provide details in Part V | <i>i</i>) 5 | | |
| 6 | Other distributions (describe in Part VI). See instructions. | - | .6 | | |
| 7 | Total annual distributions. Add lines 1 through 6. | - | Z. | | 0 |
| 8 | Distributions to attentive supported organizations to which | the organization is respo | nsive C | | |
| | (provide details in Part VI). See instructions. | | 8 | | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | 29 | U | 0 |
| 10 | Line 8 amount divided by line 9 amount | | ₫ 10 | | 0.000 |
| s | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | Pre-2023 | (iii) Distribu Amount fo | table |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | | 0 |
| 2 | Underdistributions, if any, for years prior to 2023 | A | | | |
| | (reasonable cause required—explain in Part VI). See | | V | | |
| | instructions. | W. | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | 1 | |
| a | | 0 6 4 | | 1 | |
| b | From 2019 | | | | |
| c | From 2020 | 0 | | | |
| d | From 2021 | 0 | | | |
| е | From 2022 | (/ ((((((((((| | 1 | |
| f | Total of lines 3a through 3e | 0 | | | |
| g | Applied to underdistributions of prior years | *** | (|) | |
| h | Applied to 2023 distributable amount | | | | 0 |
| i | Carryover from 2018 not applied (see instructions) | À | | | · . |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f, | a / 0 | | | |
| 4 | Distributions for 2023 from | | | | |
| | Section D, line 7: | 0 | | | |
| а | Applied to underdistributions of prior years | | (|) | |
| b | Applied to 2023 distributable amount | | | | 0 |
| С | Remainder. Subtract lines 4a and 4b from line A | 0 | | | |
| 5 | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain | | | | |
| | in Part VI. See instructions | | | | 0 |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | |
| - | and 4c. | 0 | <u> </u> | | |
| 8 | Breakdown of line ///. | | | | |
| a | Excess from 2019 | 0 | | | |
| b | | 0 | | | |
| | | 0 | | | |
| d | | 0 | | | |
| | | 0 | | | |

| 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.) |
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| Name | of the organization | Employer identification number |
|------|---|---|
| MAIN | STAY THERAPEUTIC FARM, INC | 36-3565747 |
| Part | | ids or Accounts. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | <u> </u> |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | War 1 |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in | donoradvised 🗸 📉 📉 |
| | funds are the organization's property, subject to the organization's exclusive legal control | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant for | |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or fo | |
| | conferring impermissible private benefit? | Yes No |
| Part | II Conservation Easements. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | Preservation of land for public use (for example, recreation or education) Preservation | n of a historically important land area |
| | Protection of natural habitat | n of a certified historic structure |
| | □ p | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution | in the form of a conservation |
| 2 | easement on the last day of the tax year. | Held at the End of the Tax Year |
| а | Total number of conservation easements | |
| b | Total acreage restricted by conservation easements | 2b |
| C | Number of conservation easements on a certified historic structure included on line 2a. | |
| d | Number of conservation easements included on line 2c acquired after July 25, 2006, and | |
| _ | not on a historic structure listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or term | inated by the organization during |
| | the tax year | |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, | handling of |
| | violations, and enforcement of the conservation easements it holds? | Yes . No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of | onservation easements during the year |
| | ······ | |
| 7 | Amount of expenses incurred in monitoring inspecting, handling of violations, and enforcing conse | rvation easements during the year |
| | | |
| 8 | Does each conservation easement reported on line 2d above satisfy the requirements of | |
| | and section 170(h)(4)(B)(ii)? . (| |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue | |
| | balance sheet, and include if applicable, the text of the footnote to the organization's final | ncial statements that describes the |
| | organization's accounting for conservation easements. | Other Other Assessed |
| Par | Organizations Maintaining Collections of Art, Historical Treasures, or | Other Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected as permitted under FASB ASC 958, not to report in its revenue | e statement and balance sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, education | |
| _ | public service, provide in Part XIII the text of the footnote to its financial statements that de | escribes triese iterns. |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta | represent the parameter sheet works |
| | of art, historical treasures, or other similar assets held for public exhibition, education, or r | esearch in lurtherance of public |
| | service, provide the following amounts relating to these items. | ¢ |
| | (i) Revenue included on Form 990, Part VIII, line 1 | · · · · · · • • |
| | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar asset | is for financial gain, provide the |
| | following amounts required to be reported under FASB ASC 958 relating to these items. | ¢ |
| а | Revenue included on Form 990, Part VIII, line 1 | _ |
| b | Assets included in Form 990, Part X | <u></u> |

| d Additions during the year . e Distributions during the year . f Ending balance . 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Profit year (c) Two years back (d) Three years back (e) Four years back or years back (e) Four years back or years b | Part | III Organizations Maintaining C | ollections of Ar | t, Histori | ical Tre | asures, or C | ther | Sim <u>ilar Assets</u> | (contin | ued) | |
|--|------|---|---|--------------|-------------|------------------|---------|------------------------|---------------|----------------------|-----------------|
| a Public exhibition d | 3 | Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its | | | | | | | | | |
| b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | | collection items (check all that apply). | | _ | | | | | | | |
| C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | а | Public exhibition | | d | Loan or | exchange pro | gram | | | | |
| C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | b | Scholarly research | | e 🗍 | Other | | | | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. | - | | | ٠ ـــ | | | | | | | |
| Summy the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No | | | | ovolaja bo | w thou fu | rther the Organ | nizatio | in's exemnt nurnos | e io Par | 1 | |
| ### Secretary and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, line 21, for contributions or other assets and included on Form 990, Part X. It is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets and included on Form 990, Part X. It is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets and included on Form 990, Part X. It is graph as a segment in Part XIII and complete the following table. #### Complete if the organization include an amount on Form 990, Part X, line 21, for contributions during the year. It is complete if the organization answered "Yes" on Form 990, Part X, line 21, for contributions during the year. It is complete if the organization answered "Yes" on Form 990, Part X, line 10. ################################### | 4 | | irs collections and | ехрівін по | w tiley io | Tuler the Organ | mzacio | ing exempt purpos | 0 111 7 Q1 | • | |
| ### Secretary and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, line 21, for contributions or other assets and included on Form 990, Part X. It is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets and included on Form 990, Part X. It is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets and included on Form 990, Part X. It is graph as a segment in Part XIII and complete the following table. #### Complete if the organization include an amount on Form 990, Part X, line 21, for contributions during the year. It is complete if the organization answered "Yes" on Form 990, Part X, line 21, for contributions during the year. It is complete if the organization answered "Yes" on Form 990, Part X, line 10. ################################### | 5 | During the year, did the organization so | licit or receive don: | ations of a | rt historia | cal treasures | or othe | er similar | | | |
| Part IV Escrow and Custodial Arrangements. | • | | | | | | | | Ye | s 🗍 | No |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other 35sts not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table. c Beginning balance. d Additions during the year. e Distributions during the year. 2a Did the organization include an amount on Form 990, Part X, line 21, for exclosing support of past following table. The finding balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for exclosing support of past following table. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance. 1b Contributions. 1c Not investment earnings, gains, and losses. 1d Grants or scholarships. e Other expenditures for facilitios and programs. 2 Provide the estimated percentage of the puretry year and balance (line 1g, column (a)) held as: a Board designated or quasi-endowners. 1 Describe in Part XIII or part 2 | Dorf | | | ' | | <u> </u> | | | | | |
| Second | rait | Complete if the organization a | newered "Yee" o | n Form 9 | 90 Part | IV line 9 or | reno | | on Fori | m | |
| Is the organization an agent, trustee, custodian, or other intermediary for contributions or other diseases and included on Form 990, Part X? Yes No No If "ex," explain the arrangement in Part XIII and complete the following table. Amount | | | nswered res o | | 00, i ait | 14, 11110 0, 01 | .000 | | | • | |
| included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table. C Beginning balance. 1 | 12 | | etodian or other in | termedian | v for cont | ributions or oth | her as | sets not | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table. c Beginning balance. d Additions during the year. f Ending balance. lot the organization include an amount on Form 990, Part X, line 21, for exclose or overgustodial account liability? Did the organization include an amount on Form 990, Part X, line 21, for exclose or overgustodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. The percentages on lines 2a, 2b, and 2b, should equal 100%. Are there endowment The percentages on lines 2a, 2b, and 2b, should equal 100%. Are there endowment tunds not ji the possession of the organization that are held and administered for the organization by: (i) Unrelated organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Part VI Land, Buildings' and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. See Form 990, Part X, line 10. The percentages on lines 2a, 2b, and 2b, should equal 100%. Are there endowment tunds not ji the possession of the organization that are held and administered for the organization by: (i) Unrelated organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Describe in Part XIII, the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Describe in Part XIII, the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Describe in Part XIII, the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Describe in Part XIII, the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Describe in Part XIII, the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Describe in Part XIII, the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Describe in Part XIII, the | 14 | | | | | | | | Ye | s 🗍 | No |
| c Beginning balance . | h | | | | | | · V | | | | |
| d Additions during the year Distributions during the year 10 11 | ~ | TOO, OXPIGNITIO GIVENING CONTRACTOR CONTRACTOR | | | g | £.]* | | Ar | nount | | |
| d Additions during the year. Distributions during the year. 1 | С | Beginning balance | | | | | 10 | ; | | | 0 |
| e Distributions during the year . f Ending balance . 2 Did the organization include an amount on Form 990, Part X, line 21, for exclose of contributions . Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance . 1a Beginning of year balance . Contributions . Not investment earnings, gains, and losses . Not investment earnings, gains, and losses . Administrative expenses . Board designated or quasi-endowment . The percentages on lines 2a, 2b and . Board designated or quasi-endowment . The percentages on lines 2a, 2b and . Board earnings on lines 2a, 2b and . Board earnings on lines 2a, 2b and . Board losses . Are there endowment funds poin the possession of the organization that are held and administered for the organization by: (ii) Unrelated organizations . (iii) Related organizations . Describe in Part XIII . Describe of property . (a) Current year . (a) Current year . (a) Current year . (a) Current year . (b) 1999 year X . (c) Two years back . (d) Time years back . (e) Four years back . | | | | | | | 10 | 1 | | | |
| f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for exclow of custodial account liability? | е | | | | | | 16 | • | | | |
| Described in Part XIII. Described in Par | f | | | | | |) [1 | | | | 0 |
| B | 2a | Did the organization include an amount | on Form 990, Part | X, line 21 | , for escr | ow or custodia | il acco | unt liability? | Ye | s X | Nο |
| Part V Endowment Funds Complete if the organization answered "Yes" on Form 990 Part IV, line 10. | | | | | | | | | | | l |
| Complete if the organization answered "Yes" on Form 980 Part IV, line 10. | | | | <u> </u> | Strange L | <u></u> | | | | | |
| (a) Current year (b) Profit year (c) Two years back (d) Tree years back and sall parts back (d) Tree years back (d) Tree years back (d) Tree years back and sall p | Fart | Complete if the organization a | newarad "Vas" o | n Form 9 | Sh. Pan | IV line 10 | | | | | |
| Beginning of year balance 36,304 32,759 38,674 374,839 587,372 | | Complete if the organization a | | A h) Prio | t vear | | pack | (d) Three years back | (e) Fou | ır vears | back |
| Description of property Contributions Co | 1. | Positioning of year halance | | | | | _ | | | | |
| c Net investment earnings, gains, and losses | | | .00,004 | 17 | <u> </u> | | ,,,,, | | | | |
| and losses | | F | | <u>``</u> | | | | | | | |
| Other expenditures for facilities | • | | 8.50 9 | Ô | 3,980 | -8 | 5,550 | 8,401 | | 3 | 0,377 |
| Other expenditures for facilities and programs 344.176 237,500 Administrative expenses 505 435 365 390 5,410 g | d | | . C. 4 | 3/ | | - | | | | | |
| and programs . 344,176 237,500 f Administrative expenses . 505 435 365 390 5,410 g End of year balance . 44,308 36,304 32,759 38,674 374,839 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | , | Car V | _ | | | | | | | |
| f Administrative expenses . | | - | (D | · • | | | | 344,176 | | 23 | 7,500 |
| ## Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Description of property (b) Buildings Leasehold improvements 100% 38,674 374,839 374,839 38,674 374,839 4 Description of property (a) Cost or other basis (investment) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 4 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 4 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 4 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 4 Description of property (b) Cost or other basis (c) Accumulated depreciation (c) Accumulated depreciation (d) Book value 4 Description of property (d) Book value 4 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 4 Description of property (d) Book value 4 Description of property (d) Book value 4 Description of property (d) Book value 4 Description of property (d) Book value 4 Description of property (d) Book value 4 Description of property (d) Book value (d) B | f | | 505 | | 435 | • | 365 | 390 | | | 5,410 |
| Board designated or quasi-endowment b Permanent endowment The percentages on lines 2a, 2b and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii) are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (investment) (investment) (other) 1a Land 0 400,000 400,000 400,000 b Buildings 0 5,501,669 1,464,389 4,037,280 c Leasehold improvements 0 547,756 337,794 209,962 d Equipment 0 189,909 157,862 32,047 e Other 0 130,632 77,802 52,830 | g | End of year balance | | | | | | 38,674 | <u> </u> | 37 | 4,839 |
| b Permanent endowment c Term endowment The percentages on lines 2a, 2b and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation 1a Land 0 400,000 400,000 400,000 400,000 400,000 5,501,669 1,464,389 4,037,280 c Leasehold improvements 0 547,756 337,794 209,962 d Equipment 0 189,909 157,862 32,047 e Other 0 130,632 77,802 52,830 | 2 | Provide the estimated percentage of th | e current year end | balance (li | ine 1g, co | olumn (a)) held | l as: | | | | |
| Term endowment The percentages on lines 2a, 2b and 2g should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) If "Yes" on line 6a(ii) are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land 0 400,000 400,000 400,000 b Buildings 0 5,501,669 1,464,389 4,037,280 c Leasehold improvements 0 189,909 157,862 32,047 e Other 0 130,632 77,802 52,830 | а | Board designated or quasi-endowment | 100 | 2% | | | | | | | |
| The percentages on lines 2a, 2b and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Are the related organizations (iv) Are the related organizations (iv) Are the related organizations (iv) Are the related organizations (iv) Are the related organizations (iii) Related organizations (iv) Are the related organizations (iv) Are the related organizations (iv) Are the related organizations (iv) Are the related organizations (iv) Are the related organizations (iv) Are the related organizations (iv) Are the related organizations (iv) Are the related organizations (iv) Are the related organizations (iv) Are the related organizations (iv) Are the related organizations (iv) Are the related organizations (iv) Are there endowment funds (iv) Are the related organizations (iv) Are the rel | b | Permanent endowment | <u>%</u> | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) | С | | 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | | | | | | | |
| Ves No Sa(i) X | | The percentages on lines 2a, 2b, and 2 | ĝ should equal 100 |)%. | | | | | | | |
| (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X X b If "Yes" on line 3a(ii) are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 400,000 400,000 b Buildings 0 5,501,669 1,464,389 4,037,280 c Leasehold improvements 0 547,756 337,794 209,962 d Equipment 0 189,909 157,862 32,047 e Other 0 130,632 77,802 52,830 | 3a | W 17 . | dossession of the d | irganizatioi | n that are | neid and adm | iniste | rea for the | Г | Vaa | Na |
| (iii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii) are the related organizations listed as required on Schedule R? 3b Image: Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 400,000 400,000 400,000 b Buildings 0 5,501,669 1,464,389 4,037,280 c Leasehold improvements 0 547,756 337,794 209,962 d Equipment 0 189,909 157,862 32,047 e Other 0 130,632 77,802 52,830 | | | | | | | | | 22(i) | | NO |
| b If "Yes" on line \$a(ii) are the related organizations listed as required on Schedule R? | | | | | | | • • | | | $\stackrel{\sim}{-}$ | - v |
| Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 400,000 400,000 400,000 b Buildings 0 5,501,669 1,464,389 4,037,280 c Leasehold improvements 0 547,756 337,794 209,962 d Equipment 0 189,909 157,862 32,047 e Other 0 130,632 77,802 52,830 | | (ii) Related organizations | | | | | | | $\overline{}$ | | - ^- |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 400,000 400,000 400,000 b Buildings 0 5,501,669 1,464,389 4,037,280 c Leasehold improvements 0 547,756 337,794 209,962 d Equipment 0 189,909 157,862 32,047 e Other 0 130,632 77,802 52,830 | b | | | | | | • • | | <u> </u> | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 400,000 400,000 b Buildings 0 5,501,669 1,464,389 4,037,280 c Leasehold improvements 0 547,756 337,794 209,962 d Equipment 0 189,909 157,862 32,047 e Other 0 130,632 77,802 52,830 | 4 | | | i s endown | ient iunu | s | | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value | Par | Land, Buildings, and Equip | nent. neworod "Voe" o | n Form 0 | ion Dari | - IV/ lina 11a | ۵۵۵ | Form 990 Part | X line | 10 | |
| Land 0 400,000 400,000 b Buildings 0 5,501,669 1,464,389 4,037,280 c Leasehold improvements 0 547,756 337,794 209,962 d Equipment 0 189,909 157,862 32,047 e Other 0 130,632 77,802 52,830 | | | | | | L | | l. | | | |
| 1a Land 0 400,000 400,000 b Buildings 0 5,501,669 1,464,389 4,037,280 c Leasehold improvements 0 547,756 337,794 209,962 d Equipment 0 189,909 157,862 32,047 e Other 0 130,632 77,802 52,830 | | Description of property | , , , | | , , | | | | (a) R0 | un valu | C . |
| b Buildings 0 5,501,669 1,464,389 4,037,280 c Leasehold improvements 0 547,756 337,794 209,962 d Equipment 0 189,909 157,862 32,047 e Other 0 130,632 77,802 52,830 | | Lond | (MTCOU) | | | | | · | | | <u></u> |
| c Leasehold improvements 0 547,756 337,794 209,962 d Equipment 0 189,909 157,862 32,047 e Other 0 130,632 77,802 52,830 | _ | | · · - · · · · · · · · · · · · · · · · · · | | | | | 1 464 389 | | | |
| d Equipment | | J | · · | | | | | | | | |
| e Other | | | | | | | | | | | |
| O Callell I I I I I I I I I I I I I I I I I | | - · · | | | | | | | | | |
| | | | | 90, Part X, | line 10c, | | | | | | |

| Part VII | InvestmentsOther Securities. | | | |
|-------------------|---|------------------------------|--------------------------------------|------------------------------|
| | Complete if the organization answered ' | "Yes" on Form 990, | | |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of Cost or end-of-year | |
| (1) Financia | al derivatives | 0 | <u> </u> | |
| (2) Closely | held equity interests | 0 | | |
| (3) Other | | | | |
| (A) | ······································ | | | |
| | ······································ | | | |
| (C) | | | | <u> </u> |
| (D) | | | | <u>[]</u> |
| | | | | |
| (F) | | | | -) |
| (G) | | | | · |
| (H) | on (b) must equal Form 990, Part X, line 12, col. (B)) . | 0 | 1/2000 | |
| | | <u> </u> | | |
| Part VIII | Investments—Program Related. Complete if the organization answered | "Yes" on Form 990, | Part IV, line 11c. See Form | 990, Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of Cost or end-of-year | valuation: r market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | ♦ < | <u> </u> | · |
| <u>(5)</u> | | 0.4 | <i>W</i> | |
| (6) | | 000 | <u></u> | |
| (7) | <u> </u> | | ^{>} | |
| (8) | | | | |
| (9) | (I) (I) (I) (I) (I) (I) (I) (I) (I) (I) | | | |
| | nn (b) must equal Form 990, Part X, line 13, col. (B)) . | 0 | | |
| Part IX | Other Assets. Complete if the organization answered | "Ves" on Earm 000 | Part IV line 11d See Form | 000 Port V line 15 |
| | (a) Description | | Factiv, lite 1 ld. See Forti | (b) Book value |
| | (a) besti | Pigo. | | (b) book raido |
| <u>(1)</u> (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | 138 | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Coli | umn (b) must equal Fgfm 990, Párt X, line 15, c | col. (B)) | <u></u> | 0 |
| Part X | Other Liabilities //) | | | |
| | Complete if the organization answered | "Yes" on Form 990, | Part IV, line 11e or 11f. See | e Form 990, Part X, |
| | line 25. | | | |
| 1. | (a) Descrip | tion of liability | | (b) Book value |
| (1) Federa | al income taxes | | | C |
| (2) | | | | |
| _(3) | | | | |
| (4) | | | | |
| (5) | | | | · |
| (6) | | | | |
| (7) | <u> </u> | | | |
| (8) | · · · · · · · · · · · · · · · · · · · | | | - |
| (9) | // | and (PI) | ···· | - , |
| | umn (b) must equal Form 990, Part X, line 25, o | | | that reports the |
| 2. Liability f | or uncertain tax positions. In Part XIII, provide the te | exi of the loothote to the c | nganization's ilhancial statements | macreports me |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

X

1,230,832

50,320

505

1,180,512

1,181,017

1,366,838

41,811

505

1,325,027

1,325,532

| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line |
|--|
| 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. |
| Part X Line 2 The Organization is exempt from federal income taxes under Section 501(c)(3) |
| of the Internal Revenue Code and reported no unrelated business income for the year ended |
| of the internal Nevertue code and reported no glirotage basined internal for the jobs stated |
| October 31, 2024. Management represents there are no uncertain tax position or other |
| |
| provision for income taxes that should be recognized in these financial statements. In |
| addition, the Organization qualifies to receive deductible charitable contributions |
| pursuant to Section 170(b)(1)(A)(vi) |
| Part XI Line 2d Fundraising Event Expense 41,811 |
| Part XII Line 2D Fundraising Event Expense 41,811 |
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| Schedule D (Form 990) 2023 MAIN STAY THERAPEUTIC FARM, INC | 36-3565747 | Page 5 |
|--|------------------------|-------------|
| Part XIII Supplemental Information (continued) | | |
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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

| | STAV THERAPEUTIC FARM INC | | | | | 36-35 | 657 4 7 |
|---|--|--------------------|--|-------------|--------------------------------------|--|---|
| | MAIN STAY THERAPEUTIC FARM, INC Part I Fundraising Activities. Complete if the organization answered "Yes" on F | | | | | | |
| | Form 990-EZ filers are not i | | | | 0,04 100 0,710. | | |
| 1 | Indicate whether the organization rai | | | | ng activities. Check | all that apply. | |
| а | Mail solicitations | · | | | of non-government g | | |
| b | . = | | | | of government grant | | |
| C | Phone solicitations | | = | | Iraising events | , ki | |
| | | | a \square | peolal lane | indianing evente | Or with | |
| d | In-person solicitations | | | | C 1 1 CC | · · · · · · · · · · · · · · · · · · · | |
| 2a | Did the organization have a written of key employees listed in Form 990, P | art VII) or entity | in connec | tion with p | rofessional fundraisi | n g services? | Yes No |
| b | If "Yes," list the 10 highest paid indiv be compensated at least \$5,000 by t | | | ers) pursu | ant to agreements u | nder which the fund | draiser is to |
| | | | | | - [] | <i>A</i> | |
| | (i) Name and address of individual or entity (fundralser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in cot. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | |
| 1 | | | | \$, | | 0 | 0 |
| 2 | | | | | | 0 | 0 |
| 3 | | | | 11 | ¢ | 0 | 0 |
| 4 | | | 1 | 8 | 0 | 0 | 0 |
| 5 | | | 60 | | 0 | 0 | 0 |
| 6 | | Q Q | 100 | | 0 | 0 | 0 |
| 7 | | | 0 | | 0 | 0 | 0 |
| 8 | | () V | | | 0 | 0 | 0 |
| 9 | | | | | 0 | 0 | 0 |
| 10 | 6 | D. | | | 0 | 0 | 0 |
| | | <u> </u> | <u>. </u> | 1 | 0 | | |
| Total | | , | . . | | 0 | 0 | 0 |
| 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing | | | | | | | |
| | | | | | | | |
| | | | . | - - | | | |
| | ······································ | | · • • • • • • • • • • • • • • • • • • • | | | • • • • • • • • • • • • • • • • • • • | |
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | | |
|--|----------|---|-------------------|--------------------------------|-------------------------|---------------------------------|--|--|
| Revenue | | | Gala (event type) | - (avent hins) | NONE (total number) | (add col. (a) through col. (c)) | | |
| | | | (evenitype) | (event type) | (iora) immoer) | | | |
| | 1 | Gross receipts | 180,582 | | 0 | 180,582 | | |
| | 2 | | 175,884 | | .00 | 175,884 | | |
| | 3 | Gross income (line 1 minus line 2) | 4,698 | | 44 | 4,698 | | |
| | 4 | Cash prizes | | | 0 | 0 | | |
| | 5 | Noncash prizes | 15,080 | | 0 | 15,080 | | |
| enses | 6 | Rent/facility costs | 6,160 | | 0 | 6,160 | | |
| Direct Expenses | 7 | Food and beverages | 13,687 | | 0 | 13,687 | | |
| Direct | 8 | Entertainment | 1,200 | (| 0 | 1,200 | | |
| | 9 | Other direct expenses | 5,684 | | 0 | 5,684 | | |
| | 10 11 | | - | | | (41,811) -37,113 | | |
| Ρs | rt I | | | | O Part IV line 19 or r | | | |
| | | \$15,000 on Form 990-E | | | o, raitiv, mio ro, or r | eported more than | | |
| Ð | | 0,000 011 0111 000 2 | | (b) Pull tabs/instant | T | (d) Total gaming (add | | |
| ž | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) | | |
| Revenue | 1 | Gross revenue | ÷ (| <u>\(\) \(\) \(\) \(\)</u> | | 0 | | |
| ses | 2 | Cash prizes | | | | 0 | | |
| Direct Expenses | 3 | Noncash prizes | | | | 0 | | |
| irect E | 4 | Rent/facility costs | | | | 0 | | |
| | 5 | Other direct expenses | | | | 0 | | |
| | 6 | Volunteer labor | Yès % | Yes % | Yes % | | | |
| | 7 | Direct expense summary Add | | (0) | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | | | | | |
| 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? | | | | | | | | |
| | | | | | | | | |
| 10 | | Were any of the organization's ga If "Yes," explain: | | | | — — | | |
| | • | | | | | | | |

| Schedu | ule G (Form 990) 2023 MAIN STAY THERAPEUTIC FARM, INC | 36-3565747 Page | <u>e 3</u> |
|--------|--|----------------------|----------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes No |) |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | Yes No | 5 |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| а | The organization's facility | | % |
| b | An outside facility | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books ar records: | ıa | |
| | Name | <i></i> | |
| | Address | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes No | o |
| b | If "Yes," enter the amount of gaming revenue received by the organization \$ 0 and the | | |
| | amount of gaming revenue retained by the third party \$0 | | |
| С | If "Yes," enter name and address of the third party: | | |
| | Name | | |
| | Address | | |
| 16 | Gaming manager information: | | |
| | Name | | |
| | Gaming manager compensation \$ | | |
| | Description of services provided | | |
| | Director/officer Employee Independent contractor | | |
| 17 | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| _ | retain the state gaming license? | | 0 |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ | | 0 |
| Par | Supplemental Information Provide the explanations required by Part I, line 2b, column | s (iii) and (v); and | <u> </u> |
| | Part III, lines 9, 9b, 10th, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona | l information. | |
| | See instructions. | | |
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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
2023
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

36-3565747 MAIN STAY THERAPEUTIC FARM, INC Form 990, Part VI, Section B, Line 11b: Board Members receive an electronic copy of form 990 prior to filing. The independent CPA hired to audit financial statements and prepare the information returns is available to address questions or concerns prior to filing. Form 990, Part VI, Section B, Line 12b: The board has adopted a conflict-of-interest policy with disclosure statement. Each board member must complete or update annually the disclosure statement. All are reviewed annually by the board. Form 990, Part VI, Section B, Line 15b: The board reviews annually the compensation of key employees based on performance evaluation in connection with established goals and object and determines compensation reasonableness thereof and by reviewing data for organizations. Form 990, Part VI, Section C, Line 19: The Organization management provides upon request information subject to public disclosure. The Organization management provides upon request information subject to public disclosure. Additionally, three most recent years of form 990 filed by the Organization are available at Guidestar.ofg Form 990, Part VI, Section B, Line 15a: The board reviews annually the compensation of the executive director based on performance evaluation in connection with established goals and objectives and determines compensation (easy) ableness thereof and by reviewing data for similar organizations mployee Retention Credit Receivable adjustment 185,618

MAIN STAY THERAPEUTIC FARM, INC 6919 KEYSTONE ROAD Richmond, IL 60071

Form AG990-IL - Charitable Organization Annual Report

Taxable Year Ended October 31, 2024

Due Date:

April 30, 2025

Remittance:

The filing fee for the tax year ended October 31, 2024 is \$15. Include a check payable to the Illinois Charity Bureau Fund and write "E.I. N. 36-3565747, for the year ended October 31, 2024" on the check, a copy of the audit report, and a copy of the federal IRS return.

Mail To:

Office of the Illinois Attorney General

Charitable Trust Bureau 115 South LaSalle Street Chicago, IL 60603

Signature:

Form AG990-IL must be signed and dated by two authorized officers of the organization.