PUBLIC DISCLOSURE COPY

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the	e 2023 calendar year, or tax year beginning and	a enaing						
В	Check if applicable	C Name of organization	D Employer identification nu						
	Addre	SPRING FARM CENTER ALTERNATIVE RESEAR	CH						
	chang	EDUCATION SANCTUARY		46 4000					
	chang			16-13888					
	return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe					
	Final return/ termin			315-737-9339					
	termin ated Amend			G Gross receipts \$ 10,517,333.					
	return	CLINION, NI 13323	TDC	H(a) Is this a group return					
	tion	F Name and address of principal officer: BONNIE OONES REINO	LDS	for subordinates					
_		SAME AS C ABOVE		H(b) Are all subordinates in					
I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See i									
	Websit		I. V.	H(c) Group exemptio					
	art I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 1991 N	M State of legal domicile: NY				
		-	CCUEDII	T P O					
ď	1	Briefly describe the organization's mission or most significant activities: SEE	эсперо	пе О					
Activities & Governance				the 0000 of its and and					
ē.	2	Check this box if the organization discontinued its operations or dispo			sets.				
Š	3			<u>3</u> 4	4				
æ	4	Number of independent voting members of the governing body (Part VI, line 1b)			51				
<u></u>	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5				
∄	6	Total number of volunteers (estimate if necessary)			0.				
Ą	/a				0.				
_	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year				
		Combile things and greats (Dort VIII line 11)		795,043.	1,544,277.				
e	8	Contributions and grants (Part VIII, line 1h)		793,043.	26,483.				
Revenue	9	Program service revenue (Part VIII, line 2g)		3,198,788.	1,971,047.				
ğ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		33,316.					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,027,147.	17,360.				
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	3,559,167. 5,300.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		1,071,766.	1,109,516.				
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		U •	0.				
ž	- b	Total fundraising expenses (Part IX, column (D), line 25) 23,8		828,967.	817,662.				
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,900,733.	1,932,478.				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,126,414.	1,626,689.				
_	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year				
Net Assets or	ë 👡	T	В	35,236,277.	36,304,779 .				
SSG	20	Total assets (Part X, line 16)			191,817.				
et A	21	Total liabilities (Part X, line 26)		147,001. 35,089,276.	36,112,962.				
	art II	Net assets or fund balances. Subtract line 21 from line 20		33,009,270.	30,112,902.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedul	oo and atatam	anta and to the heat of mu	/ knowledge and helief it is				
		itles of perjury, i declare that i have examined this return, including accompanying scriedur It, and complete. Declaration of preparer (other than officer) is based on all information of v			/ Knowledge and Deller, it is				
trut	e, correc	is, and complete. Declaration of preparer (other than officer) is based on an information of v [vilicii preparei	lias ally kilowieuge.					
C :-		Signature of officer		I Date					
Sig		BONNIE JONES REYNOLDS, PRESIDENT		Dato					
He	re	Type or print name and title							
_			T	Date Check	PTIN				
Da:	d	Print/Type preparer's name THOMAS J. GIUFRE THOMAS J. GIUFRE THOMAS J. GIUFR		.1/11/24 self-employ					
Pai									
	parer			Firm's EIN 1	6-1226221				
USE	Only	Firm's address 220 S WARREN STREET SYRACUSE, NY 13202-		Dh 21	5-446-3600				
	Ala - 15	•		Phone no. 3 1					
ivla	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: TO SHELTER VARIOUS ANIMALS, TO UTILIZE AND TO STUDY ALTERNATIVE WAYS	
	OF CARING FOR, HEALING, AND LOVINGLY CO-EXISTING WITH ANIMALS, TO	
	EDUCATE THE PUBLIC AS TO THESE METHODS, AND TO SHARE OUR FINDINGS WITH	
	A READERSHIP.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported. (Code:) (Expenses \$1,313,373. including grants of \$5,300.) (Revenue \$8,750]	
4a	(Code:) (Expenses \$1, 313, 373 • including grants of \$ 5, 300 •) (Revenue \$ 8, 750	<u>•</u>)
	SEE SCHEDULE O	
	-	
	(Code:) (Expenses \$ 379,435. including grants of \$) (Revenue \$ 17,733	
4b	(Code:) (Expenses \$	<u>•</u>)
	DIE Beiebeie 6	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	SEE SCHEDULE O	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 1,692,808.	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 72	_
b		12b		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Pid the appropriation projection of the specific project of the light of the United Obstaco	14a		X
b		144		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21	X	

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Pai	rt 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		x
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			- v
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
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?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		06		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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% controlle	I		3,7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes." complete Schedule L. Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
21	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
31				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			-
	Schedule N, Part II	32		X
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		X
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
30		20	х	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	_ ^\	
. u	Charlet Cabadada O contains a promone approach to any line in this Bort V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 T	
	1 1	11	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	11		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

332004 12-21-23

(gambling) winnings to prize winners?

EDUCATION SANCTUARY 16-1388835 Page 5 Form 990 (2023) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N.

Form 990 (2023)

17

X

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

If "Yes," complete Form 4720, Schedule O.

Form 990 (2023)

EDUCATION SANCTUARY

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

						X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	{	3]							
	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	4	1							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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	direc	t 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 9	90 wa	s filed?	4		X					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?			6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (one or								
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, 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	r by the	e following:								
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	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 ch	apters	, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	<u> </u>					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X	<u> </u>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe								
	on Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>					
b	Other officers or key employees of the organization			15b	X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a								
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	· · · · · · ·								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NY										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)	s only)	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website Upon request Other (explain										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, an	d finan	cial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's boo			727	022	0					
	SPRING FARM CTR ALTERNATIVE RESEARCH EDUCATION SANCE 3364 ROUTE 12 CLINTON NY 13323	LUA	<u> - 212 - 171</u>	131-	333						

Form **990** (2023)

Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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		orga	niza			nper	sate			r
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average	(do	(do not check r				one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of	
	week	_	T			Π	1	from the	from related organizations	other compensation
	(list any hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Jec	Key employee	Highest compensated employee	ner			organizations
	line)	lndi	lnst	Officer	Key	E High	Former			
(1) CHRISTINE SCHNEIDER	40.00	-						107 770		01 540
VETERINARIAN	65.00					X		107,772.	0.	21,542.
(2) DAWN E. HAYMAN	65.00							05 000		0 200
VICE PRESIDENT	65.00	Х		X		├		25,000.	0.	9,390.
(3) BONNIE JONES REYNOLDS	65.00	l		l				05.000		
PRESIDENT	26.00	X		Х		├		25,000.	0.	532.
(4) MARGARET G. BROWN	36.00	.,		,,						10 040
SECRETARY	2.50	X		Х		<u> </u>		0.	0.	10,040.
(5) BRIAN BUCHANAN	3.50	-						2 467	_	
BOARD MEMBER	0.50	X				┝		3,467.	0.	0.
(6) DENNIS HAYMAN BOARD MEMBER	0.50	. ,							_	_
(7) LEIGH LAIN-DENTON	0.50	Х						0.	0.	0.
BOARD MEMBER	0.50	X						0.	0.	0.
(8) PATRICIA O'CONNOR	0.50	Α				\vdash		0.	0.	· ·
BOARD MEMBER	0.30	x						0.	0.	0.
(9) MARGOT B UNKEL	65.00	22						•	0.	<u> </u>
TREASURER	03.00	х		x				0.	0.	0.
						\vdash		•		•
		l	L	L	L		L			
				L	L					
										- 000 (2222)

Form **990** (2023)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp (B)	oloye	ees,		<u>а ні</u> С)	gnes	st C	(D)	s (continued) (E)			(F)	
Name and title Average				Pos	itior			Reportable	Reportable	,	F¢	רי) stimate	ed
Name and title	hours per					than o		compensation	compensatio			nount	
	week		cer an	nd a d	lirecto	or/trus	tee)	from	from related	t		other	
	(list any	director						the	organization		l .	pensa	
	hours for related	or dir	ee ee			ated		organization	(W-2/1099-MIS		l	om th	
	organizations	rustee	trust		ee ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizat d relat	
	below	Individual trustee or	nstitutional trustee	_	Key employee	st cor	- La	10001420)			l .	anizati	
	line)	Indivi	Instit	Officer	Key er	Highest compensated employee	Former						
_													
						\vdash							
1b Subtotal								161,239.		0.	4	1,5	
c Total from continuation sheets to Part VI	I, Section A							0.		0.			
d Total (add lines 1b and 1c)								161,239.		0.	4	1,5	04.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			1
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	еу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for si	uch individual										3		X
4 For any individual listed on line 1a, is the su	•								-				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		X
5 Did any person listed on line 1a receive or a	•				•			•					
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or st	ıch į	oers	on					5		X
Section B. Independent Contractors	mnonostod inc	امما		at a.	- nt		+b	and reasilized make than (100 000 of comm		tion fu		
1 Complete this table for your five highest countries or the organization. Report compensation for the organization.										bensa	tion ire	om	
(A)	irie caleridai ye	cai e	iluii	ig w	itire	JI WI	<u> </u>	(B)	ear.		(C	2)	
Name and business	address							Description of s	ervices	С	Compe		n
PIKE CONSTRUCTION SERVICE	ls												
ONE CIRCLE STREET, ROCHESTER, NY 14607 CONSTRUCTION										31	1,9	72.	
C2C CONSTRUCTION SOLUTION	IS LLC												
110 LOMOND COURT, UTICA, NY 13502 CONSTRUCTION 1										16	7,8	41.	
BROWN & ASSOCIATES, CPA'S, P.C.													
3450 STATE ROUTE 12, CLIN	TON, NY	1	<u>33</u>	<u>23</u>				ACCOUNTING S	ERVICES		10	1,4	00.

Form **990** (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2023) EDUCATI
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1:	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
S S		Membership dues 1b 1c					
fts,		d Related organizations 1d					
ية إق							
Sir		Government grants (contributions) All other contributions, gifts, grants, and					
utic er	1		1,544,277.				
ë Đ			299,196.				
no Dd		Noncash contributions included in lines 1a-1f 1g \$	233,130.	1,544,277.			
OB		Total. Add lines 1a-1f	Business Code	1,311,277.			
_		ANIMAL SANCTUARY REVENUE	900099	17,733.	17,733.		
ice	_		900099	8,750.	8,750.		
er ue	-		300033	0,750.	0,730.		
m S	(
gra Re							
Program Service Revenue		All all and a second as a seco					
_		All other program service revenue		26,483.			
_		Total. Add lines 2a-2f		20,403.			
	3	Investment income (including dividends, interes		1,569,108.			1569108.
		other similar amounts)		1,305,100.			1303100.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties(i) Real	(ii) Personal				
	_		(II) Personal				
		a Gross rents					
		Less: rental expenses 6b					
		Rental income or (loss) 6c 6c					
		Net rental income or (loss)	(ii) Othor				
	7 8	Gross amount from sales of (i) Securities	(ii) Other				
	_	assets other than inventory 7a 7,344,583.	15,522.				
•	ı	Less: cost or other basis	27 020				
une		and sales expenses 7b 6,930,327.	27,839.				
eve		Gain or (loss) 7c 414, 256.	-12,317.	401 020			401 030
her Revenue		Net gain or (loss)		401,939.			401,939.
	8 8	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 8	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
\rightarrow		Net income or (loss) from sales of inventory	Pusings Ord				
ST	4.4	DISCOUNTS TAKEN	900099	11 010	11 010		
ne e	11 6	SALE ITEMS	900099	11,019.	11,019.		
llan Ven	ŀ		900099	2,382.	2,382.		
Miscellaneous Revenue	(CREDIT CARD POINTS	900099				
ž	(All other revenue		3,427. 17,360	3,427.		
		Total Add lines 11a-11d		17,360.	42 042	0	1071047
	12	Total revenue. See instructions		3,559,167.	43,843.	0.	1971047.

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Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	5 200	5 200		
	and domestic governments. See Part IV, line 21	5,300.	5,300.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	73,429.	43,429.	25,000.	5,000
6	trustees, and key employees	13,423.	45,425.	25,000.	3,000
0	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	874,361.	850,506.	23,855.	
, 8	Pension plan accruals and contributions (include	0/4/5016	330,3000	23,033.	
5	section 401(k) and 403(b) employer contributions)	19.973.	19,374.	599.	
9	Other employee benefits	19,973. 60,926.	37,774.	599. 21,324.	1,828
0	Payroll taxes	80,827.	76,646.	3,484.	697
1	Fees for services (nonemployees):	00,02,0	7070200	3,1011	<u> </u>
' a	Management				
b	Legal	1,040.		1,040.	
c	Accounting	114,300.		114,300.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	13,485.	8,389.	5,096.	
2	Advertising and promotion	4,104.	4,104.	,	
3	Office expenses	60,032.	42,255.	1,463.	16,314
4	Information technology	4,831.	4,546.	285.	•
5	Royalties	•			
6	Occupancy	104,834.	104,834.		
7	Travel	2,764.	2,764.		
8	Payments of travel or entertainment expenses	-			
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	2,178.	2,079.	99.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	115,678.	98,326.	17,352.	
3	Insurance	99,676.	97,742.	1,934.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), appears the list line 24e expenses on Septidus (A).				
а	amount, list line 24e expenses on Schedule 0.) ANIMAL/NATURE SANCT&FAR	217,453.	217,453.		
a b	VET SERVICE SANCTUARY	41,106.	41,106.		
	WILDLIFE SANCTUARY	25,451.	25,451.		
d	ANIMAL/NATURE SANCT&FAR	10,730.	10,730.		
e	All other expenses		= = 7 / - 3 0		
5 5	Total functional expenses. Add lines 1 through 24e	1,932,478.	1,692,808.	215,831.	23,839
<u>5</u>	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)				

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet

Part X		Balance Sneet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			145,185.	1	294,652
2		Savings and temporary cash investments			494,170.	2	336,710
3		Pledges and grants receivable, net				3	
4		Accounts receivable, net				4	
5		Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
6	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
တ္ 7	7	Notes and loans receivable, net		7			
Assets	3	Inventories for sale or use				8	
ž 9		B			49,006.	9	42,293
10)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	3,847,710.			
	b	Less: accumulated depreciation	10b	1,439,618.	1,967,742.	10c	2,408,092
11	1	Investments - publicly traded securities			32,278,200.	11	32,880,252
12	2	Investments - other securities. See Part IV, line		12			
13	3	Investments - program-related. See Part IV, line		13			
14	1	Intangible assets		14			
15	5	Other assets. See Part IV, line 11			301,974.	15	342,780
16	6	Total assets. Add lines 1 through 15 (must equ	35,236,277.	16	36,304,779		
17		Accounts payable and accrued expenses		147,001.	17	191,817	
18	3	Grants payable		18			
19		Deferred revenue		19			
20)	Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ဖ္မ 22		Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
jab 		controlled entity or family member of any of the				22	
- 23		Secured mortgages and notes payable to unrela				23	
24		Unsecured notes and loans payable to unrelated				24	
25	5	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X			
					1 4 7 0 0 1	25	101 017
26		Total liabilities. Add lines 17 through 25			147,001.	26	191,817
_ω		Organizations that follow FASB ASC 958, che	ck here	e X			
ے ا ۔۔۔		and complete lines 27, 28, 32, and 33.			16 552 626		17 577 222
$\frac{\overline{b}}{\overline{b}}$ 27				·····	16,553,636.	27	17,577,322
<u>m</u> 28		Net assets with donor restrictions			18,535,640.	28	18,535,640
<u> </u>		Organizations that do not follow FASB ASC 9	58, che	ck here			
		and complete lines 29 through 33.					
<u>ဗ</u> 29		Capital stock or trust principal, or current funds				29	
88 30		Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances 22 28 29 30 31 32		Retained earnings, endowment, accumulated in			35,089,276.	31	36 112 062
		Total lightiffice and not assets (find helproces		1	35,089,276.	32	36,112,962 36,304,779
33	5	Total liabilities and net assets/fund balances			33,430,411.	33	36,304,779

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,55	9,1	67.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,93	2,4	78.		
3	Revenue less expenses. Subtract line 2 from line 1	3	1	1,626,689.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35	,089,276.				
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6			1,0	38.		
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	36	,11	2,9	62.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
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							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O).					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

SPRING FARM CENTER ALTERNATIVE RESEARCH **Employer identification number** Name of the organization **EDUCATION SANCTUARY** 16-1388835 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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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.)

Sec	ction A. Public Support									
Cale	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.")	255,063.	2271330.	1271199.	795,043.	1544277.	6136912.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	255,063.	2271330.	1271199.	795,043.	1544277.	6136912.			
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)						1866992.			
6	Public support. Subtract line 5 from line 4.						4269920.			
	ction B. Total Support						12033201			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Amounts from line 4	255,063.	2271330.	1271199.	795,043.	1544277.	6136912.			
	Gross income from interest,	233,0031			75070100		01007121			
٠	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	1285542.	1263957.	1328991.	1517383.	1569108.	6964981.			
۵	Net income from unrelated business	1203342.	1203337.	1320331.	1317303.	1303100.	0004001.			
9										
	activities, whether or not the									
40	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	5,003.	3,731.	20,291.	33,316.	17,360.	79,701.			
	assets (Explain in Part VI.)	3,003.	3,731.	20,291.	33,310.		13181594.			
	Total support. Add lines 7 through 10	-1- /	1			12	41,008.			
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Contract Contract		1	41,000.			
13	First 5 years. If the Form 990 is for the	•								
800	organization, check this box and storetion C. Computation of Publi									
	•			l (f\)		44	32.39 %			
	Public support percentage for 2023 (I					14	00 11			
	Public support percentage from 2022					15	, -			
10a	33 1/3% support test - 2023. If the c									
	stop here. The organization qualifies									
b	33 1/3% support test - 2022. If the d									
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test	_								
	and if the organization meets the fact			-	•	VI how the organiz				
	meets the facts-and-circumstances te	-	•	• • •	-					
b	10% -facts-and-circumstances test	_					10% or			
	more, and if the organization meets the				-					
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar					
						Schedule A	(Form 990) 2023			

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

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

Se	ction A. Public Support						
Cale	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.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

332023 12-21-23

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	.,	
	Yes	No
1		
2		
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3b		
3c		
4a		
4b		
- TU		
4c		
E-		
5a		
5b		
5c		
6		
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7		
8		
9a		
9b		
9c		
90		
10a		
10b		
lule A (Forn	n 990)	2023

Sche	dule A (Form 990) 2023 EDUCATION SANCTUARY	16-138883	<u>5</u> Ра	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	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			
	11c below, the governing body of a supported organization?	11a	\longrightarrow	
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations		,,]	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supervised	pported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo	ng the		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	:		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ntity (see instruction:		
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	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh.		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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	54		

Schedule A (Form 990) 2023

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete S	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2023

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported								
	organizations, in excess of income from activity		2							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3							
4	Amounts paid to acquire exempt-use assets	4								
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5							
_6	Other distributions (describe in Part VI). See instructions.		6							
7	Total annual distributions. Add lines 1 through 6.		7							
8	Distributions to attentive supported organizations to which the	ne organization is responsive								
	(provide details in Part VI). See instructions.		8							
9	Distributable amount for 2023 from Section C, line 6		9							
10	Line 8 amount divided by line 9 amount		10							
		(ii)	(iii)							
Secti	on E - Distribution Allocations (see instructions)	Underdistributions Pre-2023	Distributable Amount for 2023							
1	Distributable amount for 2023 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2023 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2023									
<u>a</u>	From 2018									
<u>b</u>	From 2019									
c	From 2020									
d	From 2021									
<u>e</u>	From 2022									
<u>f</u>	Total of lines 3a through 3e									
<u>g</u>	Applied to underdistributions of prior years									
<u>h</u>	Applied to 2023 distributable amount									
<u>_i</u>	Carryover from 2018 not applied (see instructions)									
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2023 from Section D,									
	line 7: \$									
<u>a</u>	Applied to underdistributions of prior years									
<u>b</u>	Applied to 2023 distributable amount									
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.									
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.									
7	Excess distributions carryover to 2024. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
	Excess from 2019									
	Excess from 2020									
	Excess from 2021									
<u>a</u>	Excess from 2022 Excess from 2023									

Schedule A (Form 990) 2023

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

2019 AMOUNT: \$ 5,003.

2020 AMOUNT: \$ 3,731.

2021 AMOUNT: \$ 20,291.

2022 AMOUNT: \$ 33,316.

2023 AMOUNT: \$ 17,360.

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST: PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCE TEST - 2023 SPRING FARM CENTER ALTERNATIVE RESEARCH EDUCATION SANCTUARY ("SPRING FARM CARES") IS A PUBLICLY SUPPORTED CHARITABLE ORGANIZATION AND CONTINUES AS A NON-PRIVATE FOUNDATION UNDER INTERNAL REVENUE CODE ("IRC") SECTION 170 (B)(1)(A)(VI) UNDER THE FACTS AND CIRCUMSTANCES TESTS DESCRIBED IN TREASURY REGULATIONS ("TREAS" REGS") SECTION 1 170A-9T(F)(3) THE FOLLOWING PROVIDE SUPPORT FOR OUR POSITION - SPRING FARM CARES NORMALLY RECEIVES PUBLIC SUPPORT EQUAL TO AT LEAST 10% OF TOTAL SUPPORT AS REQUIRED BY TREAS REGS SECTION 1 170A-9T(F)(3)(I) = SPRING FARM CARES IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT BY MAINTAINING A CONTINUOUS PROGRAM OF SOLICITATION OF FUNDS AS REQUIRED BY TREAS REGS SECTION 1 170A-9T(F)(3)(II) THIS IS DEMONSTRATED BY: OVER 30 YEARS OF RECEIVING DONATIONS OF CASH, SECURITIES, PAINTINGS, SUPPLIES, PET FOOD EQUIPMENT AND VOLUNTEER SERVICES-OTHER FAVORABLE CONDITIONS DEMONSTRATED CONTINUED CHARITABLE ACTIVITIES AS REQUIRED BY TREAS REGS SECTION 1 170A-9T(F)(3)(III) INCLUDE-SPRING FARM HAS CONTINUOUSLY SOUGHT PUBLIC THEY SOLICIT DONATIONS THROUGH WORKSHOPS, BROCHURE DISTRIBUTION SUPPORT.

Schedule A (Form 990) 2023

Part VI

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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.)

PUBLIC MAIL APPEALS, WEBSITE, NEWSPAPER ARTICLES, TELEVISION APPEARANCES

AND COMMUNITY DONATION BOXES- FACILITIES AVAILABLE TO THE PUBLIC AS

DESCRIBED IN TREAS REGS SECTION 1 170A-9T(F)(3) (III)(D) AS DEMONSTRATED

BY -EDUCATIONAL SERVICES TO THE PUBLIC WHICH HAS BROAD-BASED APPEAL
PROVIDING WORKSHOP/SEMINARS FOR MULTICOUNTY LAW ENFORCEMENT REGARDING

ANIMAL CRUELTY CASES - PROVIDED MULTIPLE EDUCATION PROGRAMS VIA ZOOM
PUBLIC ACCESS TO THE FACILITY, GARDENS AND NATURE SANCTUARY. THE SUM

TOTAL OF SPRING FARM CARES CHARITABLE ACTIVITIES INCLUDING ITS ANNUAL

SOURCES AND USES OF CHARITABLE FUNDS. ITS EDUCATIONAL AND PROGRAMMATIC

ACTIVITIES DEMONSTRATE THAT SPRING FARM CARES IS IN THE NATURE OF AN

ORGANIZATION THAT IS PUBLICLY SUPPORTED.

PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCE TEST - 2022

SPRING FARM CENTER ALTERNATIVE RESEARCH EDUCATION SANCTUARY ("SPRING FARM

CARES") IS A PUBLICLY SUPPORTED CHARITABLE ORGANIZATION AND CONTINUES AS A

NON-PRIVATE FOUNDATION UNDER INTERNAL REVENUE CODE ("IRC") SECTION 170

(B)(1)(A)(VI) UNDER THE FACTS AND CIRCUMSTANCES TESTS DESCRIBED IN

TREASURY REGULATIONS ("TREAS" REGS") SECTION 1 170A-9T(F)(3) THE FOLLOWING

PROVIDE SUPPORT FOR OUR POSITION - SPRING FARM CARES NORMALLY RECEIVES

PUBLIC SUPPORT EQUAL TO AT LEAST 10% OF TOTAL SUPPORT AS REQUIRED BY TREAS

REGS SECTION 1 170A-9T(F)(3)(I) = SPRING FARM CARES IS ORGANIZED AND

OPERATED TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT BY MAINTAINING A

CONTINUOUS PROGRAM OF SOLICITATION OF FUNDS AS REQUIRED BY TREAS REGS

SECTION 1 170A-9T(F)(3)(II) THIS IS DEMONSTRATED BY: OVER 30 YEARS OF

RECEIVING DONATIONS OF CASH, SECURITIES, PAINTINGS, SUPPLIES, PET FOOD,

EQUIPMENT AND VOLUNTEER SERVICES-OTHER FAVORABLE CONDITIONS DEMONSTRATED

CONTINUED CHARITABLE ACTIVITIES AS REQUIRED BY TREAS REGS SECTION 1

Schedule A (Form 990) 2023

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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.)
170A-9T(F)(3)(III) INCLUDE-SPRING FARM HAS CONTINUOUSLY SOUGHT PUBLIC
SUPPORT. THEY SOLICIT DONATIONS THROUGH WORKSHOPS, BROCHURE DISTRIBUTION,
PUBLIC MAIL APPEALS, WEBSITE, NEWSPAPER ARTICLES, TELEVISION APPEARANCES
AND COMMUNITY DONATION BOXES- FACILITIES AVAILABLE TO THE PUBLIC AS
DESCRIBED IN TREAS REGS SECTION 1 170A-9T(F)(3) (III)(D) AS DEMONSTRATED
BY -EDUCATIONAL SERVICES TO THE PUBLIC WHICH HAS BROAD-BASED APPEAL -
PROVIDING WORKSHOP/SEMINARS FOR MULTICOUNTY LAW ENFORCEMENT REGARDING
ANIMAL CRUELTY CASES - PROVIDED MULTIPLE EDUCATION PROGRAMS VIA ZOOM -
PUBLIC ACCESS TO THE FACILITY, GARDENS AND NATURE SANCTUARY. THE SUM
TOTAL OF SPRING FARM CARES CHARITABLE ACTIVITIES INCLUDING ITS ANNUAL
SOURCES AND USES OF CHARITABLE FUNDS. ITS EDUCATIONAL AND PROGRAMMATIC
ACTIVITIES DEMONSTRATE THAT SPRING FARM CARES IS IN THE NATURE OF AN
ORGANIZATION THAT IS PUBLICLY SUPPORTED.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

SPRING FARM CENTER ALTERNATIVE RESEARCH **EDUCATION SANCTUARY**

Employer identification number 16-1388835

Pal	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		n Sillillar Fullas	or Accounts	 Complete if the 	ne
	C. gamzatori anomoroa 100 ori 10m 000, 1 attiv, iii	_	dvised funds	(b) Funds	and other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the asset	ts held in donor advise	ed funds		
	are the organization's property, subject to the organization's	exclusive legal contr	ol?		Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing tha	at grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or fo	or any other purpose of	conferring		
	impermissible private benefit?				Yes	☐ No
Pa	rt II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990, F	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ply).			
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of	a historically im	portant land area	ì
	Protection of natural habitat		Preservation of	a certified histor	ric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation cor	ntribution in the form	of a conservation	n easement on th	ne last
	day of the tax year.			He	eld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru			0-		
d	Number of conservation easements included on line 2c acqui	ired after July 25, 20	06, and not			
	on a historic structure listed in the National Register	•		2d		
3	Number of conservation easements modified, transferred, rel				ring the tax	
	year		·	_	_	
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	riodic monitoring, ins	pection, handling of			
	violations, and enforcement of the conservation easements it	t holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,					ear
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conservat	tion easements o	during the year	
8	Does each conservation easement reported on line 2d above	satisfy the requirem	ents of section 170(h))(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its r	evenue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footn	note to the organizati	on's financial stateme	ents that describ	es the	
	organization's accounting for conservation easements.					
Pai	rt III Organizations Maintaining Collections of	f Art, Historical	Treasures, or Ot	her Similar <i>P</i>	Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement a	nd balance shee	t works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educa	ition, or research in fu	rtherance of pub	olic	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	describes these item	S.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and b	palance sheet wo	orks of	
	art, historical treasures, or other similar assets held for public	exhibition, educatio	n, or research in furth	erance of public	service,	
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
					153	604.
2	If the organization received or held works of art, historical treatments					
	the following amounts required to be reported under FASB A			- •		
а	Revenue included on Form 990, Part VIII, line 1			\$_		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions				hedule D (Form	990) 2023

Scne Pa i	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)											
3	Using the organization's acquisition, accession								COILLII	<u>1eu)</u>		
3	collection items (check all that apply).	on, and other records	, crieck arry	Of the it	Jilowing that	make s	igi iii cai it t	ase or its				
а	Public exhibition	d	Loar	n or exch	nange progra	am						
b	Scholarly research	e			ATUES :		ARDENS	5				
c	Preservation for future generations	Ü										
4	Provide a description of the organization's co	llections and explain	how they fu	ırther the	e organizatio	n's exer	not purpo:	se in Part	XIII.			
5	During the year, did the organization solicit or							oo iirr art	,			
•	to be sold to raise funds rather than to be ma		•		•				Yes	X No		
Par	t IV Escrow and Custodial Arrang											
	reported an amount on Form 990, Par		3				,	,	,			
1a	Is the organization an agent, trustee, custodia	an, or other intermedi	ary for cont	ributions	s or other as	sets not	included					
	on Form 990, Part X?								Yes	☐ No		
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:											
			Amount									
С	Beginning balance	. 1c										
d	Additions during the year						. 1d					
	Distributions during the year											
f	Ending balance						. 1f					
2a	Did the organization include an amount on Fo								Yes	O 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.											
Pai	t V Endowment Funds Complete if								1			
		(a) Current year	(b) Prior		(c) Two year		(d) Three y		<u> </u>	years back		
1a	Beginning of year balance 18,535,640. 18,535,640. 17,15											
b												
С	Net investment earnings, gains, and losses	741,066.			3,685	5,893.		44,960.				
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	741,066.			3,685	5,893.		44,930.				
f	Administrative expenses			_								
g	End of year balance	18,535,640.		640.		640.	18,5	35,670.	17,3	150,000.		
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, co	lumn (a))	held as:							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment 98.3820	%										
С	Term endowment1.6190	· -										
_	The percentages on lines 2a, 2b, and 2c shou	•										
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are	held an	d administer	ed for th	ie		Г	Yes No		
	organization by:									X		
									3a(i)	X		
	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organizations.								3a(ii)			
D 4	Describe in Part XIII the intended uses of the								3b			
Par	t VI Land, Buildings, and Equipm		ment iunus	·.								
	Complete if the organization answered		Part IV. line	e 11a. Se	ee Form 990	Part X	line 10.					
	Description of property	(a) Cost or ot			or other		ccumulate	24	(d) Book	value		
	bescription of property	basis (investm		basis (preciation		(u) DOOK	value		
	Land	<u> </u>		`	6,105.				286	,105.		
	Buildings	I			0,636.	1.	022,1	29.		,122.		
c	Leasehold improvements			,	,		,		,	<u>, === = :</u>		
d	Equipment			74	6,689.		345,5	08.	396	,706.		
	Other				4,280.		71,9			,159.		
	. Add lines 1a through 1e. (Column (d) must ea		line 10c							,092.		

Schedule D (Form 990) 2023

16-1388835 Page 3

	5 000 B 1 B 1 B 1	141 O 5 000 B 1 V II 10	
Complete if the organization answered "Yes"			d of voor morket volve
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
) Financial derivatives			
) Closely held equity interests) Other			
(A)			
• •			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	u-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1)			(2) 20011 141410
(2)			
(2)			
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities Complete if the organization answered "Yes" (column (b) must equal Form 990)			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X			i. (b) Book value
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities Complete if the organization answered "Yes" (column (b) must equal Form 990)			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, cole eart X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, column to the complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, cole eart X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			

332053 09-28-23

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

,0110	110ddio D (1 01111 000) 2020 == 0 0111 = 011					, age			
Pai	art XI Reconciliation of Revenue per A	·							
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audit	ed financial statements		1	2,956,	164.			
2	Amounts included on line 1 but not on Form 990	, Part VIII, line 12:							
а	a Net unrealized gains (losses) on investments	2a	-604,041.						
b	b Donated services and use of facilities	1,038.							
С									
d		Recoveries of prior year grants 2c 2d 2d							
е		2e	-603,						
3	Subtract line 2e from line 1			3	3,559,	167.			
4									
а	a Investment expenses not included on Form 990,	Part VIII, line 7b 4a							
b	b Other (Describe in Part XIII.)	4b							
С	c Add lines 4a and 4b		4c		0.				
5	Total revenue. Add lines 3 and 4c. (This must equ	5	3,559,	167.					
Pa	art XII Reconciliation of Expenses per	Audited Financial Statements W	ith Expenses per R	eturn	1				
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial s		1	1,932,	<u>478.</u>				
2	Amounts included on line 1 but not on Form 990	, Part IX, line 25:							
а	a Donated services and use of facilities	2a							
b	b Prior year adjustments								
С	c Other losses	2c							
d	d Other (Describe in Part XIII.)	2d							
е	e Add lines 2a through 2d			2e		<u> </u>			
3	Subtract line 2e from line 1			3	1,932,	<u>478.</u>			
4	Amounts included on Form 990, Part IX, line 25,	but not on line 1:							
а	a Investment expenses not included on Form 990,	Part VIII, line 7b 4a							
b	b Other (Describe in Part XIII.)	4b							
С	c Add lines 4a and 4b			4c		0.			
5	Total expenses, Add lines 3 and 4c. (This must a	aual Form 990 Part I line 18)		5	1,932,	478.			

Part XIII Supplemental Information

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

PART III, LINE 4

AS STATED IN PART III, LINE 4A-FIRST ACCOMPLISHMENT, A MAIN FOUNDING PURPOSE WAS TO CREATE AN ENVIRONMENT OF PEACE AND SPIRITUAL AND EMOTIONAL BEAUTY FOR BOTH THE ANIMALS AND THEIR VISITORS. OVER THE 30 YEARS OF OUR EXISTENCE, MANY POSTERS, PRINTS, WATERCOLORS, OILS, CARVINGS, STATUES, AND PIECES OF ABSTRACT ART HAVE BEEN DONATED TO US. SOME, LIKE ST. FRANCIS, ARE OF A SPIRITUAL NATURE, BUT MOST INVOLVE ANIMALS OR HUMAN-ANIMAL RELATIONSHIPS. THESE ARE ARRANGED AND DISPLAYED IN PUBLIC AREAS - OUR MAIN HALL AND ANIMAL ROOMS - OUR LEARNING CENTER AND LIBRARY - PLACES WHERE WORKSHOPS, CLINICS, AND LECTURES ARE HELD, WHERE EMPLOYEES AND VOLUNTEERS TOIL, AND WHERE VISITORS COME FOR PEACEFUL INTERLUDES WITH ANIMALS OR JUST TO ENJOY THE SURROUNDINGS AND MEDITATE. AN ARRAY OF DONATED GARDEN ART IS

16-138883<u>5 Page 5</u> **EDUCATION SANCTUARY** Schedule D (Form 990) 2023 Part XIII | Supplemental Information (continued) DISPLAYED IN THE TWO ACRES OF GARDENS SURROUNDING THE MAIN BUILDINGS. SO THAT, WHETHER INDOORS OR OUT, OUR MORE THAN 3000 ANNUAL VISITORS ARE PROVIDED THE TRANQUIL, PEACEFUL, AND SPIRITUALLY BEAUTIFUL ATMOSPHERE THAT WAS ONE OF OUR INITIALLY DESIRED GOALS. EVEN DELIVERY PEOPLE AND PEOPLE FROM THE COMMUNITY HAVE TOLD US OF HOW UPLIFTING IT IS TO DELIVER TO SPRING FARM OR TO JUST DRIVE BY. PART V, LINE 4 THE EARNINGS FROM THE ENDOWMENT ARE USED TO FUND THE PROGRAMS OF THE ORGANIZATION. PART X, LINE 2: THE ORGANIZATION IS A NEW YORK NOT-FOR-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES AS AN ORGANIZATION QUALIFIED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION HAS ALSO BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION. AS OF DECEMBER 31, 2023 AND 2022, THE ORGANIZATION DID NOT HAVE ANY UNRECOGNIZED TAX BENEFITS OR ANY RELATED ACCRUED INTEREST OR PENALTIES. IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE ANY INTEREST AND PENALTIES AS EXPENSES. THE TAX YEARS OPEN TO EXAMINATION BY FEDERAL AND NEW YORK STATE TAXING AUTHORITIES ARE 2020 THROUGH 2023.

Schedule D (Form 990) 2023

SCHEDULE (Form 990)

Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

N X

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Open to Public OMB No. 1545-0047

Employer identification number 16 - 1388835Inspection Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Go to www.irs.gov/Form990 for the latest information. SPRING FARM CENTER ALTERNATIVE RESEARCH EDUCATION SANCTUARY General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Internal Revenue Service Part I

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if addition	ed if additional space is needed.	ed.		5000	, C,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (ff applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SAVANNAH PIG RESCUE 2415 ROUTE 89 SAVANNAH, NY 13146	82-2037843		5,000.	.0			ANNUAL GIVING
CLINTON FIRE DEPARTMENT EAST CLINTON STATE FIREHOUSE LANE CLINTON CORNERS, NY 12514	14-1649284		300°	.0			ANNUAL GIVING
2 Enter total number of section 501 (c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	nd government org	ions	listed in the line 1 table				
٩	e Instructions for	Form 990.					Schedule I (Form 990) 2023

332101 11-01-23 ΓHΑ

Schedule I (Form 990) 2023 EDUCATION SANCTUARY Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

16 - 1388835

ion (f) Description of noncash assistance other)								Schedule I (Form 990) 2023
(e) Method of valuation (book, FMV, appraisal, other)			ditional information.					
(d) Amount of non- cash assistance			ι (b); and any other ac					
(c) Amount of cash grant			ine 2; Part III, columr					
(b) Number of recipients			uired in Part I, I					
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					332102 11-01-23

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

SPRING FARM CENTER ALTERNATIVE RESEARCH

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

Name of the organization SPRIN	G FA	RM CENTE	R A	LTE	RNATIVE RES	SEARCH			rident		on nu	mber
		SANCTUA					_		888	35		
Part I Excess Benefit Tra	nsacti	ons (section 5	01(c)(3), secti	on 501(c)(4), and sec	ction 501(c)(29) organ	nizatio	ns on	ly)			
Complete if the organization	ion ansv	vered "Yes" on I	orm 9	90, Pa	urt IV, line 25a or 25b	; or Form 990-EZ, Pa	ırt V, I	ine 40	b.			
1 (b) Relationship between disqualified				ified	(c) Description of transaction				(d) Corrected			
(a) Name of disqualified person	person and organization			(0	Description of trans	sactic	on		Y	es	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
2 Enter the amount of tax incurred section 49583 Enter the amount of tax, if any, o					•							
Part II Loans to and/or Fr	om Int	arastad Dare	eone									
				==	D 11/1 00 1	- 000 5 1 11 1						
Complete if the organiza					Part V, line 38a, or I	-orm 990, Part IV, lin	e 26;	or if th	ne orga	anızatı	on	
reported an amount on F		i	_	2. oan to or	() Outsined	(0.5.)		N 1	(h) An	nroved	<i>(</i> 2) 14	/:
	ationship anization			n the	(e) Original principal amount	(f) Balance due) In ault?	(i) Wi		vritteri ement?	
with org	amzation	Orioari		ization?	principal amount	-		1	comm		_	Т
			To	From			Yes	No	Yes	No	Yes	No
(1)												-
(2)												
(3)												-
(4)												
(5)												
(6)												-
_(7)												
(8)												
(9)												
(10)												
Total			<u></u>		\$							
Part III Grants or Assistan		_										
Complete if the organiza	ion ansv	vered "Yes" on I	orm 9	990, Pa	rt IV, line 27.							
(a) Name of interested person (b) Relationship interested pers the organiza		rson and		(c) Amount of assistance	(d) Type assistand				e) Purpose of assistance		f	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
								$\neg \uparrow$				
(8)												

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

Schedule L (Form 990) 2023

(9)

(a) Name of interested person	vered "Yes" on Form 990, Part IV, line 28a, 28		(-N.D. : :: -	(e) Sha	ring of
	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
		101 100		Yes	No
(1)MARGARET BROWN	SECRETARY	101,400.	MARGARET BR		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
(10)					
Part V Supplemental Information	n		•		
Provide additional information for	responses to questions on Schedule L. See in	nstructions.			
SCH L, PART IV, BUSINES:	S TRANSACTIONS INVOLVING	G INTERESTI	ED PERSONS:		
(A) NAME OF PERSON: MARC	GARET BROWN				
(D) DESCRIPTION OF TRANS					
(D) DESCRIPTION OF TRANS	SACTION: MARGARET BROWN	S BUSINESS	5 FULFILLS		
COMPUDAL EDULED DIMERCE	FOR MILE ORGANITATION				
COMPTROLLERSHIP DUTIES 1	FOR THE ORGANIZATION.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization SPRING FARM CENTER ALTERNATIVE RESEARCH **EDUCATION SANCTUARY**

Employer identification number 16-1388835

Par	rtI Type	es of Property							
			(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		-	,
1	Art Works	of art		Items contributed	r om ood, r art viii, iine 1g				
2		al treasures							
3		nal interests							
4		ublications							
5		household goods							
6		ner vehicles							
7		anes							
8		roperty							
9		Publicly traded	Х	2,300	278 438.	FAIR MARKET	VATI	IF.	
10		Closely held stock		2,300	27071301		V1111C		
11		Partnership, LLC, or							
		S							
12		/liscellaneous							
13	Qualified cor	nservation contribution -							
	Historic struc								
14		nservation contribution - Other							
15		Residential							
16		Commercial							
17		Other							
18									
19		ory							
20		nedical supplies							
21									
22		ifacts							
23		ecimens							
24		al artifacts DONATED GOODS)	X	0	20 759	PURCHASE PR	TCE / 1	סטי	
25	_	•		0	20,730.	FUNCTIASE FR.	101/1	LIII	. 1 1
26 27)							
28	Other ()							
29	,	orms 8283 received by the organiz	zation during	the tay year for co	ontributions				
23		e organization completed Form 82	•	•					
		o organization completes i com ez	oo,. a, _				Y	es	No
30a	During the ve	ear, did the organization receive by	v contributio	n anv property rep	orted in Part I. lines 1 throug	ıh 28. that it			
		r at least 3 years from the date of							
		oses for the entire holding period?					30a	П	Х
b		cribe the arrangement in Part II.							
31		janization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31		Х
32a	Does the org	janization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			\Box	
	contributions	s?					32a		Х
b	If "Yes," desc	cribe in Part II.							
33	If the organiz	zation didn't report an amount in c	olumn (c) fo	a type of property	for which column (a) is chec	cked,			
	describe in P	Part II.							

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

Schedule M (Form 990) 2023

${\tt SPRING} \ {\tt FARM} \ {\tt CENTER} \ {\tt ALTERNATIVE} \ {\tt RESEARCH}$

Schedule M	(Form 990) 2023	EDUCATION	SANCTUARY	16-1388835	Page 2
Part II	Supplementa	I Information. Pr	ovide the information required by Part I, lines 30b, 32b, and umber of contributions, the number of items received, or a co	33, and whether the organizati	ion
	is reporting in Par	t I, column (b), the nu dditional information.	imber of contributions, the number of items received, or a co	ombination of both. Also compl	lete
	this part for any a				

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SPRING FARM CENTER ALTERNATIVE RESEARCH EDUCATION SANCTUARY

Employer identification number 16-1388835

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO SHELTER VARIOUS ANIMALS, TO UTILIZE AND TO STUDY ALTERNATIVE WAYS OF
CARING FOR, HEALING, AND LOVINGLY CO-EXISTING WITH ANIMALS, TO EDUCATE
THE PUBLIC AS TO THESE METHODS, AND TO SHARE OUR FINDINGS WITH A
READERSHIP.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SPRING FARM CARES ACCOMPLISHED WHAT WAS A LARGE PART OF THE ORIGINAL
INTENT: THAT WAS TO CREATE IN SPRING FARM CARES A PLACE OF PEACE,
EMOTIONAL AND SPIRITUAL RETREAT, LOVING INTERACTION BETWEEN BOTH THE
ANIMALS THAT ARE SHELTERED HERE AND THE PEOPLE WHO VISIT OR ARE
OTHERWISE IN CONTACT, AS WELL AS THE PROTECTION OF AND CONNECTION WITH
NATURE, AND EDUCATION REGARDING BOTH DOMESTIC AND WILD ANIMALS AND
NATURE.
THIS PEACEFUL, HEALING, AND EDUCATIONAL CONNECTION HAS BEEN
ACCOMPLISHED BY:
TOURS OF OUR SMALL AND LARGE ANIMAL SANCTUARY AND TOURS OF OUR 250-ACRE
NATURE SANCTUARY THAT WELCOME ABOUT 850 TOUR VISITORS PER ANNUM IN THE
DOMESTIC ANIMAL SANCTUARY AND ABOUT 500 A YEAR IN THE NATURE SANCTUARY.
THE DOMESTIC ANIMAL FACILITY IS OPEN TO VISITORS FROM 10AM TO 4PM, 365
DAYS A YEAR. THE NATURE SANCTUARY IS AVAILABLE BY APPOINTMENT.

ANIMAL COMMUNICATION WORKSHOPS 5 OR 6 TIMES A YEAR THAT WELCOME TO THE

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization SPRING FARM CENTER ALTERNATIVE RESEARCH EDUCATION SANCTUARY

Employer identification number 16-1388835

FARM INTERACTIVE GROUPS OF ABOUT 15 STUDENTS EACH WORKSHOP WHO LEARN
HOW TO DIRECTLY COMMUNICATE TELEPATHICALLY WITH ANIMALS. ZOOM CLASSES
ARE GIVEN IN WINTER MONTHS.

OUR WEBSITE AND SOCIAL MEDIA PAGES THAT INCLUDE STORIES AND UPLIFTING

MESSAGES ABOUT AND FROM THE ANIMALS AND REACH OVER 75,000 READERS. OUR

TRI-ANNUAL NEWSLETTER THAT REACHES ABOUT 15,000 READERS AND OUR

RECENTLY INAUGURATED BI-MONTHLY WEBSITE REPORT FROM THE ANIMALS WHICH

IS GAINING IN POPULARITY.

OUR DOMESTIC ANIMAL FACILITIES THAT ARE LOCATED ON 50 ACRES OF BUCOLIC

PASTURES AND PADDOCKS AND IMMEDIATELY SURROUNDED BY 2 ACRES OF

FLORAL-AND-TREED GARDENS CONTAINING MARVELOUS DONATED GARDEN STATUARY,

ARTISTIC CREATIONS, AND SITTING AREAS. ALL THOSE ARRIVING AT THE FARM

GET TO APPRECIATE THE BEAUTY, WHILE MANY BRING THEIR CHILDREN TO ENJOY

THE GARDENS AND OTHERS WHO COME JUST TO SIT AND READ OR MEDITATE.

THE LOVING COMPANIONSHIP THAT IS PROVIDED BY OUR ANIMALS TO THOSE IN

EMOTIONAL NEED, INCLUDING ELDERLY AND LONELY FOLKS WHO REGULARLY COME

TO OUR SMALL ANIMAL FACILITY TO SIT WITH THE ANIMALS AND PET THEM OR

READ, AND OUR PURRFECT READERS PROGRAM, WHERE CHILDREN SIT AND READ OUT

LOUD TO A NON-JUDGMENTAL AUDIENCE OF CATS. THIS IS IMMENSELY HELPFUL IN

INCREASING THE READING SKILLS OF CHILDREN WITH READING PROBLEMS.

100-200 CHILDREN (FEWER DURING COVID) USE THE PROGRAM YEARLY.

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

OUR DOMESTIC ANIMAL SANCTUARY IS HOME TO 225-250 ANIMALS, THE NUMBER FLUCTUATING DEPENDING ON CIRCUMSTANCES. THESE CURRENTLY INCLUDE CATS,

RABBITS, GUINEA PIGS, VARIOUS EXOTIC BIRDS, TURTLES, HORSES, DONKEYS,
GOATS, SHEEP, PIGS, AND VARIOUS KINDS OF POULTRY. MANY OF OUR ANIMALS
HAVE SPECIAL NEEDS OR ARE OF ADVANCED AGE, AND SO ARE UNADOPTABLE. WE
PROVIDE A LIFETIME HOME FOR THEM ALL, AND THEY THEN SHARE THEIR HEARTS,
WISDOM, AND HEALING COMPANIONSHIP WITH THOSE WHO VISIT THEM IN PERSON
OR VIRTUALLY. WE ALSO MAINTAIN A RESOURCE CENTER TO AID THOSE WITH
ANIMAL PROBLEMS. WE FIELD MORE THAN 10,000 PHONE CALLS, EMAILS, REGULAR
MAIL, WEB, AND IN-PERSON PLEAS FOR HELP AND GUIDANCE EACH YEAR,
ASSISTING AT LEAST 10,000 ANIMALS IN THE PROCESS.

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

TO OUR 250-ACRE NATURE SANCTUARY WITH ITS FEW OLD-GROWTH STANDS, WE HAVE INTRODUCED MANY THOUSANDS OF TREES, SHRUBS, FLOWERS AND PLANTS THAT WERE FORMERLY INDIGENOUS BUT WERE FARMED-OUT OVER THE LAST TWO CENTURIES. THIS HAS RE-ESTABLISHED HABITAT FOR AND ATTRACTED BACK AN AMAZING VARIETY OF LIVING THINGS THAT WERE ALSO ONCE NATIVE TO THIS PLACE. WE CURRENTLY DOCUMENT OVER 45 SPECIES OF MAMMALS, 190 SPECIES OF BIRDS, 60 SPECIES OF BUTTERFLIES, THOUSANDS OF SPECIES OF INSECTS, AND 10 SPECIES OF FISH AND AMPHIBIANS. MANY ARE RARE SPECIES. THE HEART OF THE SANCTUARY, AND AN ATTRACTION TO AN AMAZING NUMBER OF SURPRISE NEW SPECIES, IS THE EVER-GROWING WETLAND CREATED AND MAINTAINED BY OUR ENDLESSLY INDUSTRIOUS BEAVERS, WHO LABOR AND STAY WITH US FOR HANDOUTS OF APPLES AND SWEET POTATOES. ABOUT 500 PEOPLE VISIT EACH YEAR FOR EDUCATIONAL PRESENTATIONS, AND FOR GUIDED TOURS ON OUR 5 MILES OF TRAILS. OUR DIRECTOR OF CONSERVATION ALSO REGULARLY GIVES EDUCATIONAL PRESENTATIONS TO CLUBS, SCHOOLS, AND VARIED AUDIENCES THROUGHOUT A WIDE AREA, REACHING OVER 1,000 PEOPLE ANNUALLY, ADDITIONALLY, THE NATURE

Schedule O (Form 990) 2023 Page **2**

Name of the organization SPRING FARM CENTER ALTERNATIVE RESEARCH EDUCATION SANCTUARY

Employer identification number 16-1388835

SANCTUARY SHARES OUR WEBSITE AND HAS A SEPARATE FACEBOOK PAGE. VIDEO

PRESENTATIONS OF THE VARIOUS ASPECTS OF THE SANCTUARY ARE PRESENTED ON

THAT SITE, AND SPREAD VIA SOCIAL MEDIA, WITH OVER 30,000 VISITS PER

YEAR.

FORM 990, PART VI, SECTION A, LINE 2:

DENNIS HAYMAN, BOARD MEMBER, IS THE FATHER OF DAWN HAYMAN, VICE PRESIDENT.

MARGOT UNKEL, TREASURER, IS MARRIED TO DAWN HAYMAN, VICE PRESIDENT.

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

A COPY OF THE 990 WILL BE PROVIDED TO EACH BOARD MEMBER BEFORE SUBMISSION.

THE PRESIDENT, VICE-PRESIDENT, AND TREASURER ARE INTIMATELY INVOLVED BOTH

IN PREPARING AND REVIEWING THE 990. THE PRESIDENT AND TREASURER CLOSELY

MONITOR THE BOOKKEEPER THROUGHOUT EACH YEAR, REVIEWING BOOKKEEPING ENTRIES

ON A REGULAR BASIS SEEING THAT ALL IS ENTERED CORRECTLY.

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

ALL BOARD MEMBERS RENEW THEIR CONFLICT OF INTEREST DECLARATIONS ANNUALLY.

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

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

OFFICER'S COMPENSATION IS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

OFFICER'S COMPENSATION IS DETERMINED AND APPROVED BY THE BOARD OF

DIRECTORS.

Schedule O (Form 990) 2023	Page 2
Name of the organization SPRING FARM CENTER ALTERNATIVE RESEARCH EDUCATION SANCTUARY	Employer identification number 16-1388835
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON F	REQUEST. FINANCIAL
STATEMENTS ARE AVAILABLE ON ORGANIZATIONS WEB SITE.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electro	nic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to f	ile any o	f the forms		
listed be	elow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit Ce	ontracts	. An extens	ion	
request	for Form 8870 must be sent to the IRS in a paper format (see instrud	ctions). For more details on the elect	ronic fili	ng of Form		
8868, v	sit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.					
Caution	: If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE aı	nd Form 88	79-TE for payment	
instruct	ons.						
All corp	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMI	Cs, and trus	sts	
must us	e Form 7004 to request an extension of time to file incom-	e tax returi	ns.				
Part I -	Identification						
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpay	er identifica	ation number (TIN)	
Print	SPRING FARM CENTER ALTERNAT	'IVE R	ESEARCH				
	EDUCATION SANCTUARY		16-1	L388835			
File by the due date for		ee instruct	ions.				
filing your return. See	3364 ROUTE 12						
instruction		reign addr	ess, see instructions.				
	CLINTON, NY 13323	-					
Enter th	e Return Code for the return that this application is for (file	a separat	e application for each return)			01	
Applica	tion Is For	Return	Application Is For			Return	
• •		Code				Code	
Form 99	90 or Form 990-EZ	01	Form 4720 (other than individual)			09	
	'20 (individual)	03	Form 5227			10	
Form 99	•	04	Form 6069	11			
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12			
Form 990-T (trust other than above) 06 Form 5330 (individual)					13		
Form 990-T (corporation) 07 Form 5330 (other than individual)						14	
Form 1041-A 08							
	you enter your Return Code, complete either Part II or Par	t III. Part III	l. including signature, is applicable o	nly for a	n extensior	n of	
	file Form 5330.		,	,			
	application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.				
	an Name		3				
	an Number						
	an Year Ending (MM/DD/YYYY)						
	Automatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)				
	pooks are in the care of SPRING FARM CTR A			CATI	ON SAI	NCTUARY	
	3364 ROUTE 12 - C						
Telei	phone No. 315-737-9339		Fax No.				
	organization does not have an office or place of business	in the Uni				· 🗆	
	s is for a Group Return, enter the organization's four-digit (
box	. If it is for part of the group, check this box	_	ch a list with the names and TINs of				
1 li	request an automatic 6-month extension of time until						
	e organization named above. The extension is for the organization						
X	_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
		. 20	, and ending			, 20	
		,	, and snamy		•	,	
2 If	the tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final ret	urn		
Ē	Change in accounting period	nook rease	milar rotani	i iiidi iot	um		
3a If	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	tentative tax less		T		
any nonrefundable credits. See instructions.						0.	
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and	38	1 \$		
	stimated tax payments made. Include any prior year overp	•		38	\$ \$	0.	
_	alance due. Subtract line 3b from line 3a. Include your pa			- J.	, v		
	sing FFTPS (Flectronic Federal Tax Payment System). See	•		30	. 6	0.	