

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2009**

Open to Public Inspection

**A** For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Termination
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**QUANTUM LEAP FARM, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**10504 WOODSTOCK ROAD**

City or town, state or country, and ZIP + 4  
**ODESSA FL 33556**

**D** Employer identification number  
**59-3469464**

**E** Telephone number  
**323-687-9579**

**G** Gross receipts \$ **795,439**

**F** Name and address of principal officer:

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No

If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: N/A

**H(c)** Group exemption number ▶

**K** Type of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2000 **M** State of legal domicile: FL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>		
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>7</b>		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1000</b>		
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>			
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	557,123	Current Year	732,812
	<b>9</b> Program service revenue (Part VIII, line 2g)		109,969		59,150
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		920		3,477
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		668,012		795,439
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)				
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)				
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		171,420		323,024
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)				
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>46,310</u>				
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		369,021		386,848	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		540,441		709,872	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		127,571		85,567	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	548,579	End of Year	620,725
	<b>21</b> Total liabilities (Part X, line 26)		19,659		6,238
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		528,920		614,487

**Part II Signature Block**

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

Sign Here

*Lisa Reedy* Signature of officer 8-6-10 Date

Lisa Reedy, CFO Type or print name and title

Paid Preparer's Use Only

Preparer's signature *Leonard D. Marsocci* Date 08/03/10 Check if self-employed  Preparer's identifying number (see instructions) P00870277

Firm's name (or yours if self-employed), address, and ZIP + 4 LEONARD D. MARSOCCI, CPA, PA EIN ▶ 59-2852299

3815 WEST HUMPHREY STREET, SUITE 101 Phone no. ▶ 813-932-2116

TAMPA, FL 33614

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