CLIFTONLARSONALLEN LLP 2523 US HIGHWAY 27 S SEBRING, FL 33870-4926

> QUANTUM LEAP FARM, INC 10401 WOODSTOCK ROAD ODESSA, FL 33556

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CLIENT'S COPY



QUANTUM LEAP FARM, INC 10401 WOODSTOCK ROAD ODESSA, FL 33556

QUANTUM LEAP FARM, INC:

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

# FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. PLEASE RETURN FORM 8879-EO TO US AS SOON AS POSSIBLE, BUT NO LATER THAN BY MAY 16, 2022 THE FILING DEADLINE.

IN ADDITION, TAX-EXEMPT ORGANIZATIONS MUST MAKE AVAILABLE FOR PUBLIC INSPECTION A COPY OF THEIR ANNUAL RETURNS FOR THE PRECEDING THREE YEARS AND EXEMPTION APPLICATION, IF APPLICABLE. AN ORGANIZATION GENERALLY MUST FURNISH FILINGS TO ANYONE WHO REQUESTS THEM IN PERSON OR IN WRITING. AN EXEMPT ORGANIZATION MAY MEET THIS REQUIREMENT BY POSTING ALL THE DOCUMENTS ON ITS WEBSITE OR AT ANOTHER ORGANIZATIONS SITE AS PART OF A DATABASE OF SIMILAR MATERIALS. SPECIFIC REQUIREMENTS MUST BE MET TO MEET THIS EXCEPTION.

# A FEW FINAL REMINDERS RELATING TO YOUR TAX RETURN FILINGS:

- THERE ARE SUBSTANTIAL PENALTIES FOR FAILURE TO PROPERLY DISCLOSE AND REPORT FOREIGN FINANCIAL ACCOUNTS AND FOREIGN ACTIVITY. PLEASE MAKE SURE YOU HAVE INFORMED US OF ANY FOREIGN FINANCIAL ACCOUNTS OR FOREIGN ACTIVITY SO THAT WE HAVE THE NECESSARY INFORMATION TO COMPLETE ANY REQUIRED DISCLOSURES OR FILINGS.
- BE SURE TO REVIEW THE RETURNS PRIOR TO SIGNING AS YOU HAVE FINAL RESPONSIBILITY FOR ALL INFORMATION INCLUDED IN THE RETURNS. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS OR CONCERNS.
- WE RECOMMEND YOU KEEP A PAPER OR ELECTRONIC COPY OF YOUR TAX RETURNS PERMANENTLY. SUPPORTING DOCUMENTATION SHOULD BE KEPT FOR A MINIMUM OF SEVEN YEARS BASED ON IRS GUIDANCE.

CLA EXISTS TO CREATE OPPORTUNITIES – FOR OUR CLIENTS, OUR PEOPLE, AND OUR COMMUNITIES. WE VALUE OUR RELATIONSHIP WITH YOU AND THANK YOU FOR YOUR TRUST AND CONFIDENCE IN ALLOWING US TO SERVE YOU. IF WE CAN ASSIST YOU IN MAKING STRATEGIC, INFORMED DECISIONS IN AREAS OF TAX OR BEYOND, PLEASE CONTACT US AS QUESTIONS ARISE THROUGHOUT THE YEAR.

SINCERELY,

## CLIFTONLARSONALLEN LLP



CliftonLarsonAllen LLP CLAconnect.com

# QUANTUM LEAP FARM, INC

# FORM 990 INCOME TAX RETURN

FOR YEAR ENDED JUNE 30, 2021

Ferm 8879-EO	IRS	e-file Signature A or an Exempt Org	Authorization		OMB No. 1545-0047
		year beginning JUL 1 ,2	•	»n21	0000
Department of the Treasury Internal Revenue Service	▶	Do not send to the IRS, Keep	for your records.	, 20 21 2	2020
Name of exempt organization		y		Taxpayer ide	ntification number
QUANTUM LEAP	FARM, INC			59-34	69464
Name and title of officer or pe	rson subject to tax				
LEE BEHENSKY					
EXECUTIVE DIR					
<b></b>		nformation (Whole Dollars			
check the box on line 1a, blank, then leave line 1b, 3	2a, 3a, 4a, 5a, 6a, or 7a b 2b, 3b, 4b, 5b, 6b, or 7b, v	this Form 8879-EO and enter the elow, and the amount on that lin whichever is applicable, blank (d o not complete more than one l	10 for the return being filed with 0 not enter -0-). But, if you enter	n this form wa	s
1a Form 990 check here		nue, if any (Form 990, Part VIII,			
2a Form 990-EZ check h		revenue, if any (Form 990-EZ, lir			
3a Form 1120-POL chec		otal tax (Form 1120-POL, line 22			
4a Form 990-PF check h		ased on investment income (F			
5a Form 8868 check her		ce due (Form 8868, line 3c)			
6a Form 990-T check he		tax (Form 990-T, Part III, line 4)			
7a Form 4720 check her	e <b>b</b> Total	tax (Form 4720, Part III, line 1) Authorization of Officer of	r Doroon Subject to Ta		
,	I declare that [X] I am	an officer of the above organizal	ion or I am a person su 		ith respect to at I have examined a copy
(name of organization)		nedules and statements, and, to			1,1
Agent to initiate an electro software for payment of the a payment, I must contact (settlement) date. I also au confidential information pay	nic funds withdrawal (dire le federal taxes owed on t the U.S. Treasury Financi thorize the financial institu coessary to answer inquirk ) as my signature for the e	any refund. If applicable, I authoric debit) entry to the financial in his return, and the financial insti- lat Agent at 1-888-353-4537 no l- utions involved in the processing es and resolve issues related to lectronic return and, if applicabl	stitution account indicated in t tution to debit the entry to this ater than 2 business days prior g of the electronic payment of t the payment. I have selected a	he tax prepara account. To r r to the payme axes to receiv personal	ation evoke nt e
X   authorize CL	IFTONLARSONAL	LEN LLP		to enter my	PIN 69464
		ERO firm name		-	Enter five numbers, but do not enter all zeros
a state agency(		stronically filed return. If I have in part of the IRS Fed/State progra reen.			
electronically fil	ed return. If I have indicate	respect to the organization, I w ad within this return that a copy /State program, I will enter my F	of the return is being filed with	a state agenc	y(ies)
	. /	T I		Date	05/16/2022
Signature of officer or person subjective of officer or person subjective of the subject of the	ation and Authentica	ation		Dale	
ERO's EFIN/PIN. Enter y					
number (EFIN) followed by			6057285590	2	
			Do not enter all zeros	5	
	eturn in accordance with I	ich is my signature on the 2020 the requirements of Pub. 4163,			
ERO's signature 🕨 KRIS	TINA HIMROD,	CPA	Date ► _ 05	/11/22	
		Must Retain This Form · t This Form to the IRS U		So	
			······································		7
LHA For Paperwork Re	duction Act Notice, see i	nstructions.			Form 8879-EO (2020)

023051 11-03-20

077-203622

(Rev. January 2020)

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

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.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the
forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit
Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic
filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

# Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	ridentificat	ion number (TIN)	
print	QUANTUM LEAP FARM, INC 59-34						
File by the due date filing your return. Se	Number, street, and room or suite no. If a P.O. box, so 10401 ארססקדיסרא אסס	ee instruct	ions.				
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. ODESSA, FL 33556							
Enter th	ne Return Code for the return that this application is for (file	e a separat	te application for each return)				
Applica	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)         06         Form 8870           LEE BEHENSKY         06         Form 8870						12	
Tele If the If the box 1 I the 2 If	request an automatic 6-month extension of time until he organization named above. The extension is for the orga ↓	in the Uni Group Exe and atta MAX anization's , an neck reaso	Fax No. ▶         ited States, check this box         mption Number (GEN)         ich a list with the names and TINs of         X 16, 2022         , to file         return for:         id ending       JUN 30, 2021         on:       Initial return	If this is fo all memb	r the whole ers the extension of the ext		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, ny nonrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less	3a	\$	0.	
-	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$				0.		
-	alance due. Subtract line 3b from line 3a. Include your pa						
u	sing EFTPS (Electronic Federal Tax Payment System). See	instructio	ins.	3c	\$	Ο.	
Cautio instruct	n: If you are going to make an electronic funds withdrawal itons. For Privacy Act and Paperwork Reduction Act Notice,			453-EO an		79-EO for payment 8868 (Rev. 1-2020)	

Form	990	
Form	MMII	

# **Return of Organization Exempt From Income Tax**

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.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
			g JUN 30, 2021	Inspection			
	heck if		D Employer identificati	on number			
<b>D</b> (	pplicab						
	Addr						
	Name		59-3469464				
	Initia						
	Final	10401 WOODSTOCK ROAD	813-920-92	50			
L	⊥returi termi ated		G Gross receipts \$	1,330,186.			
	Amer		H(a) Is this a group return				
	Appli dtion		for subordinates?				
L	pend	SAME AS C ABOVE	H(b) Are all subordinates include				
1 1	ax-ex	x = 1 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 +	] 527 If "No," attach a list.				
		ite: WWW.QUANTUMLEAPFARM.ORG	H(c) Group exemption nu				
			Year of formation: 2000 M St				
	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: WE CULT	IVATE HUMAN POTE	NTIAL AND			
Governance		IMPROVE QUALITY OF LIFE FOR INDIVIDUALS WITH	DISABILITIES.				
nar	2	Check this box F if the organization discontinued its operations or disposed of					
ver	3		3	20			
	4	Number of independent voting members of the governing body (Part VI, line 1b)		19			
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		18			
itie	6	Total number of volunteers (estimate if necessary)		296			
cti	7 a		7a	0.			
<	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.			
			Prior Year	Current Year			
đ	8	Contributions and grants (Part VIII, line 1h)	1,388,231.	1,185,495.			
nu	9	Program service revenue (Part VIII, line 2g)		79,449.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	614.	-6,974.			
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-80,516.	-30,085.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,227,885.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		764,856.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
be	b	Total fundraising expenses (Part IX, column (D), line 25)  195,183.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	513,896.	535,717.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,300,056.	1,300,573.			
	19	Revenue less expenses. Subtract line 18 from line 12	93,101.	-72,688.			
Net Assets or			Beginning of Current Year	End of Year			
ssets	20	Total assets (Part X, line 16)	1,122,694.	1,067,494.			
st As	21	Total liabilities (Part X, line 26)	340,347.	361,427.			
		Net assets or fund balances. Subtract line 21 from line 20	782,347.	706,067.			
I Pa	irt 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		Signature	of officer					Date		
Here		LEE I	BEHENSKY,	EXECUTIV	E DIRECTO	DR				
		Type or p	rint name and title							
	Prin	t/Type prep	arer's name		Preparer's signat	ure	Date	Check	PTIN	
Paid	KR:	ISTIN	A HIMROD,	CPA	KRISTINA	HIMROD,	CPA 05/11	/22 self-employed	P0154419	0
Preparer	Firm	n's name	► CLIFTON	LARSONALI	LEN LLP			Firm's EIN ▶ 41	-0746749	
Use Only	Firm	n's address	▶ 2523 US	HIGHWAY	27 S					
	SEBRING, FL 33870-4926 Phone no.863-385-1577									
May the II	RS di	scuss this	return with the pr	eparer shown ab	ove? See instructi	ons			X Yes	No
032001 12-2	132001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)									

Form	990 (2020) QUANTUM LEAP FARM, INC	59-3469464 Page
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: WE CULTIVATE HUMAN POTENTIAL AND IMPROVE QUALITY OF LIF	
	INDIVIDUALS WITH DISABILITIES, THROUGH EQUINE-ASSISTED	THERAPIES.
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	Yes X No
~	If "Yes," describe these new services on Schedule O.	? Yes X N
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.	?fes [A] N
4	Describe the organization's program service accomplishments for each of its three largest program services, a	• •
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$52,229. including grants of \$) (Rev	venue \$ 17,145.
	OCCUPATIONAL THERAPY INCLUDES OCCUPATIONAL, PHYSICAL OR	
	THERAPIES IN WHICH A LICENSED THERAPIST USES THE MOVEME	NT OF A HORSE
	FOR THERAPEUTIC PURPOSES, ALSO KNOWN AS HIPPOTHERAPY. F	OR PATIENTS
	RECOVERING FROM INJURY, OR HAVE A CHRONIC PHYSICAL DISA	BILITY,
	HIPPOTHERAPY IS AN EXCELLENT MODALITY FOR IMPROVING FUN	CTIONAL
	MOBILITY. SESSIONS ARE CONDUCTED MOUNTED OR ON THE GROU	ND. PATIENT AND
	THERAPIST DEVELOP GOALS AND TREATMENT PLANS FOR FUNCTION	NAL
	IMPROVEMENTS. GOALS DO NOT INVOLVE HORSEMANSHIP AND ARE	STRICTLY
	FOCUSED ON PHYSICAL IMPROVEMENTS IN BALANCE, PROPRIOCEP	TION, RANGE OF
	MOTION, POSTURAL CONTROL, MUSCULAR STRENGTH AND ENDURAN	CE, AND
	CARDIOVASCULAR FITNESS. PATIENTS ARE REFERRED BY THEIR	PHYSICIANS AND
	THERAPISTS.	
4b	(Code:) (Expenses \$131,720including grants of \$) (Rev	venue \$ 43,460.
	THERAPEUTIC RIDING IS AN EXCELLENT FORM OF EXERCISE THE	
	FUN, SAFE, CHALLENGING AND SOCIALLY REWARDING FOR PARTI	CIPANTS WITH
	PHYSICAL, EMOTIONAL OR COGNITIVE DISABILITIES. THE GOAL	S REVOLVE AROUND
	LEARNING HORSEMANSHIP, BASIC RIDING SKILLS AND MANY TIM	ES LEARNING A
	SPECIFIC RIDING DISCIPLINE SUCH AS DRESSAGE OR WESTERN	
	SPECIAL ATTENTION IS PAID TO FACILITATING IMPROVEMENTS	
	FITNESS, SELF-CONFIDENCE AND SOCIAL INTERACTION BASED O	N INDIVIDUAL'S
	NEEDS. OUR INSTRUCTORS ARE SPECIALLY TRAINED AND CERTIF	
	CLIENTS WITH A WIDE VARIETY OF PHYSICAL AND MENTAL DISA	
	SESSIONS ARE CONDUCTED IN OUR COVERED RIDING ARENA, PAS	
	PEN. PARTICIPANTS IN OUR THERAPEUTIC EQUINE PROGRAMS AR	
	OR ARE REFERRED BY A MEDICAL PROFESSIONAL.	
4c		renue \$ 18,844.
	OTHER PROGRAMS INCLUDE A MENTAL HEALTH PROGRAM, FAMILY	
	CERTIFICATION COURSES FOR MEDICAL OR MENTAL HEALTH PROF	-
	INTERNSHIPS FOR STUDENTS IN RELATED FIELDS. OUR MENTAL	
	FEATURES SPECIALLY DESIGNED ACTIVITIES WITH HORSES TO F	
	EMOTIONAL AND RELATIONAL GROWTH. THIS PROGRAM INCLUDES	
	FOR ISSUES RELATED TO SUBSTANCE ABUSE, TRAUMA RECOVERY	
	AND PERSONAL AND PROFESSIONAL GROWTH AND DEVELOPMENT. F	
	ARE HOSTED FOR DISCRETE POPULATIONS TO MAXIMIZE PEER-TO	
	POPULATIONS INCLUDE MILITARY, KIDS AND ADULTS WITH SPEC	
	PEDIATRIC CANCER PATIENTS, AND THEIR FAMILIES. ACTIVITI	
	PICNIC LUNCH, PONY RIDES, ARTS AND CRAFTS, AND VARIOUS	
	AND ACTIVITIES TO PROMOTE ENGAGEMENT WITH FRIENDS AND F	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 863,889.	
		Form <b>990</b> (202
3200	2 12-23-20	(
	•	

Form 990 (	2020	)

			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?	2	Х	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		v
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		- 23
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>⊢'</b> −		
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	Х	
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		X
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
Ŀ	Schedule D, Parts XI and XII	<u>12a</u>	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		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	12b 13		X
14a	Did the superior interiment of the superior of the little Olehard	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1-74		
~	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		X
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	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	Х	<u> </u>
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<u>.</u>		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	gan	X (2020)
132003	3 12-23-20	rorm	330	(2020)

032003 12-23-20

 Form 990 (2020)
 QUANTUM LEAP FARM, INC

 Part 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		<u> </u>
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%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see 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? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		- 23
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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
35a	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			
	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 in Schedule O for Part VI, lines 11b and 19?		77	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon in Somedule O contains a response of hote to any line in this Fart V		Vac	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       1o         Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0	-		
		1		
U	(gambling) winnings to prize winners?	1c		
032004	1 12-23-20		990	(2020)
	5			)

2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,     ted for the calendar year editig with or within the year covered by this return     18     4 If the calendar year editig with or within the year covered by this return     2a     18     4 If the calendar year editig with or within the year covered by this return     2a     4 A tary time during the 2a, did the organization file all required doral employment ta returns <sup>2</sup> 4a     4 Ary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a     4a     4 Ary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a     4a     4 Ary time during the calendar year, did the organization thave an interest in, or a signature or other machinat occurs,     5e, and     4 Ary time during the calendar year, did the organization thave an interest in, or a signature or other machinat occurs,     5e, and     4 Ary time during the calendar year, did the organization taw as in theorest in, or a signature or other mancial accounts (FBAR),     5e we not taxe during the organization tile form 8886 T7     5e Did any taxable party notify the organization tile form 8886 T7     5e Did any taxable appty notify the use or is a party to a prohibited tax sheller transaction?     5e     11 'Yes', to line 5a or 5b, did the organization tile thar enormally greater than \$100,000, and did the organization solit     any contributions that ary creacies deductible contributions or gifts     were not tax deductible?     7e Organization tax any time dular of the good or services provided to the save?     7e     17 'Yes' to line 3a or 5D, did the organization tax as a contribution and gartly for goods and services provided to the save?     7e     17 'Yes' to inde agent account tax during the year?     17 'Yes' to inde agent account tax during the year?     17 'Yes' to line argonization nave any taxine during the year?     17 'Yes', f	Form	990 (2020) QUANTUM LEAP FARM, INC 59-3469 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	464	Р	age <b>5</b>
2a         Eart the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,         2a         18           b         If at least one is reported on line 2a, did the organization file all required fedral employment tax returns?         2b         X           Mote: If the sum of lines 1 and 2a is grater than 250, you may be required to e-Ale (see instruction)         3a         X           b         The "to agrituation have emetate business groom of 51, 000 or moe during the series way, and the organization have on therest in, or a signature or other autoholy over, a financial account in a foreign country way.         3b         X           b         If "Yas, "that if ed a foreign country way.         The organization have on the set transaction and the set way?         3c         X           Se instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a         X           6a         X         4a         X         4a         X           b         If "Yas," indicate the organization in Berne more Way from 888617         5a         X         5b         X           7         Organization solicit         as a continuotion and sprase statement that such contributions orgins wave not tax docubles and solicita accountrib.         5a         X           7         Yas, 'idd the organization include with we vay solicitation an express statement that such contributions orginfactor metales and solicita a	1 0	Statements negaring other into rinings and rax compliance (continued)		V.	
Interference     18     18       In the set of the set reported on line 2 is, did the organization fiel all required feeral endproyment tax returns?     20       30     Did the organization have unreturned business grows income of \$10,000 on more during the year?     3a       34     Diff the organization have unreturned business grows income of \$10,000 or more during the year?     3a       35     Diff the organization have unreturned business grows income of \$10,000 or more during the year?     3a       36     Diff the organization have unreturned business grows income of \$10,000 or more during the search     3a       36     Diff the organization have unreturned the organization have an interest in or a signature or other authority ore; a     4a       37     More organization have unreturned the foreign country \$b     5a     X       38     Diff the organization have annet the foreign country \$b     5a     X       39     Diff the organization have annet grows country \$b     5a     X       30     Diff the organization have annet grows country \$b     5a     X       30     Diff the organization have annet grows country organization have annet annet grows country organization have annet have of the grows country organization have annet annet diff the organization have annet annetannet grows contrak deproved c	0-			Yes	NO
b       If a least one is monited on line 2a, did the organization file all required featured explored to ac-fie (see instructions)       2a       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       Thes, "That it liked a form 980-T for this year? If YNO' to line 2b, provide an explanation on Schedule O       3a       X         3b       If Yne," main tilled a form 980-T for the year?       Year       Year       Year       Year         3b       If Yne," main tilled a form 980-T for the year?       Year	2a	10			
Note:         If the sum of thes 1a and 2a is greater than 250 you may be required to e-fie (see instructions)         Image: Section 2000         Image: Section 20000         Image: Section 2000 <t< th=""><th></th><th>, , , , ,</th><th>01.</th><th>v</th><th></th></t<>		, , , , ,	01.	v	
3a       Diff the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         bill "Ves," has it field a Form 900 Tor this year? If "No" to <i>ine 3b, provide</i> an explanation or Schedule O       3b	b		20		
b       If Yes, * fast it lifed a Form 900-T for this yea?       Yino't ofine site, provide an explementor or other authority over, a       30         4       At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a       4s       X         b       If Yes,* enter the name of the foreign country (such as a bark account, securities account, or other financial accounts)?       4s       X         b       If Yes,* enter the name of the foreign country (such as a bark account are yrite during the tax year?       5s       X         5       Was the organization have normally greater than \$100,000, and did the organization have normal gross receipts that are or or a party to a prohibited tax shelter transaction?       5c       X         c       If Yes,* to the organization have normal gross receipts that are normally greater than \$100,000, and did the organization solid any contributions or gifts       5s       X         d       Desc the organization have a system in excess of \$15 made party as a contribution and party for goods and services provided to the payor?       7a       X         7       Organizations that may receive deductible contributions under section 170c).       7a       X       7a       X         1       If Yes,* (did the organization necked as of \$15 made party as a contribution and party for goods and services provided to the payor?       7a       X       X         1       Yes,* (noticate the number of	•		•		v
4a At any time during the calendary year, did the organization have an interest in, or a signature or other fanacial account!?       4a       X         b If "Yes," after the name of the foreign country ▶       5a       X         5a Was the organization aparty to a prohibited tax shellsr transaction at any time during the tax year?       5a       X         5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any too foreign Bank and Financial Accounts (FBAR).       5a       X         5b If "Yes," of the organization include with every solicitation an express statement that such contributions solid any contributions that were not tax deductible?       5a       X         7b Organization shat may receive deductible contributions under section 170(c).       7a       X       5a         7b If "Yes," did the organization indity the donor of the value of the organization solid any contributions that may receive deductible contributions under section 170(c).       7a       X         7b If "Yes," ididate the number of Forms 8282. Flip during the year       7d       7a       X         7c Did the organization necelve any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       X         7c If the organization necelve a contribution of qualified intelectual property, did the organization flip any flip display section 4000000000000000000000000000000000000					<u> </u>
Interactal account in a foreign country (such as a bank account, securities account, or other financial account)?     4a     X       b If 'Yes,' enter the name of the foreign country is provided for finder than a transmitter of the foreign country is a probabilite it as shells that the vas or is a party to a probabilite that was or is a party to a probabilite that was or is a party to a probability of the organization are annual gross received that a was or is a party to a probability of the organization are annual gross received that a was or is a party to a probability of the organization are approximately to a probability of the organization are approximately to a probability of the organization are approximately as a probability of the organization are approximately as a contribution and party for goods and services provided to the party?     5a     X       b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?     7a     X       b Did the organization notify the donor of the value of the goods or services provided?     7a     X       c If 'Yes,' did the organization notify the donor of the value of the goods or services provided?     7a     X       c If 'Yes,' did the organization are approximation as a parsonal benefit contract?     7a     X       c If 'Yes,' did the organization selves approximation selves approximation services approximation selves and contribution of cars, boats, airplanes, or other valvicels, did the organization file form 8898 as required?     7a     7a       b Did the organization neave and contribution of cars, boats, airplanes, or other valvices, did the organization file approximation neaveres to antibility of pore andives of thats? <td< th=""><th></th><th></th><th>30</th><th></th><th>├──</th></td<>			30		├──
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       X         b       Ud any taxable party notify the organization that it was on is a party to a prohibited tax shelter transaction?       5b       X         cline in the Garo 5B, doit the organization include with every soletation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       5c       X         dift the organization include with every soletation an express statement that such contributions or gifts were not tax deductible?       6a       X         0       Organization include with every soletation an express provided?       7a       X         10       If a magnitude party is a promine to excess of 355 made party as a contribution and party for goods and services provided to the party as a contribution and party for goods and services provided to the party as a contribution and party for goods and services provided?       7a       X         b       If a magnitude the angle interve in forms 8282 filed during the year       7d       7a       X         cline form 8262?       To       To       7a       X       7a       X         f       If the organization receive a party in the indicet, to a party in a prosonal benefit contract?       7c       X       X         f       If the organization receive a	4a				v
See instructions for time requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a       5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?     5a       5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b       6b Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization size annual gross receipts that are normally greater than \$100,000, and did the organization size annual gross receipts that are normally greater than \$100,000, and did the organization size annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       70     Organization setting approximation excite a party to a prohibite tax shelter transaction?     7a       80     Did the organization notify the donor of the value of the goods or services provided?     7a       74     T'es, 'did the organization outly, durating, or otherwise dispose of tangible personal property for which it was required?     7a       74     T'es, 'did the organization neever a contribution of cars, boats, airplanes, or other value/as, durating the prese?     7a       74     T     X       75     Sponsoring organization neever a contribution of cars, boats, airplanes, or other value/as, duration tar.     7a       74     If 'ese, 'indicate the number of Forms 8282 field during the year?     7a       76     Spo			4a		
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization file Form 8886-17.     5c     X       6a     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 contributions?     5c     X       7     Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and every solicitation and partly for goods and services provided to the part?     7a     X       7     Organization nective apyment in necess of \$75 made partly as a contribution and partly for goods and services provided?     7a     X       b     If "Yes," indicate the number of Forms 8282 filed during the year     Id     Id     7a     X       b     Did the organization receive any funds, directly or indirectly, on a personal benefit contract?     7t     X       f     If the organization maintaining donor advised funds.     Did donor advised funds.     Did     7a     X       g     If the organization maintaining donor advised funds.     Did donor advised funds.     Did     7a     X       g     Sponsoring organization maintaining donor advised funds.     Did     Did     Did     Did       g     Sponsoring organization maintaining donor advised funds.     Did	b				
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       ff "Yes" to line 5a or 5b, did the organization file Form 8886-17       5c       5c         B       Dest the organization new annual gross excepts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts       6a       X         b       If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts       6b       7a       X         b       If 'Yes,' did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization needve any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       Y       X         f       If the organization receive any funds, directly or indirectly, on a personal benefit contract?       7c       X         f       If the organization was exel as bolding at any time during the year?       7d       X         generatization receive a contribution of qauiiiified inteletual property, d	_		_		v
c       If "Yes" to line 5a or 5b, did the organization file Form 8886-T?       5c         Ga       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 chartable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6a       X         a       Ib the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         c       Did the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7a       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Id       7a       X         d       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization maintaining door advised funds.       Did doe organization file a Form 1980/C?       A         9					
Ge       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions motils as charitable contributions?       Ge       X         bit 1* Ves; ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and partly tor goods and services provided to the payor?       7a.       X         c Organizations that may receive deductible contributions under section 170(c).       Bit 1* Yes, ' did the organization netify the donor of the value of the goods or services provided?       7b.       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 3282?       7c.       X         e Did the organization receive any under, directly or indirectly, to pay premiums on a personal benefit contract?       7r.       X         f Did the organization receive a contribution of qualified intellecual property, did the organization file a Form 1088-C?       7t.       X         g If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Enter       7d.       X         g Sonosoring organization maintaining doorn advised funds.       1d a donor advised funds.       9a.         g Did the organization malke any taxable distributions under section 4966?       9a.         g Did the sponsoring organization malke any taxable distributions under sectin 4966?       9a.					
any contributions that were not tax deductible as charitable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts     6b       7     Organization resile apprent in excess of \$75 made party as a contribution and party for pools and services provided to the payra?     7a     X       a     If "Yes," did the organization resile apprent in excess of \$75 made party as a contribution and party for pools and services provided to the payra?     7a     X       c     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form \$282?     7c     X       d     If "Yes," indicate the number of Forms \$282 filed during the year     7d     7r     X       g     Did the organization receive any tunds, directly or indirectly, on a personal benefit contract?     7r     X       g     If the organization receive a contribution of cars, boats, ariphanes, or other vehicles, did the organization file Form 1098-C?     7a     7a       8     Sponsoring organization make any taxable distributions under section 4966?     9a     9a       9     Did the sponsoring organization make any taxable distributions or diver evhicles, did the organization file Form 8282     9a       9     Did the sponsoring organization make any distributions under section 4966?     9a       10     Id onthe sponsoring organization make any distributions under section 4966?			50		<u> </u>
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         C Organizations that may receive deductible contributions under section 170(c).       10 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       X         D if the organization sell, exchange, or therwise dispose of tangible personal property for which It was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 file during the year       7d       7e       X         D d the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f       Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8098 as required?       7h       X         f       If the organization meaker any taxable distributions under section 4966?       9a       9       9         9       Sonosoring organization make any taxable distributions or advised fund file person?       9a       9b       10       10a	6a		0.		v
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     6b       0     bit the organization neetive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor     7a     X       b     17 'Yes," did the organization neetive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7a     X       c     Did the organization neetive any funds, directly or indirectly, on approximation to a personal benefit contract?     7c     X       f     Ty'es," indicate the number of Forms 8282 filed during the year     7d     X     X       f     Did the organization received a contribution of qualified intellectual property, did the organization forms 8298 as required?     7ft     X       g     If the organization neceived a contribution of cars, bacts, aiprianes, or other vehicles, did the organization forms 8298 as required?     7ft     X       g     Sponsoring organization make any taxable distributions under section 4966?     9a     9a     9b       9     Did the sponsoring organization make any taxable distributions under section 4966?     9a     9b       10     Gross income from members or shareholders     10a     10a     10a       11     Baction 501(c)(7) organizations. Enter:     10a     10a     10a       12     Section 501(c)(2) qualified nentit		•	ъа		
7       Organizations that may receive deductible contributions under section 170(c).       a       b       b       b       b       b       b       b       b       b       b       b       b       b       b       a       b       b       b       c       b       c       b       c       b       c       b       c       b       c       b       c	D		<b>0</b> 1-		
a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If 'Yes," did the organization notify the donor of the value of the goods or services provided?       7d       7c       X         c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required       7d       7c       X         d If 'Yes," indicate the number of Forms 8282 field during the year       7d       7d       X         f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         g If the organization neceived a contribution of qualified intellectual property, did the organization for Berom 8998 as required?       7n       X         h If the organization neceived a contribution of carb, botas, inplanes, or other vehicles, did the organization fall       Form 8899 as required?       7n         sponsoring organization maintaining doonr advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution sunder section 4966?       9a       9a       9b       9a	-		00		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         f       Did the organization, during the year, pay preniums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization during the year, pay preniums, directly or indirectly on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       7n         Sponsoring organization make any taxable distributions under section 4966?       9a       9b       10a       10a			70	v	
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?       7f       X         8       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4968?       9a       9a <t< th=""><th></th><th></th><th></th><th></th><th><u> </u></th></t<>					<u> </u>
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7d       X         Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a         bid the sponsoring organization make any taxable distribution such advised funds.       9a       9a         10 did the sponsoring organization make a distribution to a donor, donor advised runds.       9a       9a         bid the sponsoring organization make any taxable distributions under section 4966?       9a       9a         10 did the sponsoring organizations. Enter:       10a       10b       10b         11 Section 501(c/17) organizations. Enter:       10a       10b       12a         12 Section 501(c/12) organizations. Enter:       10a       10b       12a       12a         13 Section 501(c/12) organizations. Enter:       10a       10b       12a       12a       12a       12a </th <th></th> <th></th> <th>70</th> <th>Δ</th> <th><u> </u></th>			70	Δ	<u> </u>
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Tr       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Td       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Td       X         g If the organization received a contribution of acry, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       Th       Z         8       Sponsoring organization make and table distributions under section 4966?       9a       9a         9       Sponsoring organization make a distribution to a donor, donor advised funds.       9a       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a       10a         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b       10c       10c         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b       10c       10c       10c       10c       10c       10c       10c       <	C		70		v
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         8       Sponsoring organizations maintaining door advised funds.       Did a form received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       8         9       Sponsoring organizations maintaining door advised funds.       8       8         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b       12a         12       Section 501(c)(12) organizations. Enter:       11a       11b       12a         12       Section 501(c)(22) qualified nonprofit heatth insurance issuers.       11a       12b       12a         13       Sectio	d		70		
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       77       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required?       78         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       71       X         g       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a			70		x
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         8       Sponsoring organization have excess business holdings at any time during the year?       9a       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       10         10       the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b       10         10       section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(2) organizations. Enter:       10a       10b       10c	_				
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13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       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.       13a         b       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       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       15         15       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?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X       16       X	12a		12a		
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Note: See the instructions for additional information the organization must report on Schedule O.       Image: Construction of the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Construction of the organization receives on hand       Image: Construction of the organization receives on hand       Image: Construction of the organization receives on hand       Image: Construction of the organization receives any payments for indoor tanning services during the tax year?       Image: Construction of the organization receive any payments for indoor tanning services during the tax year?       Image: Construction of the organization receive any payments for indoor tanning services during the tax year?       Image: Construction of 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?       Image: Construction of the organization an educational institution subject to the section 4968 excise tax on net investment income?       Image: Construction of the organization and the organization of the organization of the organization and the organization of the section 4968 excise tax on net investment income?       Image: Construction of the organization of the organizatio	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       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?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       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?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X		organization is licensed to issue qualified health plans 13b			
14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         15       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?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         16       If "Yes," complete Form 4720, Schedule O.       0       0       0	с				
b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       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?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X	14a		14a		X
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If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       16       X	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
16       X         If "Yes," complete Form 4720, Schedule O.       If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?	15		X
If "Yes," complete Form 4720, Schedule O.		If "Yes," see instructions and file Form 4720, Schedule N.			
	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
		If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

Form 990	(2020)
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QUANTUM LEAP FARM, INC

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.

			_		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	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	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?		L	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?	L	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?	L	5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?		7	′a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?		7	'b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		····· –			
	The governing body?		٤	Ba	Х	
	Each committee with authority to act on behalf of the governing body?			3b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		····· –			
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev			- 1		1
					Yes	N
Ωa	Did the organization have local chapters, branches, or affiliates?		1	0a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha		····· ⊢	va		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?		4	0b		
10	Has the organization provided a complete copy of this Form 990 to all members of its governing body			1a	Х	
				Id		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			0-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			2a 2b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		······   <sup>1</sup>	20	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		•	х	
~	in Schedule O how this was done		·····	2c	X	
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?		۲	4	<u> </u>	
5	Did the process for determining compensation of the following persons include a review and approval	l by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
	The organization's CEO, Executive Director, or top management official			5a	X	
b	Other officers or key employees of the organization		1	5b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with a				
	taxable entity during the year?		[1	6a		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 organi					
	exempt status with respect to such arrangements?		1/	6b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $igstar{ m FL}$					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T (Section 50	1(c)(3)s or	nly)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of interest poli	cy, and fir	nanc	ial	
	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records				
	LEE BEHENSKY - 813-920-9250					
	10401 WOODSTOCK ROAD, ODESSA, FL 33556					
					990	(00)

Form 990 (2020) QUANTUM LEAP FARM,	INC	59-3469464	Page 7			
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	Check if Schedule O contains a response or note to any line in this Part VII					
Section A. Officers, Directors, Trustees, Key Employees, and Hi	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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

Name and title         Average hours per veck (st ary hours for below mission organization restance at a metabolic accession below mission and related organization (v2/1089-MISC)         Reportable compensation from organization (v2/1089-MISC)         Estimated account of other organization (v2/1089-MISC)           (1)         LEE BEHENSKY (contraction)         60.000         X         113,745.         0.         6,740.           (2)         CRISTINE FOLA         45.000         X         X         113,745.         0.         6,740.           (3)         LARA CAUSO         45.000         X         X         0.         0.         0.           (4)         LEE MARTINO         1.000         X         X         0.         0.         0.           (5)         JOLENE LOOS         1.000         X         X         0.         0.         0.           (6)         CRISTINE TOLAD         1.000         X         X         0.         0.         0.           (7)         ANN BARER         1.000         X         X         0.         0.         0.           (3)         LEE MARTINO         1.000         X         X         0.         0.         0.           (4)         LEE MARTINO         1.000         X         X         0	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week (list any point and a second back and a second back and below week (list any line)         both any term and a direction and a second back and below week (list any below week (list any line)         concentration and below week (list any below week (list any below week (list any below week (list any line)         concentration and below week (list any below week (list any below week (list any below week (list any line)         concentration and below week (list any below week (list any below week (list any line)         concentration and related organizations (W.2/1099-MISC)         concentration (W.2/1099-MISC)         anount of the organizations (W.2/1099-MISC)           (1) LEE BEHENSKY         60.00         x         1113,745.         0.         6,740.           (2) CRISTINE FOLZ (2) CRISTINE FOLZ (3) LARA CAREGO         45.00         x         113,745.         0.         6,740.           (3) LARA CAREGO         1.00         x         x         0.         0.         7,503.           (4) LEE MARTINO         1.00         x         x         0.         0.         0.           (6) CRISTINE JONDY         10.00         x         x         0.         0.         0.           (10) BATRICIA DOUCIAS         1.00         x         x         0.         0.         0.           (11) STEPHEN FLUMARY         1.000         x         0.         0.         0.         0.	Name and title	Average	(do					ne	Reportable	Reportable	Estimated
Very (ist ary) hours for mated organizations (w2/1069-MISC)         Indifference organization (w2/1069-MISC)         Outer and mated organization (w2/1069-MISC)         Outer and mated organization (w2/1069-MISC)         Outer and mated organization and mated organization and mated organization and mated organizations (w2/1069-MISC)         Outer and mated organization (w2/1069-MISC)         Outer and mated organization and mated organization and mated organization and mated organizations (w2/1069-MISC)         Outer and mated organization (w2/1069-MISC)         Outer and mated organization and mated organization and mated organization and mated organization (w2/1069-MISC)         Outer and mated organization (w2/1069-MISC)         Outer and mated organization and mated organization and mated organization (w2/1069-MISC)         Outer and mated organization (w2/1069-MISC)           (1) LEE BEHENSEY         60.00         X         113,745.         0.         6,740.           (2) CRISTINE FOLZ         45.00         X         X         0.         0.         7,503.           (3) LABA CARDSO         1.00         X         X         0.         0.         0.           (5) JOLENE LOOS         1.00         X         X         0.         0.         0.           (6) SUSAN DEI         1.000         X         X         0.         0.         0.           (9) AL DOPKING         1.000         X         0.         0.         0.         0.		hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
(1)         LEE BEHENSKY         60.00         X         113,745.         0.         6,740.           CALCUTUR DIRECTOR         45.00         X         42,179.         0.         7,503.           CALL         CALL         45.00         X         42,179.         0.         7,503.           CALL         CALL         X         42,179.         0.         7,503.         0.           CALL         CHARTINO         1.00         X         X         0.         0.         0.           CHAIR         X         X         0.         0.         0.         0.         0.           CHAIRSTINE JOUNDY         10.00         X         X         0.         0.         0.         0.         0.         0.         0.         0.				cer an	dad	irecto	or/trus	tee)			
(1)         LEE BEHENSKY         60.00         X         113,745.         0.         6,740.           CALCUTUR DIRECTOR         45.00         X         42,179.         0.         7,503.           CALL         CALL         45.00         X         42,179.         0.         7,503.           CALL         CALL         X         42,179.         0.         7,503.         0.           CALL         CALL         X         X         0.         0.         0.         0.           CHAIR         X         X         0.         0.         0.         0.         0.           CHAIR         1.00         X         X         0.         0.         0.         0.           CHAIRER         X         0.         0. </td <td></td> <td></td> <td>rector</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>J.</td> <td></td>			rector							J.	
(1)         LEE BEHENSKY         60.00         X         113,745.         0.         6,740.           CALCUTUR DIRECTOR         45.00         X         42,179.         0.         7,503.           CALL         CALL         45.00         X         42,179.         0.         7,503.           CALL         CALL         X         42,179.         0.         7,503.         0.           CALL         CHARTINO         1.00         X         X         0.         0.         0.           CHAIR         X         X         0.         0.         0.         0.         0.           CHAIRSTINE JOUNDY         10.00         X         X         0.         0.         0.         0.         0.         0.         0.         0.			or di	ee			ated			(W-2/1099-MISC)	
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(1)         LEE BEHENSKY         60.00         X         113,745.         0.         6,740.           CALCUTUR DIRECTOR         45.00         X         42,179.         0.         7,503.           CALL         CALL         45.00         X         42,179.         0.         7,503.           CALL         CALL         X         42,179.         0.         7,503.         0.           CALL         CHARTINO         1.00         X         X         0.         0.         0.           CHAIR         X         X         0.         0.         0.         0.         0.           CHAIRSTINE JOUNDY         10.00         X         X         0.         0.         0.         0.         0.         0.         0.         0.			lual tr	tional		nploy	st con	_			
(1)         LEE BEHENSKY         60.00         X         113,745.         0.         6,740.           CALCUTUR DIRECTOR         45.00         X         42,179.         0.         7,503.           CALL         CALL         45.00         X         42,179.         0.         7,503.           CALL         CALL         X         42,179.         0.         7,503.         0.           CALL         CALL         X         X         0.         0.         0.         0.           CHAIR         X         X         0.         0.         0.         0.         0.           CHAIR         1.00         X         X         0.         0.         0.         0.           CHAIRER         X         0.         0. </td <td></td> <td></td> <td>ndivid</td> <td>nstitu</td> <td>Offlicer</td> <td>(ey en</td> <td>Highes</td> <td>orme</td> <td></td> <td></td> <td>organizations</td>			ndivid	nstitu	Offlicer	(ey en	Highes	orme			organizations
EXECUTIVE DIRECTOR         X         113,745.         0.         6,740.           (2) CRISTINE FOLZ         X         45.00         X         42,179.         0.         7,503.           (3) LARA CARISO         45.00         X         7,663.         0.         7,503.           (4) LEE MARTINO         1.00         X         7,663.         0.         778.           (5) JOLENE LOOS         1.00         X         0.         0.         0.           (5) JOLENE LOOS         1.00         X         0.         0.         0.           (6) CHRISTINE JONDY         10.00         X         X         0.         0.           (7) ANB BARE         1.00         X         X         0.         0.         0.           (8) SUSAN DEI         1.00         X         X         0.         0.         0.           (9) AL DOFKING         1.00         X         0.         0.         0.         0.           (11) STEPHEN FULHARTY         1.00         X         0.         0.         0.         0.           (12) PARTICIA DUGLAS         1.00         X         0.         0.         0.         0.           (13) BREAD JOHNSON, MD         1.0	(1) LEE BEHENSKY	60.00		_	0		1	<u> </u>			
(2) CRISTINE FOLZ     45.00     X     42,179.     0.     7,503.       DIRECTOR OF FINANCE (START 12/19)     X     7,663.     0.     7,503.       (4) LEE MARTINO     1.00     X     7,663.     0.     778.       (4) LEE MARTINO     1.00     X     0.     0.     0.       (5) JOLENE LOOS     1.00     X     0.     0.     0.       (6) CRISTINE JOMDY     10.00     X     0.     0.     0.       SECRETARY     X     X     0.     0.     0.       (7) ANN BAKE     1.00     X     0.     0.     0.       (8) SUSAN DEI     1.00     X     0.     0.     0.       (9) AL DOFKING     1.00     X     0.     0.     0.       MEMBER     X     0.     0.     0.     0.       (11) STEPHEN FLUHARTY     1.00     X     0.     0.     0.       MEMBER     X     0.     0.     0.     0.       (12) MAJOR GENERAL STEVE HASHEM, RET     1.00     X     0.     0.     0.       MEMBER     X     0.     0.     0.     0.     0.       (13) BRAD JOHNSON, MD     1.00     X     0.     0.     0. <t< td=""><td>EXECUTIVE DIRECTOR</td><td></td><td>1</td><td></td><td>х</td><td></td><td></td><td></td><td>113,745.</td><td>0.</td><td>6,740.</td></t<>	EXECUTIVE DIRECTOR		1		х				113,745.	0.	6,740.
(3)         LARA CARUSO         45.00         x         7,663.         0.         778.           DIRECTOR OF FINANCE (THRU 1/20)         1.00         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.         0.           C10         x         x         0.         0.         0.         0.         0.           TRBAURGER         x         x         0.         0.         0.         0.         0.           (6)         CHRISTINE JONDY         10.00         x         x         0.         0.         0.         0.           (7)         ANN BAKER         1.00         x         0.	(2) CRISTINE FOLZ	45.00									
(3)         LARA CARUSO         45.00         x         7,663.         0.         778.           DIRECTOR OF FINANCE (THRU 1/20)         1.00         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.         0.           CHAIR         x         x         0.         0.         0.         0.         0.           C10         x         x         0.         0.         0.         0.         0.           TRBAURGER         x         x         0.         0.         0.         0.         0.           (6)         CHRISTINE JONDY         10.00         x         x         0.         0.         0.         0.           (7)         ANN BAKER         1.00         x         0.	DIRECTOR OF FINANCE (START 12/19)		1		х				42,179.	0.	7,503.
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(6)         CHRISTINE JONDY         10.00         X         X         X         0.         0.         0.           SECRETARY         X         X         X         0.         0.         0.         0.           (7)         ANN BAKER         1.00         X         X         0.         0.         0.           MEMBER         X         0.         0.         0.         0.         0.           (8)         SUSAN DEI         1.00         X         0.         0.         0.         0.           (9)         AL DOPKING         1.00         X         0.         0.         0.         0.           MEMBER         X         0.         0.         0.         0.         0.         0.           (10)         PATRICIA DOUGLAS         1.00         X         0.	(5) JOLENE LOOS	1.00									
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(7) ANN BAKER       1.00       X       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.         (8) SUSAN DEI       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.         (10) PATRICIA DOUGLAS       1.00       X       0.       0.       0.       0.         (11) STEPHEN FLUHARTY       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.       0.         (11) STEPHEN FLUHARTY       1.00       X       0.<	(6) CHRISTINE JOWDY	10.00									
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(8) SUSAN DEI       1.00       X       0.       0.       0.         (9) AL DOPKING       1.00       X       0.       0.       0.         (9) AL DOPKING       1.00       X       0.       0.       0.         MEMBER       X       0.       0.       0.       0.         (10) PATRICIA DOUGLAS       1.00       X       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.         (11) STEPHEN FLUHARTY       1.00       X       0.       0.       0.         MEMBER       X       0.       0.       0.       0.         (12) MAJOR GENERAL STEVE HASHEM, RET       1.00       X       0.       0.       0.         (13) BRAD JOHNSON, MD       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.       0.         (14) AL LITSCHGI       1.00       X       0.       0.       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.       0.       0.	(7) ANN BAKER	1.00									
MEMBER         X         0.         0.         0.           (9) AL DOPKING         1.00         X         0.         0.         0.           MEMBER         X         0.         0.         0.         0.         0.           (10) PATRICIA DOUGLAS         1.00         X         0.         0.         0.         0.           MEMBER         X         0.         0.         0.         0.         0.         0.           (11) STEPHEN FLUHARTY         1.00         X         0.         0.         0.         0.           MEMBER         X         0.         0.         0.         0.         0.         0.           MEMBER         X         0.         0.         0.         0.         0.         0.           MEMBER         X         0.         0.         0.         0.         0.         0.           (13) BRAD JOHNSON, MD         1.000         X         0.         0.         0.         0.           MEMBER         X         0.         0.         0.         0.         0.         0.           (14) AL LITSCHGI         1.00         X         0.         0.         0.         0. </td <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х						0.	0.	0.
(9) AL DOPKING       1.00       X       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.         (10) PATRICIA DOUGLAS       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.         (11) STEPHEN FLUHARTY       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.         (12) MAJOR GENERAL STEVE HASHEM, RET       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.       0.         (13) BRAD JOHNSON, MD       1.00       X       0.       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.       0.         (14) AL LITSCHGI       1.00       X       0.       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.       0.		1.00									
MEMBER         X         0         0.         0	MEMBER		Х						0.	0.	0.
(10) PATRICIA DOUGLAS       1.00       X       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.         (11) STEPHEN FLUHARTY       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.         (12) MAJOR GENERAL STEVE HASHEM, RET       1.00       X       0.       0.       0.       0.         (13) BRAD JOHNSON, MD       1.00       X       0.       0.       0.       0.       0.         (14) AL LITSCHGI       1.00       X       0.<		1.00									
MEMBER         X         0.			Х						0.	0.	0.
(11) STEPHEN FLUHARTY       1.00       X       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.         (12) MAJOR GENERAL STEVE HASHEM, RET       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.       0.         (13) BRAD JOHNSON, MD       1.00       X       0.       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.       0.         (14) AL LITSCHGI       1.00       X       0.       0.       0.       0.       0.       0.       0.         MEMBER       X       0. <t< td=""><td></td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td></t<>		1.00									-
MEMBER         X         0.			Х						0.	0.	0.
(12) MAJOR GENERAL STEVE HASHEM, RET       1.00       X       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.         (13) BRAD JOHNSON, MD       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.         (14) AL LITSCHGI       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.         (15) CHERYL LUCENTE       1.00       X       0.       0.       0.         MEMBER       X       0.       0.       0.       0.         (16) ANTHONY MALAFRONTE       1.00       X       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.         (17) JACQUELINE MARTINO       1.00       X       0.       0.       0.       0.		1.00									-
MEMBER         X         0.			Х						0.	0.	0.
(13) BRAD JOHNSON, MD       1.00       0.       0.       0.       0.         MEMBER       1.00       X       0.       0.       0.       0.         (14) AL LITSCHGI       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.         (15) CHERYL LUCENTE       1.00       X       0.       0.       0.       0.         (16) ANTHONY MALAFRONTE       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.         (17) JACQUELINE MARTINO       1.00       X       0.       0.       0.       0.       0.		1.00									-
MEMBER         X         0.			Х						0.	0.	0.
(14) AL LITSCHGI       1.00       X       0.       0.       0.         MEMBER       X       0.       0.       0.       0.         (15) CHERYL LUCENTE       1.00       X       0.       0.       0.         MEMBER       X       0.       0.       0.       0.         (16) ANTHONY MALAFRONTE       1.00       X       0.       0.       0.         MEMBER       X       0.       0.       0.       0.         (17) JACQUELINE MARTINO       1.00       X       0.       0.       0.         MEMBER       X       0.       0.       0.       0.		1.00									•
MEMBER         X         0.		1	Х						0.	0.	0.
(15) CHERYL LUCENTE       1.00       X       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.         (16) ANTHONY MALAFRONTE       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.         (17) JACQUELINE MARTINO       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.		1.00									•
MEMBER         X         0.         0.         0.           (16) ANTHONY MALAFRONTE         1.00         X         0.         0.         0.           MEMBER         X         0.         0.         0.         0.         0.           (17) JACQUELINE MARTINO         1.00         X         0.         0.         0.         0.           MEMBER         X         0.         0.         0.         0.         0.         0.			Х						0.	0.	0.
(16) ANTHONY MALAFRONTE       1.00       X       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.         (17) JACQUELINE MARTINO       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.		1.00								•	•
MEMBER         X         0.		1 00	Х						0.	0.	0.
(17) JACQUELINE MARTINO         1.00         X         0.         0		1.00							_	•	<u>^</u>
MEMBER X 0. 0. 0.		1 00	X						0.	0.	U.
	-	L 1.00								•	<u>^</u>
			X						0.	υ.	

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032007 12-23-20

Form 990 (2020)

#### 20070513 131839 077-203622

	990 (2020) QUANTUM									59-34	69	464	P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghes	st C		, ,				
	(A) Name and title	(B) Average hours per week	box	, unle	Pos check ess pe	more rson i	1 than o is both pr/trus	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatior from related	ı		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fi org an	on the rom the anizat d relat	e ion ed
(18) MEME	SANDI SANTOS	1.00	x						0.		0.			0.
(19)	SKIP SELLE	1.00												
$\frac{\text{MEME}}{(20)}$	ER MIKE SEXTON	1.00	х	$\vdash$					0.		0.			0.
MEME		1.00	х						0.		0.			0.
(21) MEME	ROBERTA SKINNER	1.00	x						0.		ο.			0.
	JEFFRIE VAN LOVEREN	1.00									••			
MEME		1 00	Х	-					0.		0.			0.
MEME	INGRID VON THADEN ER	1.00	x						0.		0.			0.
				$\vdash$										
	Quiktatal								163,587.		0.	1	5,0	21
	Subtotal Total from continuation sheets to Part V								0.		0.		5,0	<u> </u>
d	Total (add lines 1b and 1c)								163,587.		0.	1	5,0	21.
2	Total number of individuals (including but r compensation from the organization	ot limited to th	iose	liste	ed at	DOVE	e) wh	o re	eceived more than \$100,	000 of reportable				1
	. <u> </u>												Yes	No
3	Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for s				•	-		•	• •			3		х
4	For any individual listed on line 1a, is the su											_		
F	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." con</i>	-				-			-			5		Х
	tion B. Independent Contractors	•												
1	Complete this table for your five highest co the organization. Report compensation for									<i>,</i> ,	ensa	tion fro	m	
	(A)								(B)		~	(0		
	Name and business	address	N	ONI	8				Description of s	ervices	<u> </u>	ompe	nsatio	n
								_						
2	Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	•					)		·			_	000	
												Form	<b>990</b> ()	2020)

032008 12-23-20

Form	n 990 (		FARM, I	NC		59-3469	464 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any			(2)	
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b		-			
n Gr	c		217,010	•			
ifts ar A	d	Related organizations 11	•				
s, G milå	е	Government grants (contributions)	198,316	•			
r Si	f	All other contributions, gifts, grants, and					
ibut		similar amounts not included above 1f	770,169				
ontr od C	g	Noncash contributions included in lines 1a-1f	22,988				
<u>a č</u>	h	Total. Add lines 1a-1f		1,185,495.			
		DIDING LEGGONG C EEEC	Business Cod		70 440		
ice	2 a	RIDING LESSONS & FEES	900099	/9,449.	79,449.		
erv ue	b						
m S ven	c d						
Program Service Revenue	e						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f		79,449.			
	3	Investment income (including dividends, intere					
		other similar amounts)	🕨	523.			523.
	4	Income from investment of tax-exempt bond p	roceeds	•			
	5	Royalties		•			
		(i) Real	(ii) Personal	<u> </u>			
		Gross rents 6a		_			
		Less: rental expenses 6b		-			
	c d	Rental income or (loss) 6c Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>,</i> a	assets other than inventory <b>7a</b>	1,000	•			
	b	Less: cost or other basis		_			
an		and sales expenses	8,497	•			
venue	с	Gain or (loss)	-7,497	•			
	d	Net gain or (loss)	. <u></u>	-7,497.			-7,497.
Other Re	8 a	Gross income from fundraising events (not					
ð		including \$ 217,010. of					
		contributions reported on line 1c). See	50 766				
			59,766 93,804				
		Less: direct expenses 8b Net income or (loss) from fundraising events	<u> </u>	24 020			-34,038.
		Gross income from gaming activities. See		54,050.			54,0501
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	🕨	•			
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory		>			
sr		MICORII ANEONO INCOME	Business Cod				2 052
leor	11 a	MISCELLANEOUS INCOME	900099	3,953.			3,953.
Miscellaneous Revenue	b						
sce	c d	All other revenue					
ž	u P	Total. Add lines 11a-11d	L ►	3,953.			
	12	Total revenue. See instructions		1,227,885.	79,449.	0.	-37,059.
03200	9 12-23-						Form <b>990</b> (2020)

Form 990	(2020)
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QUANTUM LEAP FARM, INC Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).	
	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				
	and domestic governments. See Part IV, line 21				
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,	149,730.	30,275.	62,426.	57 020
~	trustees, and key employees	149,730.	50,275.	02,420.	57,029.
6	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	533,995.	394,159.	91,500.	48,336.
8	Pension plan accruals and contributions (include				10,000
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	29,168.	24,586.	2,767.	1,815.
10	Payroll taxes	51,963.	32,737.	11,432.	7,794.
11	Fees for services (nonemployees):	·			•
а	Management				
b	Legal				
с	Accounting	28,400.	8,457.	11,306.	8,637.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	61,046.	19,186.	23,762.	18,098.
12	Advertising and promotion	33,924.	7,362.		26,562.
13	Office expenses	28,396.	16,693.	5,255.	6,448.
14	Information technology	12,317.	7,760.	2,710.	1,847.
15	Royalties		22.044	11 101	7 ( ) 1
16		50,866. 26,963.	32,044.	11,191.	7,631.
17	Travel	20,903.	26,963.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	18,503.	11,234.	973.	6,296.
19 20	Conferences, conventions, and meetings	687.	426.	117.	144.
20 21	Payments to affiliates			<u> </u>	
21 22	Depreciation, depletion, and amortization	50,030.	38,523.	11,507.	
22	Insurance	19,107.	15,424.	3,683.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	HORSE EXPENSES	187,114.	184,449.	1,585.	1,080.
b	DUES AND SUBSCRIPTIONS	8,996.	5,700.	1,287.	2,009.
с	VOLUNTEER EXPENSE	4,907.	4,907.		
d	DONOR STEWARDSHIP	455.	455.		
е	All other expenses	4,006.	2,549.		1,457.
25	Total functional expenses. Add lines 1 through 24e	1,300,573.	863,889.	241,501.	195,183.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

032010 12-23-20

#### 20070513 131839 077-203622

Form 990 (2020)

20070513 131839 077-203622

Form 990 (2020) QUANTUM LEAP FARM, INC
Part X Balance Sheet

		59-	3469464	Page <b>11</b>
art X				
	(A)		(B)	

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			461,543.	1	51,591.
	2	Savings and temporary cash investments			69,782.	2	532,600.
	3	Pledges and grants receivable, net			191,600.	3	118,363.
	4	Accounts receivable, net			3,226.	4	11,274.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				27,951.	9	22,153.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	964,512. 661,951.			
	b	Less: accumulated depreciation	10b	661,951.	342,633.	10c	302,561.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1		25,959.	12	28,952.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 33	3)	1,122,694.	16	1,067,494.
	17	Accounts payable and accrued expenses			40,741.	17	60,441.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes		F	1 200	22	10 4 6 1
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	<u>1,290.</u> 298,316.	23	12,461.
	24	Unsecured notes and loans payable to unrelated			298,310.	24	288,525.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D			340,347.	25	361,427.
	26			► ¥	540,547.	26	501,427.
S		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck nere				
nce	27				484,486.	27	565,925.
ala	28	Net assets with donor restrictions		·····	297,861.	28	140,142.
ЦE	20	Organizations that do not follow FASB ASC 9			23770010	20	110/1120
ЪЦ		and complete lines 29 through 33.	00, 0100				
p	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			782,347.	32	706,067.
Z	33	Total liabilities and net assets/fund balances			1,122,694.	33	1,067,494.
					, _,		Earm <b>990</b> (2020)

Form **990** (2020)

Form	990 (2020) QUANTUM LEAP FARM, INC	59-	-3469464	Pag	<sub>ge</sub> 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,22		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,300		
3	Revenue less expenses. Subtract line 2 from line 1	3			88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			<u>47.</u>
5	Net unrealized gains (losses) on investments	5		2,8	01.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	- 6	5 <b>,</b> 3	93.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	706	5,0	67.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	X	<u> </u>
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit		
	Act and OMB Circular A-133?		<u>3a</u>		X
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				L

Form **990** (2020)

032012 12-23-20

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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ
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# **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.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the	organization
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Nan	ne of	the organization							identification number	۶r
_			TUM LEAP FA						9-3469464	
Ра	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.		
The	orgar	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:						. ,		
5	$\square$	An organization operated for	or the benefit of a col	leae or university owned	l or operate	ed bv a do	vernmental ur	nit describe	ed in	
-		section 170(b)(1)(A)(iv). (C		5		, ,				
6		A federal, state, or local gov		ental unit described in	section 17	70(h)(1)(A)	(v)			
	X	An organization that norma	•				. ,	o goporal r	ublic described in	
'		section 170(b)(1)(A)(vi). (C		niiai part of its support i	on a gove	minentari		e general p		
•				(1)(A)(wi) (Complete Der	• 11 \					
8	H	A community trust describe						المستحد المستحد		
9		An agricultural research org				-		-	-	
		or university or a non-land-g	frant college of agrici	ulture (see instructions).	Enter the I	name, city	, and state of t	ine college	or	
		university:								
10		An organization that norma								
		activities related to its exem		-					-	
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acquii	red by the org	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Cor								
11	Ц	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to car	ry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) c	r section	509(a)(2).	See section 5	6 <b>09(a)(3).</b> (	Check the box in	
		_lines 12a through 12d that o	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а		<b>Type I.</b> A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting	
		organization. You must o	omplete Part IV, Se	ections A and B.						
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatior	n(s), by hav	ring	
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	e the supp	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	d with,	
		its supported organization							·	
d		Type III non-functionally						ed organiz	zation(s)	
		that is not functionally int	•					-	.,	
		requirement (see instructi			•		-			
۵		Check this box if the orga	,	•				I Type III		
Ū		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	, i ype iii		
f	Ent	er the number of supported of								_
a	<ul><li>g Provide the following information about the supported organization(s).</li></ul>							L	_	
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10	Yes	No No	support (see in	structions)	support (see instruction	s)
				above (see instructions))						
										_
Tota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

#### Schedule A (Form 990 or 990-EZ) 2020 QUANTUM LEAP FARM, INC

Part II

59-3469464 Page 2

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.)

260										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1062156.	1048259.	1090884.	1388231.	1185495.	5775025.			
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	1000150	1040050	1000004	1200221	1105405				
	Total. Add lines 1 through 3	1062156.	1048259.	1090884.	1388231.	1185495.	5775025.			
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)						197,342.			
6	Public support. Subtract line 5 from line 4.						5577683.			
	ction B. Total Support						5577005.			
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 4	1062156.	1048259.	1090884.	1388231.	1185495.	5775025.			
	Gross income from interest,									
Ū	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	619.	6,016.	829.	614.	523.	8,601.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)			133.	322.	3,953.				
11	Total support. Add lines 7 through 10						5788034.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	749,268.			
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section /	01(c)(3)				
_	organization, check this box and stop	ohere					<b>&gt;</b>			
	ction C. Computation of Publi					I I				
	Public support percentage for 2020 (I			.,,		14	96.37 %			
	Public support percentage from 2019					15	95.24 %			
16a	33 1/3% support test - 2020. If the o						► V			
la	stop here. The organization qualifies		-							
D	<b>33 1/3% support test - 2019.</b> If the o									
47-	and <b>stop here.</b> The organization qual									
1/a	10% -facts-and-circumstances test	-								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
h	10% -facts-and-circumstances test	-			-	7a and line 15 is .				
L.	more, and if the organization meets the	-								
	organization meets the facts-and-circl									
18	<b>Private foundation.</b> If the organization									
				,,, e. II N		edule A (Form 990				
						•				

032022 01-25-21

# Schedule A (Form 990 or 990-EZ) 2020 QUANTUM LEAP FARM, INC

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

Sec	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			-	-	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•					·
	check this box and stop here		•				<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage			1 1	
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					T T	
17	Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the	-					7 is not
	more than 33 1/3%, check this box ar	-	-				►
b	<b>33 1/3% support tests - 2019.</b> If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
03202	23 01-25-21		16	5	Sch	edule A (Form 99	0 or 990-EZ) 2020

1

2

Yes No

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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.)

17

032024 01-25-21

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2020

10b

Pa	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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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 of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization is activities. If the organization had more than one supported organization is activities.			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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	ction 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			
	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	ction 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 in 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

#### <u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the	e method that the organizatior	n used to satisfy the	Integral Part Test during	g the year (see instructions).
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a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	f each of its support	ed organizations.	Complete line 3 below.
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с	The organization supported a governmental entity.	escribe in Part VI how you supported a governme	ntal entity (see instruction <u>s).</u>
	<b>o</b> 11 <b>o</b> ,		

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

3

2a

2b

3a

3b

Yes No

20070513 131839 077-203622

2020.05094 QUANTUM LEAP FARM, INC 077-2031

18

Schedule A	(Form 990 or 990-EZ) 2020	QUANTUM	LEAP	FARM,	INC	
Part V	Type III Non-Functio	onally Integra	ated 509	9(a)(3) Su	pporting	Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ilv integrated		nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 $ {f Q}^{2}$	UANTUM	LEAP	FARM,	INC
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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continue	<u>ed)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	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 ( <i>describe in Part VI</i> ). 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 <b>Part VI</b> ). See instructions.	<b>°</b>		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	5	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

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:

032028 01-25-21		21	 Schedule A (Form 990 c	or 990-EZ) 2020
2020 AMOUNT: \$	3,953.		 	
2019 AMOUNT: \$			 	
2018 AMOUNT: \$	133.		 	

# Identification of Excess Contributions Included on Part II, Line 5

59-3469464

2020

# \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
THE PATRIOT FUND	179,625.	63,864
CORNELIA CORBETT	190,000.	74,239
CYRUS & JOANNE SPURLINO	175,000.	59,239
otal Excess Contributions to Schedule A, Part II, Line 5		197,342

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

59-3469464
------------

			1
Name	of the	organization	1

Organization type (check one):

<b>o</b> <i>n</i> (	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC

QUANTUM LEAP FARM,

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

QUANTUM LEAP FARM, INC

Name of organization

Employer identification number

(d)

Type of contribution

X

59-3469464

(c)

**Total contributions** 

# Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) No. Name, address, and ZIP + 4 1 BRINK FOUNDATION

1	BRINK FOUNDATION 12005 WHITEMARSH LANE TAMPA, FL 33626	\$     40,000.       Person     X       Payroll     Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	CORNELIA CORBETT 1100 LOUISIANA, SUITE 2200 HOUSTON, TX 77002	\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3	CYRUS SPURLINO 7214 NORTH MOBLEY ROAD ODESSA, FL 33556	\$75,000.     Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	DAV CHARITABLE SERVICES TRUST 13000 BRUCE B DOWNS BLVD TAMPA, FL 33612	\$
(a)	(b) Name address and ZID + 4	(c) (d) Total contributions Type of contribution
<u>No.</u>	Name, address, and ZIP + 4 DAVID ZYWIEC, PRESIDENT SCAIFE FOUNDATION 777 SOUTH FLAGLER DRIVE, SUITE 909E WEST PALM BEACH, FL 33401	Total contributions     Type of contribution       \$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6	FRONTLINE	Person X Payroll
	500 INTERNATIONAL PARKWAY LAKE MARY, FL 32746	\$ 45,000. Noncash (Complete Part II for noncash contributions.)
023452 11-25		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

## 20070513 131839 077-203622

24

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

QUANTUM LEAP FARM, INC

Name of organization

Employer identification number

59-3469464

#### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 THE PATRIOT FUND, INC. X Person 1015 BRIGGS ROAD, SUITE 150 OR P.O. Payroll BOX 1818 27,500. Noncash (Complete Part II for MOUNT LAUREL, NJ 08054 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 SBA PPP FORGIVENESS X Person Payroll 409 3RD ST, SW. 148,316. Noncash \$ (Complete Part II for WASHINGTON, DC 20416 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 HILLSBOROUGH BOCC X Person Payroll 601 E. KENNEDY BLVD. 50,000. Noncash \$ (Complete Part II for TAMPA, FL 33602 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

25 2020.05094 QUANTUM LEAP FARM, INC 077-2031

20070513 131839 077-203622

Name of organization

Employer identification number

59-3469464

# QUANTUM LEAP FARM, INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

26

## Page 3

Page **4** 

	zation		Employer identification number
UANTUM	LEAP FARM, INC		59-3469464
Part III Ex	clusively religious, charitable, etc., contribution	ons to organizations described in section	n 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
cor	m any one contributor. Complete columns (a) mpleting Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.) <b>\$</b>
Us a) No.	e duplicate copies of Part III if additional s	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
			_
			-
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
		(e) Transfer of gift	
		(-)	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
			-
		(e) Transfer of gift	
	Transferee's name, address, an		
		d ZIP + 4	Relationship of transferor to transferee
		d ZIP + 4	Relationship of transferor to transferee
		d ZIP + 4	Relationship of transferor to transferee
a) No		d ZIP + 4	Relationship of transferor to transferee
a) No.	(b) Purpose of gift	(c) Use of gift	Relationship of transferor to transferee         (d) Description of how gift is held
a) No. from Part I			
a) No. from Part I 	(b) Purpose of gift	(c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift	(d) Description of how gift is held
i) No. rom Part I 		(c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift	(d) Description of how gift is held
a) No. from Part I	(b) Purpose of gift	(c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift	(d) Description of how gift is held

# 20070513 131839 077-203622

SC	HEDULE D	Supplement	al Financial Statements			F	OMB No. 15	45-0047
	Form 990) Complete if the organization answered "Yes" on Form 990,						202	20
•		Part IV, line 6, 7, 8, 9, 10	), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12t	<b>)</b> .			Open to	
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information of the second second second second second second second second s	ation.			Inspecti	
Nam	e of the organizati	on			Emp			n number
_		QUANTUM LEAP FARM,					34694	
Par		•	d Funds or Other Similar Funds o	or Ac	coun	ts. Com	plete if th	ne
	organizatio	n answered "Yes" on Form 990, Part IV, lir			• ) []	الم مرما ما		
_			(a) Donor advised funds	(1	) Fund	ds and oth	ier accou	nts
1		nd of year						
2		f contributions to (during year)						
3 4	Aggregate value o	f grants from (during year)						
- 5			writing that the assets held in donor advise	d fund	<u> </u>			
Ŭ	-		exclusive legal control?				Yes	No
6			dvisors in writing that grant funds can be u			······ —		
	•	<b>u</b>	or donor advisor, or for any other purpose c		-			
	impermissible priv	ate benefit?			-		Yes	No
Par	t II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV,	line 7.			
1	Purpose(s) of cons	servation easements held by the organizati	on (check all that apply).					
		n of land for public use (for example, recrea	, <u> </u>			•		ı
		f natural habitat	Preservation of	a certif	ied his	toric struc	cture	
•		n of open space						
2	·		fied conservation contribution in the form o	t a con				
	day of the tax year			ł		Held at the	e Ena or th	<u>e Tax Year</u>
a b					2a 2b			
c	° °		ucture included in (a)	Г	20 2c			
d			after 7/25/06, and not on a historic structur		20			
ŭ		nal Register		~	2d			
3			leased, extinguished, or terminated by the	organiz		during the	tax	
	year 🕨			-		-		
4	Number of states	where property subject to conservation eas	sement is located					
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of				_	
	,	orcement of the conservation easements i					Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervatior	n easer	nents dur	ing the ye	ear
_		<u> </u>						
7	• ·	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on eas	ements	s during t	he year	
8		viction accoment reported on line 2(d) above	e satisfy the requirements of section 170(h	\//\/D\/;	3			
0	and section 170(h)						Yes	No
9	• •							
Ū	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the							
	organization's acc	ounting for conservation easements.	, , , , , , , , , , , , , , , , , , ,					
Par	t III Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Oth	ner Si	milar	Assets	<b>.</b>	
	Complete i	f the organization answered "Yes" on Form	1 990, Part IV, line 8.					
1a	If the organization	elected, as permitted under FASB ASC 95	i8, not to report in its revenue statement ar	nd bala	nce sh	eet works	;	
		· ·	olic exhibition, education, or research in fur		ce of p	ublic		
			ncial statements that describes these items					
b	-		8, to report in its revenue statement and b					
		· · · · · · · · · · · · · · · · · · ·	e exhibition, education, or research in furthe	erance	ot pub	lic service	Э,	
	-	ng amounts relating to these items:			•			
						5 <u> </u>		
2	.,		asures, or other similar assets for financial					
2		unts required to be reported under FASB A		yanı, p	ovide			
а	-		SO 300 relating to these items.		•	5		
-					. 1			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20 Schedule D (Form 990) 2020

077-2031

Sche		LEAP FARM					59-34			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	al Treasures, c	or Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any	of the following tha	at make s	ignificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	c	I 🔄 Loan	or exchange progr	ram					
b	Scholarly research	e	e 🗌 Othei							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they fu	ther the organizati	on's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of				er similar	assets		_		-
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the orga	nization answered	"Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Par									
<b>1</b> a	Is the organization an agent, trustee, custodia							٦		1
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	lowing table:							
								Amount		
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • • • • • • • • • • • • •	L			]
Par							<u></u>			
		(a) Current year	(b) Prior y				ears back	(e) Four	vears	back
1a	Beginning of year balance	(,		(1) 10		<b>(/</b> ···· <b>/</b>			<i>.</i>	
	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, colu	umn (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are	held and administe	ered for th	ne organiza	ation	Г		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.							
1 41			) Dort IV/ line	110 Soo Form 000		line 10				
	Complete if the organization answered									
	Description of property	(a) Cost or c basis (investr	•	<ul> <li>b) Cost or other</li> <li>basis (other)</li> </ul>	1	ccumulate		<b>(d)</b> Book	value	,
10	Land									
	LandBuildings			805,837.		576,63	16.	229	. 2.2	21.
	Leasehold improvements			49,785.		18,5			, 22	
	Equipment			107,290.		65,1			,11	
	Other			1,600.	1	1,6			,	0.
	. Add lines 1a through 1e. (Column (d) must e		X column (R)					302	,56	-

Schedule D (Form 990) 2020

032052 12-01-20

Schedule D	) (Form 990	) 2020	QUANTUM	LEAP	FARM,	INC

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line	25.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line           1.         (a) Description of liability	25. (b) Book value
1.     (a) Description of liability	
1.     (a) Description of liability       (1) Federal income taxes	
1.     (a) Description of liability       (1) Federal income taxes       (2)	
1.     (a) Description of liability       (1)     Federal income taxes       (2)     (3)	
1.     (a) Description of liability       (1) Federal income taxes       (2)       (3)       (4)	
1.       (a) Description of liability         (1) Federal income taxes       (2)         (2)       (3)         (4)       (5)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ....

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Schedule D (Form 990) 2020

032053 12-01-20

(9)

Sche	dule D (Form 990) 2020 QUANTUM LEAP FARM, INC			59-3	3469464	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With F				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,297,	930.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	2,801.			
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		59,747.			
е	Add lines 2a through 2d			2e		548.
3	Subtract line 2e from line 1			3	1,235,	382.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	-7,497.			
с	Add lines <b>4a</b> and <b>4b</b>			4c		497.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		885.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Returr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.				
1	Total expenses and losses per audited financial statements			1	1,374,	210.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses					
d	Other (Describe in Part XIII.)		73,637.			
е	Add lines 2a through 2d			2e	73, 1,300,	637.
3	Subtract line 2e from line 1			3	1,300,	573.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u></u>	5	1,300,	573.
Pa	t XIII Supplemental Information.					
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b a	and 2b; Part V, line 4	; Part X	, line 2; Part X	l,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT IT HAS TAKEN AND

BELIEVES THAT IT CAN DEFEND ITS TAX RETURN IN ANY JURISDICTION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES

# PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON SALE OF ASSETS

# PART XII, LINE 2D - OTHER ADJUSTMENTS:

# FUNDRAISING EVENT EXPENSES

032054 12-01-20

20070513 131839 077-203622

59,747.

59,747.

-7,497.

Schedule D (Form 990) 2020       QUANTUM LEAP FARM, INC         Part XIII       Supplemental Information (continued)	59-3469464 Page 5
WRITE OFF OF UNCOLLECTIBLE ACCOUNTS	6,393.
LOSS ON SALE OF ASSETS	7,497.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	73,637.
032055 12-01-20	Schedule D (Form 990) 2020

SCHEDULE G	Suppleme	ntal Informati	on Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							or if the	2020
Department of the Treasury	Attach to Form 900 or Form 900 E7								Open to Public
Internal Revenue Service		to www.irs.gov/	Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization		LEAP FAR	M TNC					Employer id 59-346	dentification number
Part I Fundrais				red "Y	es" or	n Form 990, Part IV, I	ine 17		
	complete this part		siguinzation anome	iou i					
1 Indicate whether th	-	ed funds through		-					
a Mail solicitat	ions email solicitations				•	overnment grants nment grants			
c Phone solici			g Special						
d 🗌 In-person so	licitations		<b>5</b> 1		0				
2 a Did the organization							tees,		
key employees list <b>b</b> If "Yes," list the 10			-			undraising services?	oo fur		es <b>No</b>
compensated at le	0		(iunuraisers) pursu		agreer	nents under which ti	le lui		De
				(;;;)	<u></u>		60	Amount paid	
(i) Name and addres		(ii) A	ctivity	(iii) fundr have c	ustody	(iv) Gross receipts	to (c	or retained by fundraiser	(vi) Amount paid to (or retained by)
or entity (func	iraiser)		-	or con contribu	trol of	from activity		ted in col. (i)	organization
				Yes	No				
		I							
<ol> <li>List all states in whi or licensing.</li> </ol>	ich the organizatio	n is registered or	licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from	registration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instru	uctions for Form 9	90 or	990-E	Z. 9	Schee	dule G (Form	990 or 990-EZ) 2020

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

		5 5	(a) Event #1	(b) Event #2	events with gross receip (c) Other events	
			GOLF		NONE	(d) Total events
			TOURNAMENT		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
e					(total humber)	
Revenue	1	Gross receipts	276,776.			276,776.
	2	Less: Contributions	217,010.			217,010.
4	3	Gross income (line 1 minus line 2)	59,766.			59,766.
	4	Cash prizes				
s	5	Noncash prizes	22,988.			22,988.
kpense	6	Rent/facility costs	27,892.			27,892.
Direct Expenses	7	Food and beverages	8,886.			8,886.
미	8	Entertainment				
	9	Other direct expenses				34,038.
	10			I	•	93,804.
	11					-34,038.
	_	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
Hevenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
ñ	1	Gross revenue				
Ises	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
- I						
$\perp$	5	Other direct expenses				
		Other direct expenses Volunteer labor	│	└── Yes % └── No	└── Yes % └── No	
	6	Volunteer labor	No		No No	
	6 7	Volunteer labor Direct expense summary. Add lines 2 throug	<b>No</b>	No	<u>No</u> ►	
	6 7	Volunteer labor Direct expense summary. Add lines 2 throug	<b>No</b>	No	<u>No</u> ►	
	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No     No     S in column (d)	No	□ No ►	
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu	No N	No No	□ No ►	
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No N	No No	□ No ►	
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu	No N	No No	□ No ►	
a b	6 7 8 Is t If "	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	No N	States?	▶	YesNo
a b )a	6 7 8 Is t If "	Volunteer labor Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	▶	YesNo
a b )a	6 7 8 Is t If "	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	▶	YesNo

Schedule G (Form 990 or 990-EZ) 2020 QUANTUM LEAP FARM, INC	59-3469464 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit to administer charitable gaming?	ty formed
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13</b> a %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events book	
Name	
Address 🕨	
15a Does the organization have a contract with a third party from whom the organization receives gaming re-	evenue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$	and the amount
of gaming revenue retained by the third party $\blacktriangleright$ \$	
c If "Yes," enter name and address of the third party:	
Name	
Address 🕨	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 💲	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
<ul><li>17 Mandatory distributions:</li><li>a Is the organization required under state law to make charitable distributions from the gaming proceeds</li></ul>	to
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizatio	ns or spent in the
organization's own exempt activities during the tax year 🕨 \$	
<b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, column 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	s (iii) and (v); and Part III, lines 9, 9b, 10b,
032083 11-25-20 35	Schedule G (Form 990 or 990-EZ) 2020

032084 04-01-20	Schedule G (Form 990 or 990-EZ)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 59-3469464

QUANTUM LEAP FARM, INC

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

AL DOPKING AND EDIE DOPKING HAVE A FAMILY RELATIONSHIP.

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

THE 990 IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEE AND THEN MADE

AVAILABLE TO THE BOARD OF DIRECTORS THROUGH EMAIL PRIOR TO FILING.

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

PERSONS CONCERNED - THIS STATEMENT IS DIRECTED NOT ONLY TO DIRECTORS AND

OFFICERS, BUT TO ALL EMPLOYEES WHO CAN INFLUENCE THE ACTIONS OF QUANTUM

LEAP FARM: FOR EXAMPLE, THIS WOULD INCLUDE ALL WHO MAKE PURCHASING

DECISIONS, ALL PERSONS WHO MIGHT BE DESCRIBED AS "MANAGEMENT PERSONNEL",

AND ANYONE WHO HAS PROPRIETARY INFORMATION CONCERNING QUANTUM LEAP FARM.

AREAS IN WHICH CONFLICT MAY ARISE - CONFLICTS OF INTEREST MAY ARISE IN THE

RELATIONS OF DIRECTORS, OFFICERS, AND MANAGEMENT EMPLOYEES WITH ANY OF THE

FOLLOWING THIRD PARTIES: 1. PERSONS AND FIRMS SUPPLYING GOODS AND SERVICES

TO QUANTUM LEAP FARM. 2. PERSONS AND FIRMS FROM WHOM QUANTUM LEAP FARM

LEASES PROPERTY AND EQUIPMENT. 3. PERSONS AND FIRMS WITH WHOM QUANTUM LEAP

FARM IS DEALING OR PLANNING TO DEAL IN CONNECTION WITH THE GIFT, PURCHASE

OR SALE OF REAL ESTATE, SECURITIES, OR OTHER PROPERTY. 4. COMPETING OR

AFFINITY ORGANIZATIONS. 5. DONORS AND OTHERS SUPPORTING QUANTUM LEAP FARM.

6. AGENCIES, ORGANIZATIONS AND ASSOCIATIONS WHICH AFFECT THE OPERATIONS OF

QUANTUM LEAP FARM. 7. FAMILY MEMBERS, FRIENDS, AND OTHER EMPLOYEES.

#### NATURE OF CONFLICTING INTEREST - A CONFLICTING INTEREST MAY BE DEFINED AS

AN INTEREST BENEFITTING AN INDIVIDUAL BOARD, OFFICER, AND/OR MANAGEMENT

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization QUANTUM LEAP FARM, INC	Employer identification number $59-3469464$
EMPLOYEE, DIRECT OR INDIRECT, WITH ANY PERSONS OR FIRMS ME	NTIONED IN
SECTION 3. SUCH AN INTEREST MIGHT ARISE THROUGH: 1. OWNING	STOCK OR HOLDING
DEBT OR OTHER PROPRIETARY INTERESTS IN ANY THIRD PARTY DEA	LING WITH QUANTUM
LEAP FARM. 2. HOLDING OFFICE, SERVING ON THE BOARD, PARTIC	IPATING IN
MANAGEMENT, OR BEING OTHERWISE EMPLOYED (OR FORMERLY EMPLO	YED) WITH ANY
THIRD PARTY DEALING WITH QUANTUM LEAP FARM. 3. RECEIVING R	EMUNERATION FOR
SERVICES WITH RESPECT TO INDIVIDUAL TRANSACTIONS INVOLVING	QUANTUM LEAP
FARM. 4. USING QUANTUM LEAP FARM'S TIME, PERSONNEL, EQUIPM	ENT, SUPPLIES, OR
GOOD WILL FOR OTHER THAN QUANTUM LEAP FARM, APPROVED ACTIV	ITIES, PROGRAMS,
AND PURPOSES. 5. RECEIVEING PERSONAL GIFTS OR LOANS FROM T	HIRD PARTIES
DEALING OR COMPETING WITH QUANTUM LEAP FARM. RECEIPT OF AN	Y GIFT IS
DISAPPROVED EXCEPT GIFTS OF A VALUE LESS THAN \$50, WHICH C	OULD BE REFUSED
WITHOUT DISCOURTESY. NO PERSONAL GIFT OF MONEY SHOULD EVER	BE ACCEPTED.

DISCLOSURE POLICY AND PROCEDURE: 1. THE CONFLICTING INTEREST IS FULLY DISCLOSED. 2. THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION. 3. A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS; AND 4. THE BOARD HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.

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

THE BOARD OF DIRECTORS USES SALARIES OF OTHER TOP MANAGEMENT OFFICIALS OF

SIMILAR ORGANIZATIONS AS COMPARABILITY DATA IN DETERMINING THE

ORGANIZATION'S EXECUTIVE DIRECTOR'S COMPENSATION EACH YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. 032212 11-20-20

38

Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization QUANTUM LEAP FARM, INC	Employer identification number 59-3469464
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS	:
WRITE OFF OF UNCOLLECTIBLE ACCOUNTS	-6,393.
032212 11-20-20 <b>39</b>	Schedule O (Form 990 or 990-EZ) 2020