				Short Form			OMB No	. 1545-1150		
Form 990-EZ			(except black lung benefit trust or private foundation)				20	09		
Department of the Treasury Internal Revenue Service							to Public ection			
-			ar year,	or tax year beginning January 1st , 2009, and ending		ember 31	st	,20 09		
		pplicable:	Please	C Name of organization		loyer ident		number		
A	ddress o	change	use IRS label or	Quantum Future Group	1.1.1.1	30 0	204116	1		
F	lame cha nitial retu		print or type.	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telep	phone numb	ber			
	erminate		See				304823	1		
	mended	l return	Specific City or town, state or country, and ZIP + 4 F Group F			up Exemp	exemption			
A	pplicatio	on pending	tions.	82100 Castelsarrasin, Tarn-et-Garonne, France	Nur	Number 🕨				
	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting M Other (specifi				0	Method:				
				H Ch	eck 🕨 🗌	if the orga	anizatio	n is not		
IW	/ebsit	te: www	.quantu	mfuture.net rec	uired to at	tach Sche	dule B	(Form 990,		
J Ta	ax-exe	empt status (check or	nly one) — 🗹 501(c)(3) ◀ (insert no.) 🗌 4947(a)(1) or 🗌 527 🕴 990	0-EZ, or 99	0-PF).		Charles and a		
	heck		-	zation is not a section 509(a)(3) supporting organization and its gross receipts a				25,000. A		
				turn is not required, but if the organization chooses to file a return, be sure to		lete returr	1.			
-	-	and the second sec		9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 9		\$		308702		
Pa	artl			enses, and Changes in Net Assets or Fund Balances (See t			or Par			
	1			s, grants, and similar amounts received		1		215969		
	2			evenue including government fees and contracts	• • •	2				
	3			and assessments	; · ·	3	-			
1	4	Investmen			· · ·	4				
	5a		oss amount from sale of assets other than inventory 5a							
	b		Less: cost or other basis and sales expenses							
e	с 6		ain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							
Revenue			Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming , check here ► □ Gross revenue (not including \$ of contributions							
ev	а)						
E	b			nses other than fundraising expenses 6b		-				
	c			s) from special events and activities (Subtract line 6b from line 6a) .	1. 1	6c				
	7a			entory, less returns and allowances 7a	92733					
	b	Less: cost				*				
	С			ss) from sales of inventory (Subtract line 7b from line 7a)		7c				
	8	Other reve	A 10 10 10 10 10 10)	8				
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9		308702		
1	10	Grants and	d simila	r amounts paid (attach schedule)		10	10	10649		
	11	Benefits pa	aid to o	r for members		11	1.1	14879		
es	12	Salaries, o	ther co	mpensation, and employee benefits		12	1.1	0		
sua	13			and other payments to independent contractors		13	3434 ·	22894		
Expenses	14			utilities, and maintenance		14	100	223057		
ш	15			ons, postage, and shipping		15	1	35635		
	16			describe Travel/Confs/Bank/Foreign taxes/Ads & PR		16	24.14	35630		
	17			Add lines 10 through 16		17	<u>.</u>	342744		
ets	18 19			for the year (Subtract line 17 from line 9)		18		(34042)		
SS	19			e reported on prior year's return)		10		9053		
Net Assets	20			net assets or fund balances (attach explanation)		19 20		8053		
Ne	21		0			21	-	142420		
P	art II						of For			
		Balano	Shee		Beginning o			nd of year		
22	C	ash, savinos	, and in			8053 22	1	13958		
23		Cash, savings, and investments				23		0		
24						24	-	0		
25						8053 25		13958		
	26 Total liabilities (describe ► Debt from former director cancelled					76462 26		0		
27				palances (line 27 of column (B) must agree with line 21) .	1	68409 27		142420		
For					. 106421	F	orm 99	90-EZ (2009)		

Part III Statement of Program Service Acco	mplishments (See the inst	ructions for Part II	l.)	1.1	Expenses
Vhat is the organization's primary exempt purpose?	Scientific study of human	society and free acc	ess to result		ired for section
Describe what was achieved in carrying out the		oses. In a clear a	nd concise		(3) and 501(c)(4)
nanner, describe the services provided, the number	r of persons benefited, and	other relevant info	rmation for	1 0	zations and section a)(1) trusts; optional
ach program title.				for oth	
28 Conferences, workshops & training - hosting visit	ing researchers & academics:	training volunteer s	taff incl.		
specialist medical training for 30 people from U.S					
		ei, italy. Research th	ps made	1.1	
by directors and staff as well as conferences atte					100.151
1	int includes foreign grants, c			28a	128451
29 Web based and paper publications. Website stats				1.10	
editorials written and 28000 articles collected and		ving. Discussion for	um part-		
icipation remains robust and increased by 5%. R	icipation remains robust and increased by 5%. Research team grew by 27%.				
(Grants \$ 2617) If this amou	int includes foreign grants, c	heck here	. 🕨 🗖	29a	26236
30 Academic papers & Research - Published paper "	The theory of Kairons", Advan	ces in Applied Cliffo	ord Al-	1	
gebras, vol 19 (2009); Several seminars given at 0	Center CAIROS, Inst. of Math.	Uni. of Toulouse. Or	line paper	1. 20	
in collaboration with Gerhard W. Bruhn (Uni of Da					
	int includes foreign grants, c			200	20725
1			and the second second	30a	20125
31 Other program services (attach schedule)					
	int includes foreign grants, c			31a	and the second
32 Total program service expenses (add lines 28				32	
Part IV List of Officers, Directors, Trustees, and	Key Employees. List each one		ated. (See the	instruc	tions for Part IV.
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributio employee benefit deferred compe	t plans &	(e) Expense account and other allowances
Arkadiusz Jadczyk Ph.D., 2955 Rte de Toulouse					
32100 Castelsarrasin, Tarn-et Garonne, France	President - 60	-0-	1	1742	1258
aura Knight-Jadczyk, 2955 Rte de Toulouse					
	Vice President - 60	-0-	a starter.	4740	105
22100 Castelsarrasin, Tarn-et Garonne, France		-0-		1742	1258
Joseph Quinn, 2955 Rte de Toulouse	Vice President - 60		1.1.1.1.1.1.1.1		
32100 Castelsarrasin, Tarn-et Garonne, France		-0-		1742	1258
Scott Ogrin, 2955 Rte de Toulouse	Secretary - 60	Charles Shere?	a starting	1.1	
32100 Castelsarrasin, Tarn-et Garonne, France	contrary co	-0-	gine des	1742	1258
Arianna Martin, 2955 Rte de Toulouse	Asst. Treasurer - 60			-	
32100 Castelsarrasin, Tarn-et Garonne, France	Asst. Treasurer - 60	-0-		1742	1258
Henry See, 10331, 102 Avenue, Fort St. John				1.10	
British Columbia, Canada, V1J 1Y4	Director - 15	-0-		500	600
Anne Feldhacker, 2055 Sumac St					
	Treasurer - 25	-0-		500	300
Longmont, CO, USA, 80501		-0-		500	500
			a star		
			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1. 1.	7
	<u></u>				
				din.	
		1	12.22		

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Part	V Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	~	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		~
b 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter:			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
с	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed. California	005000	1000	<u></u>
42a		335630 821		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
		42b	~	100
	If "Yes," enter the name of the foreign country: France See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: France	42c	~	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. 1	•
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
45	Form 990-EZ	44		~
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		~

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Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	ection 4947(a)(1) none 7(a)(1) nonexempt chari d 51.	xempt charita table trusts mu	ble trusts only. A st answer questic	II secons 40	tion 5–491	b		
46	Did the organization engage in direct or indirect	political campaign activiti	es on behalf of c	or in opposition to		Yes	No		
(candidates for public office? If "Yes," complete S	Schedule C, Part I			46		V		
47	Did the organization engage in lobbying activities	? If "Yes," complete Sche	dule C, Part II		47		~		
	s the organization a school as described in section				48	1	V		
	Did the organization make any transfers to an exe				49a		V		
	If "Yes," was the related organization a section 5				49b	-	~		
	Complete this table for the organization's five hig employees) who each received more than \$100,0								
	employees) who each received more than \$100,0	(b) Title and average	(c) Compensation		1	Exper			
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	ac	count a	and		
NONE	than \$100,000	devoted to position			Othe	anowa			
				1. S. S. S. S. S. S.					
-									
						603			
					1.				
2				a second and a second s	0.00		-		
			Canada a la grada			<u> de a</u>			
f	ا Total number of other employees paid over \$100	000	NONE			1			
		,							
51	Complete this table for the organization's five h	highest compensated inde	pendent contrac	tors who each rec	eived	more	than		
	\$100,000 of compensation from the organization								
1. 19 3.		And the second second		ala da Cara da	-	(1.1		
<u></u>	(a) Name and address of each independent contractor	paid more than \$100,000	(b) T	ype of service	(c) Co	mpens	ation		
NONE									
					-	1			
				~ * *					
			2012		11				
See the				Same and the	-	1.	1		
d	Total number of other independent contractors e	ach receiving over \$100,0	00▶	NONE			1		
<u>in de la co</u> rte									
	Under penalties of perjury, I declare that I have examined and belief, it is true, correct, and complete. Declaration	ed this return, including accompan	lying schedules and s	tatements, and to the be	st of m	y know	ledge		
	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	Mistin	Mata							
Here	Signature of officer Date								
	Arianna A. Martin, Asst. Treasurer 24 Sept 2010								
	Type or print name and title			00012010		<u></u>	1.2.2		
Dett	Preparer's	Date	Check if	Preparer's identifying nu	mber (Se	e instru	ctions)		
Paid	signature		self- employed ► [
Prepare	Finit s hame (or FIN								
Use On	yours if self-employed), address, and ZIP + 4 Phone no. ►					1			
May the	e IRS discuss this return with the preparer showr	above? See instructions		🕨 🗌	Yes		No		
				Fo	orm 99	0-EZ	(2009)		