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SCANNED JUL 2 3 2010,

Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009

Department of the Treasury

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

Open to Public Inspection

_		Tide Service				copy or and return to		_				
	For th	e 2009 calend	lar year,	or tax year begin	ning	, 2	009, and endi	ng				
В	Check if	applicable	Please use	С					1 ' '		fication Numb	er
	Add	dress change	IRS label	QUAGLIA IN		OR STUDENT	ASPIRATIO	N	20-	2298	927	
	Nar	me change	or print or type.	PO BOX 121					E Telepho	one numb	oer	
	Init	al return	See specific	PORTLAND,	ME 04104							
	Ter	mination	Instruc- tions.									
	HAM	ended return							G Gross r	eceipts 5	s 6	32,342.
	\vdash	plication pending	F Name a	and address of principa	al officer			H(a) Is th	is a group retur	n for affi	liates?	Yes X No
				AS C ABOVE					all affiliates inc			Yes No
$\overline{}$	Tay.	exempt status			(insert no)	4947(a)(1) o	r 527	lf 'No	o,' attach a list	(see ins	tructions)	
÷		site: N/		(6) (3)	(moore no)			H(c) Grou	ip exemption ni	umber Þ	•	
K		of organization		ation Trust	Association	Other ►	L Year of Forma				egal domicile	ME
Pa				ation Trust	ASSOCIATION	Outer	L Teal Of Forma	11011 20	00 1111 3	State Of It	egai domicile	
Га		Summa		nanization's miss	unn ar mast sia	nificant activities:	דעב הוואר	ד גדזי		E EO	מתוותים סו	ידיזאי
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9		Check this bo				its operations or						.WWZ
ő				bers of the gove			a.specca 5	0,0 (,,,,,,,,		3	•	5
8						ing body (Part VI,	line 1b) .			4		4
Activitles & Governance	5	Total number	of emplo	yees (Part V, Iin	e 2a) .					5		0
Ę.				teers (estimate if						6		0
Ř						column (C), line	12 .		•	7 a		0.
	b	Net unrelated	business	s taxable income	from Form 990	-T, line 34		<u> </u>		7 b		0.
									Prior Year			nt Year
a	8	Contributions	and gran	nts (Part VIII, line	: 1h)				958,8			21,348.
ğ	9	Program serv	ice rever	nue (Part VIII, line	e 2g) .				418,8		2	09,115.
Revenue	10	Investment in	come (Pa	art VIII, column (A), lines 3, 4, a	nd 7d)				548.		<u>1,879.</u>
Œ	11	Other revenue	e (Part V	III, column (A), li	nes 5, 6d, 8c, 9	c, 10c, and 11e)						
	12	Total revenue	– add li	nes 8 through 11	(must equal P	art VIII, column (A	A), line 12)		1,378,2	209.	6	32,342.
	13	Grants and si	mılar am	ounts paid (Part	IX, column (A),	lines 1-3)						
	14	Benefits paid	to or for	members (Part I	X, column (A),	line 4) .						
_	15	Salaries, othe	r compe	nsation, employe	e benefits (Par	t IX, column (A), I	ines 5-10)		489,6	522.	3	90,880.
Expenses	16a	Professional f	fundraisir	ng fees (Part IX,								
per	ь	Total fundrais	ina eyne	nses (Part IX, co	dumn (D) line 2	25) ►						
ŭ	ľ			IX, column (A), I					640,3	386	3	28,186.
		•					· ·		1,130,0			19,066.
		•				column (A), line 2		- 				86,724.
_		Revenue less	expense	es Subtract line	18 from line 12	HEC.	EIVED		248,2			
Net Assets or Fund Balancos						T) (A) Bec	ginning of Y			f Year
98	20	Total assets (. ,	•		P TINE) 1 20t0 ·		1,510,7			82,758.
절	21	Total liabilities	•	•		1''	J T LO		367,0	- 1	•	51,934.
_				ances Subtract	line 21 from line			峰	1,143,	772.	1,0	30,824.
Pa	ırt II	Signatu	<u>ire Blo</u>	ek/		OGD	EN. UI					
		Under penaltie	s of perjury,	declare that I have e	examined this return,	including accompanying) is based on all inform	schedules and sta	stements, a	and to the best on	of my kno	owledge and be	elief, it is
		rue, correct, a	nu Ginbier	Deciaration of prepa	rep (out and once) is based on all illionin	ation of which prep	1	ny knownedge	/_	11.	
Sig	gn		1/1	1//						1	1// <i>(</i>)	
He	re	Signature	of efficer						Date		, –	
		P RUSSE	ELL QU	AGLIA				PRE	SIDENT			
		Type or pr	int name an	d title								
_							Date		Check if	Pr (s	eparer's identi	lying number
Pa	id	Barranda			,	A			self- employed	· 🔲 🗀		
Pre	e-	Preparer's signature	► SCC	TT DEABAY	Seal	Alelies				P	0045456	2
	rer's	Firm's name (c	200		FINANCIAL	SERVICE						
Us		yours if self-		CENTER ST					EIN - C	1-05	41302	
Or	ııу	employed), address, and		GOR, ME 04					Phone no			2055
N4~	y tha !	PS discuss th				(see instructions	<u> </u>		. none no	120	X Yes	No No
				with the prepare					TEFA0113	1 12/20		n 990 (2009)

	990 (2009)		TUTE FOR STUDE		N	20	-22989	27		Page 2
Par		atement of Prograi		plishments						
ı	SEE SCHI	ribe the organization's i	mission							
	222 200									
					. -					
	2.11									
2	Form 990 o	inization undertake any - aan 572	significant program se	ervices during the ye	ear which we	ere not listed on the pr	ior 🔲	Yes	X	No
		cribe these new service	es on Schedule O.	•	•		لــا		4	
3	•	inization cease conduc		nt changes in how it	conducts, a	ny program services?		Yes	X	No
		cribe these changes on								
4	Describe the	e exempt purpose achie 4) organizations and se	evements for each of the	ne organization's thre	ee largest p ort the amou	rogram services by ex unt of grants and alloc	penses. Se ations to of	ction 5 hers. t	501(c) he tot	(3) al
	expenses, a	nd revenue, if any, for	each program service	reported		. .		,		
4 a	(Code:		591,651.	including grants of	\$	421,348.) (Reven	ue \$	20	9,1	<u>15.</u>)
	SEE SCHI	CDULE_O		 						
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4 t	(Code) (Expenses \$	3	including grants of	\$) (Reven	ue \$)
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40	(Code: 1) (Expenses \$	' 	including grants of	۶) (Reven	ne 5			—,
										
										
										
									 	
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			-							
	2011		un Sahadula O S							
40	t Other progr (Expenses)	am services. (Describe \$	in Schedule O) including grant	sof 'S) (Revenue \$)	
4		am service expenses		,651.		7 (1 C C C I G C V				
				-						

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes,' complete Schedule D, Part V	10		<u>x</u>
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.			
•	• 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			
•	• 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			
	• 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			1
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			1
	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X 			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X			-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
I	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		<u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
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 L.	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		<u>x</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'			v
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		X X
	and any anguing operation of the annual magnitude in Too, complete constitute in		l	

		Yes	No
Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		X
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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part l	25a		Х
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		<u> </u>
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II .	26		X
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If: 'Ves' complete Schedule L, Part IV	282		
	ZUa		
Schedule L, Part IV	28b		<u> </u>
was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV .	28c		X
	29		<u>X</u>
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		<u> </u>
Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>X</u>
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
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		<u> </u>
Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> </u>
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.	35		<u> </u>
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
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
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		X
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 IX II" (Yes," complete Schedule IX II" (Yes," and that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IX II" (No go to line 25) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization and as an 'on behalf of "issuer for bonds outstanding at any time during the year? Section 501(cX3) and 501(cX4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "If "Yes," complete Schedule I. Part I Section 501(cX3) and 501(cX4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "If "Yes," complete Schedule I. Part II Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? "If "Yes," complete Schedule I. Part II Was a loan to or by a current or former officer, director, trustee, key employee, bushtantial contributor, or a grant selection comittee member, or to a person related to such an individual? If "Yes," complete Schedule I. Part III Was the organization aparty to a business transation with one of the following parties (see Schedule I., Part IV Mas the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contri	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if Yes, complete Schedule I, Parts I and III of the organization answer Yes' to Part NII. 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 IX in Yes' to Part NII. Section A, line 3, 4, or 5 about compensation of the organization is assisted and the six six and that the six suse after December 31, 2002? If Yes, answer lines 24b through 24d and complete Schedule IX If No.'go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization as an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization as an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization as any to a excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule I, Part II State organization as any to a excess benefit transaction with a disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-E27 If Yes, complete Schedule I. Part II Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If Yes, complete Schedule I. Part IV Was a loan to or by a current or former officer, director, trustee, or key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If Yes, complete Schedule II. Part IV Was the organizatio	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line ?? If Yes, complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line ?? If Yes, complete Schedule I, Parts I and III 22 Did the organization answer "ives" to Part IXI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, fusitees, key employees, and highest compensated employees? If Yes, complete Schedule IXI IXI and IXI

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Form **990** (2009)

12a

Form 990 (2009)

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 0 Information Returns Enter -0- if not applicable 1 a 1Ь 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 0 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by За X b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q . 3Ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 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? Х 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6Ь 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X provided to the payor? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e X benefit contract? . . . 7 f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ... g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? . 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders . 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) .

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b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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 in Schedule O. See instructions.

Section A. Governing Body and Management			
		Yes	No
1 a Enter the number of voting members of the governing body . 1 a	5		
b Enter the number of voting members that are independent	4		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with officer, director, trustee or key employee?	any other 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct of officers, directors or trustees, or key employees to a management company or other person?	t supervision 3		х
4 Did the organization make any significant changes to its organizational documents	4		X
since the prior Form 990 was filed?	_ !		
5 Did the organization become aware during the year of a material diversion of the organization's assets?6 Does the organization have members or stockholders?	6		$\frac{X}{X}$
7a Does the organization have members, stockholders, or other persons who may elect one or more members governing body?	7a		Х
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.	. 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the following.	the year by		ا ل_ ـ ــــــا
a The governing body?	8a		Χ
b Each committee with authority to act on behalf of the governing body?	8ь		X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reache organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	ed at the		X
Section B. Policies (This Section B requests information about policies not required by a	the Internal		
Revenue Code)			
10 - December and a standard to the standard t		Yes	No_
10a Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters and branches to ensure their operations are consistent with those of the organization?	10b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			<u>X</u>
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCH			
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		<u>X</u>
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give to conflicts?	12b		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' a Schedule O how this is done.	12c		
13 Does the organization have a written whistleblower policy? .	13		<u>X</u>
14 Does the organization have a written document retention and destruction policy?	14	-	<u>X</u>
15 Did the process for determining compensation of the following persons include a review and approval by incorpersons, comparability data, and contemporaneous substantiation of the deliberation and decision?	I1		
a The organization's CEO, Executive Director, or top management official	. 15a		<u>X</u>
b Other officers of key employees of the organization	15b		<u>X</u>
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			1
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement ventity during the year?	16a		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization status with respect to such arrangements?	participation on's exempt		
Section C. Disclosures	100		
17 List the states with which a copy of this Form 990 is required to be filed ► NONE			
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request	c)(3)s only) availabl	e for p	oublic
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of statements available to the public.	of interest policy, ar	nd fina	ncıal
20 State the name, physical address, and telephone number of the person who possesses the books and recor ►RUSSELL QUAGLIA 29 FALOUTH PORTLAND ME 04104	ds of the organizati	on [.]	

BAA

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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.
 See instructions for definition of 'key employees.'
- 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

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons

Check this box if the organization did no	t compen	sate a	iny (curre	ent (officer	, dır	ector, or trustee		
(A)	(B)			((c)			(D)	(E)	(F)
Name and Title	Average hours		tion (k all t	that app		Reportable compensation from	Reportable	Estimated amount of other
	per week	Individual trustee or director	Institutional trust	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the
		ecto	ution	. 4	mg	est co	ē			organization and related
		trus	al tru		oyee	ompe				organizations
		ee	stee			nsat				
DODEDM DAIDAGGT						<u>e</u>				
ROBERT_BALDACCI DIRECTOR	0							0.	0.	0.
DR RICK DALTON	U				<u> </u>			<u></u>		<u></u>
DIRECTOR	0							0.	0.	0.
JOHN RYAN								0.	<u> </u>	<u> </u>
CHAIRMAN	0							0.	0.	0.
TRACY SPICER									<u> </u>	
DIRECTOR	0							0.	0.	0.
RUSSELL J QUAGLIA										
PRESIDENT	50			Х	<u> </u>			129,900.	0.	0.
KRISTINE M FOX-QUAGLIA										
DIR PROD DEV	40	ļ				X		66,000.	0.	0.
MICHAEL J CORSO	İ									
DIR FIELD SERV	40					X		80,000.	0.	0.
SARA CERRETANI									_	_
OPERATION MGR	40				_	X		38,333.	0.	0.
DEBORAH J YOUNG	40					.,		20 061		0
ADMIN ASST DANIEL MINTER	40			 		Х		20,861.	0.	0.
DEVELOPMENT OFF	30					X		20,000.	0.	0.
DEVELOPMENT OFF	30							20,000.		
					-			-		
		ļ		_						
		<u> </u>		<u> </u>	_					
							<u> </u>			<u>.</u>

TEEA0107L 11/10/09

(A)

Name and business address

\$100,000 in compensation from the organization

Pa	T VIII Statement of Revenue	(A)	(B)	(6)	(D)
!		(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
25	1a Federated campaigns . 1a				3 - 7 - 3 - 3 - 3 - 1
YAN)	b Membership dues 1b				
S, GF	c Fundraising events. 1c				
AR /	d Related organizations				
tS, G	e Government grants (contributions) 1 e				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 421, 348.				
E O	g Noncash contribus included in lns 1a-1f: \$				
S₹	h Total. Add lines 1a-1f	421,348.			
3	Business Code				
S.	2a CONSULTING/SUPPORT	129,910.	129,910.		
2	b BOOKS	79,205.	79,205.		
≥ ≤	c	· <u> </u>			
SE	d				
₽₩	e	_			
8	f All other program service revenue	000 115			
		209,115.	 		<u> </u>
	3 Investment income (including dividends, interest and other similar amounts)	1,879.	1,879.		
	4 Income from investment of tax-exempt bond proceeds		2,0,3.		
	5 Royalties				
	(ı) Real (ıı) Personal				
į	6a Gross Rents .				<u> </u>
	b Less ⁻ rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . ▶				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses			:	
	c Gain or (loss)				1
	d Net gain or (loss)				<u> </u>
핔	8a Gross income from fundraising events				
E SE	(not including \$ of contributions reported on line 1c).				
OTHER REVEN	See Part IV, line 18		;		
Ë	b Less: direct expenses b				
6	c Net income or (loss) from fundraising events .				l
	9a Gross income from gaming activities See Part IV, line 19 . a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities	Te-com-			
	10a Gross sales of inventory, less returns	· · · · · · · · · · · · · · · · · · ·			
	and allowances a b Less' cost of goods sold b				<u>'</u>
	c Net income or (loss) from sales of inventory				
Ì	Miscellaneous Revenue Business Code	·			
	11 a				
	ь				
	c			-	
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	632,342.	210,994.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	129,900.	79,900.	50,000.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	225,194.	204,333.	20,861.	<u> </u>
Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,053.	6,156.	3,897.	
9 Other employee benefits.	10,033.	0,130.	3,057.	
10 Payroll taxes	25,733.	20,312.	5,421.	
11 Fees for services (non-employees)	25,755.	20,512.	3,421.	
a Management				
b Legal				
c Accounting	1,735.	1,735.		-
d Lobbying	1,755.	1,755.		
e Prof fundraising svcs. See Part IV, In 17				
f Investment management fees				
q Other				
12 Advertising and promotion	40,272.	40,272.		
13 Office expenses	18,209.	40/2/2.	18,209.	
14 Information technology	10/203.		10,205.	
15 Royalties				
16 Occupancy	87,271.	63,244.	24,027.	· · · · · · · · · · · · · · · · · · ·
17 Travel	113,902.	113,902.	24,027.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	110/302.	110/302.		
19 Conferences, conventions, and meetings.				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,832.	20,832.		
23 Insurance .	15,718.	10,718.	5,000.	
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below).				
a CONTRACTED SERVICES	28,347.	28,347.		- · · · · · · · · · · · · · · · · · · ·
b POSTAGE AND SHIPPING	1,900.	1,900.		
c	1	1,500.		
_1	1			
a				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	719,066.	591,651.	127,415.	0.
26 Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	123,000.	552, 302.	, 1201	<u> </u>
campaign and fundraising solicitation . BAA				Form 990 (2009)

				(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing			854,516.	1	545,603
2	Savings and temporary cash investments				2	201,731
3	Pledges and grants receivable, net .		[3	<u></u>
4	Accounts receivable, net				4	
5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trus II of S	tees, key employees, chedule L		5	
6	Receivables from other disqualified persons (as defin	ed und	ler section 4958(f)(1))			
	and persons described in section 4958(c)(3)(B) Com	plete F	Part II of Schedule L		6	
: 7	Notes and loans receivable, net			7		
7 8 9	Inventories for sale or use			8		
. g	Prepaid expenses and deferred charges		9			
10	a Land, buildings, and equipment cost or other basis.	10a	703,332.			
	Complete Part VI of Schedule D		· · · · · · · · · · · · · · · · · · ·			
	b Less accumulated depreciation	10ь	67,908.	656,256.	10 c	635,424
11	·				11	· · · · · · · · · · · · · · · · · · ·
12	Investments – other securities. See Part IV, line 11				12	
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 equal line	34)		1,510,772.	16	1,382,758
17	Accounts payable and accrued expenses				17	2,002,700
18	Grants payable				18	
19	Deferred revenue			-	19	
20	Tax-exempt bond liabilities .	•			20	
21	Escrow or custodial account liability Complete Part I		21			
22	Payables to current and former officers, directors, tru- highest compensated employees, and disqualified per	kev employees.				
	of Schedule L				22	
23	Secured mortgages and notes payable to unrelated the	nird pa	rties L		23	
24	Unsecured notes and loans payable to unrelated third	partie	s .		24	
25	Other liabilities. Complete Part X of Schedule D			367,000.	25	351,934
26	Total liabilities. Add lines 17 through 25.			367,000.	26	351,934
	Organizations that follow SFAS 117, check here ►	an	id complete lines			
·	27 through 29 and lines 33 and 34.		_			
27	Unrestricted net assets				27	
28	Temporarily restricted net assets				28	
29	Permanently restricted net assets .				29	
:	Organizations that do not follow SFAS 117, check he	re 🟲	X and complete			
	lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
1	Paid-in or capital surplus, or land, building, and equip	fund		31		
32	Retained earnings, endowment, accumulated income,		1,143,772.	32	1,030,824	
31 32 33 34	Total net assets or fund balances			1,143,772.	33	1,030,824
	Total liabilities and net assets/fund balances			1,510,772.	34	1,382,758

TEEA0111L 01/30/10

Form 990 (2009) QUAGLIA INSTITUTE FOR STUDENT ASPIRATION	20-2298927		Pa	age 12
Part XI Financial Statements and Reporting				
	_		Yes	No
1 Accounting method used to prepare the Form 990 $\overline{\mathrm{X}}$ Cash $\overline{}$ Accrual $\overline{}$ Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b Were the organization's financial statements audited by an independent accountant?		2b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overs review, or compilation of its financial statements and selection of an independent accountant?		2 c		
If the organization changed either its oversight process or selection process during the tax year, expliin Schedule O	aın			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year w consolidated basis, separate basis, or both	vere issued on a		ĺ	
Separate basis Consolidated basis Both consolidated and separate basis				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set fort Audit Act and OMB Circular A-133?		3a		x

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

	r the organization							Employe	r identifica	ition number		
	GLIA INSTITUTE								<u> 29892</u>			
Part	Reason for Pu	blic Charity Statu	is (All organizations	must	comple	ete this	s part.) See_ı	nstruc	tions		
The o	rganization is not a pri	vate foundation becai	use it is. (For lines 1 thro	ough 11,	check o	nly one	box)					
1			sociation of churches des		n sectio	n 170(b)	X1)(A)(i)).				
2			(A)(ii). (Attach Schedule									
3	F		e organization described									
4	A medical research	h organization operate	ed in conjunction with a l	hospital	describe	ed in se	ction 17	′0(b)(1)(A)(iii) E	nter the ho	spital's	s
_	name, city, and sta						- -				. .	
5	<u> </u>	Complete Part II)	of a college or universit				_	rnmenta	ıl unıt de	escribed in	sectio	n
6 7	X An organization th		governmental unit descr a substantial part of its si Part II)					it or fron	n the ge	neral publi	c desc	rıbed
8												
9												
10	—	•	exclusively to test for pi		•		٠,,	• •				
11	more publicly supp	orted organizations of	l exclusively for the bene described in section 509(zation and complete line	'a)(1) or	section	509(a)(c)	nctions (2) See	of, or ca section	rry out t 509(a)(3	he purpose 3). Check t	s of o	ne or k that
	a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other											
е	By checking this be than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	rganization is not control in one or more publicly s	lled directupporte	tly or in d organi	idirectly zations	by one describ	or more ed in se	disqual ction 50	lified perso 9(a)(1) or s	ons oth ection	ner
f		received a written def	termination from the IRS	that is	a Type I	, Type I	l or Typ	e III sup	porting	organizatio	n,	
g	Since August 17, 2	2006, has the organiza	ation accepted any gift of	r contrib	oution fr	om any	of the f	ollowing	persons	s?		
											Yes	No
	(i) a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or supported organization?	togethe	with pe	ersons d	escribe	d in (ii) a 	and (III)	11 g (i)		
	(ii) a family men	nber of a person desc	cribed in (i) above?.			•				11 g (ii)		
	(iii) a 35% contro	lled entity of a persor	n described in (i) or (ii) a	bove?						11 g (iii)		
<u>h</u>	Provide the followi	ng information about	the supported organization	ons.								
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	Is the tion in col d in your erning ment?	the organ	rou notify ization in (i) of upport?	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amoui	ıt of Sup	port
				Yes	No	Yes	No	Yes	No			
				<u> </u>								
		_										
												
Total		l .	1	1	1	ı	l .	i	ı 1			

	edule A (Form 990 or 990-EZ) 200 t II Support Schedule for	Organizations	Described in	Sections 170(Page 2
Saa	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1)				
	tion A. Public Support	 -		-				
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	'	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	205,000.	269,000.	634,960.	958,825.	339,7	08. 2,	407,493.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge.							0.
4	Total. Add lines 1-through 3	205,000.	269,000.	634,960.	958,825.	339,70	08. 2,	407,493.
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)							214,350.
6	Public support. Subtract line 5 from line 4						2,	193,143.
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4	205,000.	269,000.	634,960.	958,825.	339,70	08. 2,	407,493.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).							0.
11	Total support. Add lines 7 through 10						2.	407,493.
12	Gross receipts from related activ	rities, etc. (see ins	structions)	· · · · · · · · · · · · · · · · · · ·			12	0.
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	d, third, fourth, c	or fifth tax year as	a section 50	01(c)(3)	▶ 🗀
Sec	tion C. Computation of Pu	blic Support P	ercentage					
	Public support percentage for 20						14	91.1%_
15	Public support percentage from	2008 Schedule A,	Part II, line 14.	• •		· · L	15	0.0%
16 a	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a put	not check the box olicly supported or	on line 13, and ganization.	the line 14 is 33	·1/3 % or mo ·	re, check	this box
ŀ	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box oblicly supported or	on line 13, or 16a ganization		3-1/3% or mo	ore, check	this box
17 8	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	test, check this	box and stop her	e. Explain in	Part IV ho	. ► []
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstances	test, check this	box and stop her	e. Explain in	Part IV ho	
18	Private foundation. If the organi	zation did not che	ck a box on line.	13, 16a, 16b, 17a	, or 17b, check th	ns box and s	ee instruct	tions >

Schedule A (Form 990 or 990-EZ) 2009

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Section A. Public Support	cked the box on I					
Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513			-			
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						-
8 Public support (Subtract line	,		>	/	ν	-
7c from line 6)		*		* .	· · · · · · · · · · · · · · · · · · ·	
Section B. Total Support				<u> </u>		_l
Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	(2) 2000	(3) 2000	(0) 2007	(4) 2000	(6) 2003	(i) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 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 IV).						
13 Total support. (add ins 9, 10c, 11, and 12)						
14 First five years. If the Form 990 i organization, check this box and			d, third, fourth,	or fifth tax year as	a section 501(c)(3)
Section C. Computation of Pub			10			
15 Public support percentage for 200		· · ·	e 13, column (f)		. 15	
16 Public support percentage from 2					16	%
Section D. Computation of Inve				(0)		
17 Investment income percentage for			-	ımn (t))	. 17	
18 Investment income percentage fr					. <u>18</u>	
19a 33-1/3 support tests — 2009. If the o more than 33-1/3%, check this bo b 33-1/3 support tests — 2008. If the	ox and stop here. e organization die	The organization d not check a box	qualifies as a property on line 14 or 19	ublicly supported o a, and line 16 is m	rganization ore than 33-1/3	
is not more than 22 1/20/, shoot	this box and stor	nere. The organi	zation nualifies :	as a nublicly sunno	rted organizati	n ►
is not more than 33-1/3%, checkPrivate foundation. If the organization						

Part IV	Supplemental Information	on. Complete this part to and Part III line 12 Pro	o provide the explanation	s required by Part II, line 1 information. See instruction	Page 4 0;
		-			
	·				•
					·
	· 		· 		- -
	. 		- -	- 	
 -	·		·		- -
					.
_	· -				-
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					·
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TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

QUZ	AGLIA INSTITUTE FOR STUDENT AS	PIRATION		
				20-2298927
Pai	Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Oth o Form 990, Part IV, line	er Similar Funds or Acc e 6.	counts Complete If
		(a) Donor advised	funds (b)	Funds and other accounts
1	Total number at end of year .			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor	nor advisors in writing that the	assets held in donor advisor	4
	funds are the organization's property, subject	to the organization's exclusive	e legal control?	Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or dor	ing that grant funds may be nor advisor or for any other	Yes No
Pai	t II Conservation Easements Comple	ete if the organization ar	swered 'Yes' to Form 9	90. Part IV. line 7.
	Purpose(s) of conservation easements held by			30, 1 0.(17, 1110 / 1
•	Preservation of land for public use (e.g., r	,	Preservation of an historic	cally important land area
	Protection of natural habitat	coreation of preasure,	Preservation of certified h	* '
	Preservation of open space			installs structure
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	on contribution in the form of	a conservation easement on the
				Held at the End of the Year
á	Total number of conservation easements		2a	
Ł	Total acreage restricted by conservation ease	ments	2 b	<u> </u>
(Number of conservation easements on a certi-	fied historic structure included	1 in (a) 2c	
(Number of conservation easements included i	n (c) acquired after 8/17/06	2 d	
	Number of conservation easements modified,	· · · · · ·	ished, or terminated by the o	rganization during the tax
	year ►	_	-	_
4	Number of states where property subject to co	onservation easement is locate	ed >	
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring	ng, inspection, handling of vic	olations, Yes No
6	Staff and volunteer hours devoted to monitorii during the year ▶		conservation easements	
7	Amount of expenses incurred in monitoring, in during the year ►	nspecting, and enforcing conse	ervation easements \$	
8	Does each conservation easement reported or	n line 2(d) above satisfy the re	equirements of section	
٠	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		•	Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	to the organization's financial	statements that describes the	it, and balance sneet, and e organization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical wered 'Yes' to Form 990	Treasures, or Other Single Part IV, line 8.	milar Assets
1 2	If the organization elected, as permitted unde treasures, or other similar assets held for pub	r SFAS 116, not to report in it	s revenue statement and bala	ance sheet works of art, historical
	the text of the footnote to its financial statement	ents that describes these items	S	
ı	o If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:	r SFAS 116, to report in its re- lic exhibition, education, or re-	venue statement and balance search in furtherance of publi	e sheet works of art, historical ic service, provide the following
	(i) Revenues included in Form 990, Part VIII,	, line 1		► \$
	(ii) Assets included in Form 990, Part X.			►\$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or othe 116 relating to these items:	er sımılar assets for fınancıal	gain, provide the following
٠,	a Revenues included in Form 990, Part VIII, line	:1		. > \$
ı	Assets included in Form 990, Part X			. ▶\$

Schedule D (Form 990) 2009 QUAG				20-229				
Part III Organizations Mainta	ining Collect	ions of Art, Hist	orical Treasures, o	r Other Similar Ass	sets (continued)			
3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):								
a Public exhibition		d Loan	or exchange programs					
b Scholarly research								
c Preservation for future generations								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV								
5 During the year, did the organiza assets to be sold to raise funds	rather than to be	maintained as part	of the organization's co	ollection?	Yes No			
Part IV Escrow and Custodia 9, or reported an amo	I Arrangeme ount on Form	nts Complete if on the second of the secon	organization answe 21.	red 'Yes' to Form 9	90, Part IV, line			
1a Is the organization an agent, truincluded on Form 990, Part X?	stee, custodian,	or other intermediar	y for contributions or ot	her assets not	Yes No			
b If 'Yes,' explain the arrangement	t in Part XIV and	complete the follow	ring table					
					Amount			
c Beginning balance .			• • •	1 c				
d Additions during the year				1 d				
e Distributions during the year .				1 e				
f Ending balance			•	1f				
2a Did the organization include an a	amount on Form	990, Part X, line 21	7		Yes No			
b If 'Yes,' explain the arrangement	ın Part XIV.							
Part V Endowment Funds Co	mplete if orga	<u>anız</u> atıon answer	ed 'Yes' to Form 99	90, Part IV, line 10.				
	(a) Current yea	ır (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four years back			
1 a Beginning of year balance.								
b Contributions .								
c Net Investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses .								
g End of year balance .								
2 Provide the estimated percentag	e of the year en	d balance held as:	• • • • • • • • • • • • • • • • • • • •					
a Board designated or quasi-endov	vment 🟲	8						
b Permanent endowment ►								
c Term endowment ►	*							
3a Are there endowment funds not organization by:	in the possessio	n of the organization	that are held and admi	inistered for the	Yes No			
(i) unrelated organizations					3a(i)			
(ii) related organizations .			•		3a(ii)			
b If 'Yes' to 3a(II), are the related of	organizations list	ed as required on Se	chedule R?		3b			
4 Describe in Part XIV the intended								
Part VI Investments—Land, B	uildings, and	Equipment. See	e Form 990, Part X	, line 10.				
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value			
1 a Land								
b Buildings		<u> </u>	659,828.	46,156.	613,672.			
c Leasehold improvements								
d Equipment								
e Other			43,504.	21,752.	21,752.			
Total. Add lines 1a through 1e (Column	n (d) must equa	Form 990, Part X, o	column (B), line 10(c))	•	635,424.			
BAA				Sched	ule D (Form 990) 2009			

	FOR STUDENT ASPI		2298927 Pag
Part VII Investments-Other Securities See F			,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	aluation market value
Financial derivatives		oost or cha or year	market value
Closely-held equity interests			
Other			
····			
·			
·			
·			
·			
·	-		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments—Program Related (See	Form 990 Part X line	13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of v	aluation
(a) Description of investment type	(b) book value	Cost or end-of-year	market value
		-	
	1		
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13)			
	line 15) N/A		
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		(b) Book value
Part IX Other Assets (See Form 990, Part X,			(b) Book value
Part IX Other Assets (See Form 990, Part X,			(b) Book value
Part IX Other Assets (See Form 990, Part X,			(b) Book value
Part IX Other Assets (See Form 990, Part X,			(b) Book value
Part IX Other Assets (See Form 990, Part X,			(b) Book value
Part IX Other Assets (See Form 990, Part X,			(b) Book value
Part IX Other Assets (See Form 990, Part X,			(b) Book value
Part IX Other Assets (See Form 990, Part X,			(b) Book value
Part IX Other Assets (See Form 990, Part X,			(b) Book value
Part IX Other Assets (See Form 990, Part X,			(b) Book value
Part IX Other Assets (See Form 990, Part X, (a) D	escription		(b) Book value
Part IX Other Assets (See Form 990, Part X, (a) D (a) D Total. (Column (b) must equal Form 990, Part X, col.(B),	escription		
Part IX Other Assets (See Form 990, Part X, (a) D Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part	line 15) X, line 25)		
Part IX Other Assets (See Form 990, Part X, (a) D Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability	escription		
Part IX Other Assets (See Form 990, Part X, (a) D Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability Federal Income Taxes	line 15) X, line 25) (b) Amount		
Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability Federal Income Taxes DEFERRED WAGES PAYABLE 05	line 15) X, line 25) (b) Amount 110,000.		
Fotal. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability Federal Income Taxes DEFERRED WAGES PAYABLE 05 DEFERRED WAGES PAYABLE 06	line 15) X, line 25) (b) Amount 110,000. 150,000.		
Part IX Other Assets (See Form 990, Part X, (a) D Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability Federal Income Taxes DEFERRED WAGES PAYABLE 05 DEFERRED WAGES PAYABLE 06 DEFERRED WAGES PAYABLE 07	line 15) X, line 25) (b) Amount 110,000. 150,000. 71,834.		
Part IX Other Assets (See Form 990, Part X, (a) D Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability Federal Income Taxes DEFERRED WAGES PAYABLE 05 DEFERRED WAGES PAYABLE 06 DEFERRED WAGES PAYABLE 07	line 15) X, line 25) (b) Amount 110,000. 150,000.	-	
Part IX Other Assets (See Form 990, Part X, (a) D Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability Federal Income Taxes DEFERRED WAGES PAYABLE 05 DEFERRED WAGES PAYABLE 06 DEFERRED WAGES PAYABLE 07	line 15) X, line 25) (b) Amount 110,000. 150,000. 71,834.		
Part IX Other Assets (See Form 990, Part X, (a) D Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability Federal Income Taxes DEFERRED WAGES PAYABLE 05 DEFERRED WAGES PAYABLE 06 DEFERRED WAGES PAYABLE 07	line 15) X, line 25) (b) Amount 110,000. 150,000. 71,834.		
Part IX Other Assets (See Form 990, Part X, (a) D Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability Federal Income Taxes DEFERRED WAGES PAYABLE 05 DEFERRED WAGES PAYABLE 06 DEFERRED WAGES PAYABLE 07	line 15) X, line 25) (b) Amount 110,000. 150,000. 71,834.		
Part IX Other Assets (See Form 990, Part X, (a) D Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part	line 15) X, line 25) (b) Amount 110,000. 150,000. 71,834.		
Part IX Other Assets (See Form 990, Part X, (a) D Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability Federal Income Taxes DEFERRED WAGES PAYABLE 05 DEFERRED WAGES PAYABLE 06 DEFERRED WAGES PAYABLE 07	line 15) X, line 25) (b) Amount 110,000. 150,000. 71,834.		
Part IX Other Assets (See Form 990, Part X, (a) D Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Part (a) Description of Liability Federal Income Taxes DEFERRED WAGES PAYABLE 05 DEFERRED WAGES PAYABLE 06 DEFERRED WAGES PAYABLE 07	line 15) X, line 25) (b) Amount 110,000. 150,000. 71,834.		

			18927	Page 4
Par			N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)	. }		
2	Total expenses (Form 990, Part IX, column (A), line 25)	,		
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments .			
5	Donated services and use of facilities			
6	Investment expenses .			
7	Prior period adjustments	j		
8	Other (Describe in Part XIV)	.]		
9	Total adjustments (net) Add lines 4 through 8 .]		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	N/A	
1	Total revenue, gains, and other support per audited financial statements .	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments 2a			
t	Donated services and use of facilities . 2b			
c	Recoveries of prior year grants . 2c			
	Other (Describe in Part XIV) . 2d	.		
	Add lines 2a through 2d.	2e		
	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		-	
	Investments expenses not included on Form 990, Part VIII, line 7b.			
	Other (Describe in Part XIV)	1		
	Add lines 4a and 4b	4c		
-	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn N/A	
1	Total expenses and losses per audited financial statements	1	111 14/21	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities . 2a			
	Prior year adjustments			
-				
	Other (Describe in Part XIV)			
	Add lines 2a through 2d.	2e		
	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b 4a			
	Other (Describe in Part XIV)			
_	Add lines 4a and 4b	4c		
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5		
Par	t XIV Supplemental Information			
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this pa mation.	lines rt to p	1b and 2b; Parovide any add	rt V, Iitional
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Schedule D	(Form 990) 2009 Supplemental	QUAGLIA	INSTITUTE on (continued	FOR STUD	ENT ASPI	RATION	20-22989	27 Page 5
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

> Attach to Form 990.

QUAGLIA INSTITUTE FOR STUDENT ASPIRATION 20-2298927 FORM 990, PART III, LINE 1 - ORGANIZATION MISSION THE QUAGLIA INSTITUTE FOR STUDENT ASPIRATIONS WORKS WITH THOUSANDS OF DISADVANTAGED STUDENTS IN RURAL AND URBAN AREAS ACROSS THE COUNTRY. OUR GOALS ARE TO HELP THE STUDENTS HAVE FUTURE ASPIRATIONS AND BE EXCITED ABOUT LEARNING. SCHOOLS REPORT THAT STUDENTS ARE MORE ENGAGED, ASK MORE QUESTIONS, AND BECOME LEADERS WITH OUR HELP AND INTERVENTION. WE ENCOURAGE STUDENTS TO BECOME INVOLVED IN SCHOOL AND THEIR COMMUNITY. WE HAVE GIVEN TEACHER GUIDES AND RESOURCES TO THOUSANDS OF SCHOOLS WHICH OFTEN ARE UNABLE TO AFFORD PROFESSIONAL DEVELOPMENT MATERIALS. TEACHER ENGAGEMENT AND PASSION IS INCREASED THROUGH OUR WORK. WE CONDUCT DISTRICT WIDE KEYNOTES AND PARENT PRESENTATIONS OFTEN AT NO COST. THROUGH OUR WORK WITH PARENTS, WE SEE PARENT'S FEARS AND APPREHENSION AROUND SCHOOL DIMINISH. THROUGHOUT THE PAST YEAR, WE HAVE BEEN ABLE TO ENGAGE WELL OVER THENTY THOUSAND EDUCATORS AT REGIONAL, AND NATIONAL WORKSHOPS AND CONFERENCES. DIRECTLY IMPACTING OVER 75,000 STUDENTS, 50,000 TEACHERS, 10,000 ADINSTRATORS AND 5,000 PARENTS. FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS THE QUAGLIA INSTITUTE FOR STUDENT ASPIRATIONS WORKS WITH THOUSANDS OF DISADVANTAGED STUDENTS IN RURAL AND URBAN AREAS ACROSS THE COUNTRY. OUR GOALS ARE TO HELP THE STUDENTS HAVE FUTURE ASPIRATIONS AND BE EXCITED ABOUT LEARNING. SCHOOLS REPORT THAT STUDENTS ARE MORE ENGAGED, ASK MORE QUESTIONS, AND BECOME LEADERS WITH OUR HELP AND INTERVENTION. WE ENCOURAGE STUDENTS TO BECOME INVOLVED IN SCHOOL AND THEIR COMMUNITY. WE HAVE GIVEN TEACHER GUIDES AND RESOURCES TO THOUSANDS OF SCHOOLS WHICH OFTEN ARE UNABLE TO AFFORD PROFESSIONAL DEVELOPMENT MATERIALS. TEACHER ENGAGEMENT AND PASSION IS INCREASED THROUGH OUR WORK. WE CONDUCT DISTRICT WIDE KEYNOTES AND PARENT PRESENTATIONS OFTEN AT NO COST. THROUGH OR WORK WITH PARENTS, WE SEE PARENT'S FEARS AND APPREHENSION AROUND SCHOOL DIMINISH. THROUGHOUT THE PAST YEAR, WE HAVE BEEN ABLE TO ENGAGE WELL OVER TWENTY THOUSAND EDUCATORS AT REGIONAL, AND NATIONAL WORKSHOPS

Schedule O (Form 990) 2009 Name of the organization	Page 2 Employer identification number
QUAGLIA INSTITUTE FOR STUDENT ASPIRATION	20-2298927
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (C	CONTINUED)
AND CONFERENCES. DIRECTLY IMPACTING OVER 75,000 STUDENTS, 50	,000 TEACHERS, 10,000
ADMINSTRATORS AND 5,000 PARENTS.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
NO REVIEW WAS OR WILL BE CONDUCTED.	
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Name of the orga	nization	Employer identification number	Page 2
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