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SCANNED WAR 12

Form **9_0-EZ**

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

Department of the Treasury Open to Public Inspection Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning and ending В Check if applicable C Name of organization D Employer identification number Address change use IRS label or Name change ACE MENTOR PROGRAM OF MASSACHUSETTS INC 26-4075224 print o type Number and street (or P O box, if mail is not delivered to street address) initial return E Telephone number Room/suite Specific 200 PORTLAND STREET Termin-ated 617-247-5533 Amended return City or town, state or country, and ZIP + 4 F Group Exemption Application pending BOSTON, MA 02114 Number > Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method X Cash Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► WWW.ACEMENTOR.ORG/788 H Check ► X If the organization is not Tax-exempt status (check only one) $-\mathbf{X}$ 501(c) (3) \blacktriangleleft (insert no) 494<u>7(a)(1)</u> or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check \(\textbf{X} \) If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return 13,200. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 11,400. 1 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5с Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 11,400 • of contributions Gross revenue (not including \$ 1,800 reported on line 1) ßа Less direct expenses other than fundraising expenses 6b 1,800. Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe 8 13,200. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employed benefits 12 Professional fees and other payments to independent contractors
FEB 2 4 2010 RS-OSC 13 13 Occupancy, rent, utilities, and maintenaher 14 14 15 Printing, publications, postage, and shipping 15 SEE STATEMENT 1) 6,679. 16 Other expenses (describe 16 6,679. 17 Total expenses. Add lines 10 through 10 17 6,521. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 12,850. 19 20 Other changes in net assets or fund balances (attach explanation) 20 19,371. Net assets or fund balances at end of year Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 12,850. 19,371. 22 22 Cash, savings, and investments 23 23 Land and buildings 24 Other assets (describe 24

Net assets or fund balances (line 27 of column (B) must agree with line 21) LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

19,371.

19,371.

Total liabilities (describe ▶

25

26

Total assets

12,850

12,850.

25

26

Forr	n 990-EZ (2009) ACE MENTOR PROGRAM OF MAS	SACHUSETTS IN	С	26-	40752	24 Page 2
P	art 排 Statement of Program Service Accomplishmer	its (See the instructions for	Part III)		Ez	rpenses
	at is the organization's primary exempt purpose?PROVIDE SCHLOR				7	or section 501(c)(3)
					and 501(c)(4	l) organizations and
the	scribe what was achieved in carrying out the organization's exempt purp services provided, the number of persons benefited, and other relevan	coses. In a clear and conc	ise manner, descri	De	1	7(a)(1) trusts, optional
		illiornation for each prog	ram title.		for others)	
28	N/A					
	(Grants \$) If this amount includes foreign g	rants, check here			28a	
29						
						
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	(Grants \$) If this amount includes foreign g	rants check here	•		29a	
30	7 in this difficulty includes foreign a	rante, encek nore			150	
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	(Grants \$) If this amount includes foreign g	rants, check here		بب	30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>		31a	.
	Total program service expenses (add lines 28a through 31a)				32	
Pi	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ren if not compensated	(See the	instructions (for Part IV)
					ntributions	
	(a) Name and address	(b) Title and average hours	(c) Compensation		mployee	(e) Expense
	(a) Name and address	per week devoted to position	(If not paid, enter -0)		fit plans &	account and other allowances
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ED	WARD J. CALLAHAN	TREASUER			ponsation	
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38 Duff the organization engage in any activity not previously reported to the IRS? If Yes, "attach a detailed description of each activity 34 Were any changes made to the organizing or governing documents? If Yes, "attach a conformed copy of the changes if the organization had income from business activities, such as those reported on lines? 6, and 7a (among others), but not reported on Form 990-7, attach a statement explaining with the organization did not report the income on Form 990-1. But the organization have unrelated business greats income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 10 If Yes, fast filled a tax return on Form 990-1 for this year? 11 If Yes, and the did a tax return on Form 990-1 for this year? 12 If Yes and the did a tax return on Form 990-1 for this year? 13 If the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N 12 If Yes and the organization berow from or, or make any losines to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 12 If Yes, Complete Schedule L. Part 1 and enter the total amount involved 13 If Yes, Complete Schedule L. Part 1 and enter the total amount involved 14 If Yes, and capital contributions included on line 9 15 If Yes, Complete Schedule L. Part 1 and enter the total amount involved 16 If Yes, and capital contributions included on line 9 18 If Yes, and capital contributions included on line 9 19 If Yes, complete Schedule L. Part 1 10 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under sections 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization managers or orbit and that the transaction has not been reported on any of the organizations. Enter amount of tax imposed on organization m	Pε	ort V Other Information (Note the statement requirements in the instructions for Part VI.)			
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes of the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (termo) others), but not reported on ferm 990-T, attach a statement explaining why the organization did not report the income on Form 990-T and the organization and proxy tax requirements? If "Yes," has it filed a fax return on Form 990-T for this year? If "Yes," has it filed a fax return on Form 990-T for this year? If "Yes," has it filed a fax return on Form 990-T for this year? If "Yes," has it filed a fax return on Form 990-T for this year? If "Yes," has it filed a fax return on Form 990-T for this year? If "Yes," has it filed a fax return on Form 990-T for this year? If "Yes," has it filed a fax return on Form 990-T for this year? If "Yes," has it filed a fax return on Form 990-T for this year? If "Yes," has it filed a fax return on Form 990-T for this year? If "Yes," has it filed a fax return on Form 990-T for this year? If "Yes," has it filed a fax return on Form 990-T for this year? If "Yes," has it filed a fax return on Form 990-T for this year? If "Yes," has it filed a fax return on Form 990-T for 990-T for 990-T form 990-T for		*		Yes	No
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Yes N 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Sometimes of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
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Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 2 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 2					
Form 990-EZ 44 3 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Completed instead of Form 990-EZ				Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 2	44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
completed instead of Form 990-EZ		Form 990-EZ	44		X
	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
Form 990-EZ (20		completed instead of Form 990-EZ	45		X
			Form 9	190-EZ ((2009

Form 990-E	, 		MASSACHUSETTS I		<u> 26–40752</u>		Page 4
Part VI			n 4947(a)(1) nonexemp ble trusts must answer quest				
46 Did th	ne organization engage in direct or	indirect political campaign activit	ties on behalf of or in opposition t	o candidates for pub	lic	Y	es No
	? If "Yes," complete Schedule	• • •	and on bones of or an opposition t	o pas	Γ	46	X
	ne organization engage in lobbying		Schedule C. Part II		F	47	X
	organization a school as describe	·			F	48	X
	ne organization make any transfers		· ·		<u> </u>	49a	X
	s," was the related organization a s		tiod organization		-	49b	
	plete this table for the organization	▼	lovees (other than officers, direct	are truetage and kay	<u>-</u>		od more
	\$100,000 of compensation from th			oro, trustees and key	employees/ wito ea	CII IGCGIV	eu mole
	(a) Name and address of eac than \$100, N		(b) Title and average hour per week devoted to position	s (c) Compensatio	(d) Contributions to employee benefit plans & deferred compensation	(e) E	xpense unt and lowances
f Total	number of other employees paid o						
51 Comp	olete this table for the organization' dization of there is none, enter "Non	s five highest compensated indep	pendent contractors who each rec	ceived more than \$10	00,000 of compensa	tion from	the
	(a) Name and address of eac	h independent contractor paid m	nore than \$100,000	(b) Type of s	service (c	Compen	sation
d Total	number of other independent cont	ractors each receiving over \$100	9 98,	>			
Sign	Under penalties of penury, I fectare the correct, and complete Decidation of	at I have examined this return, including paper (other than officer) is based on	ng accompanying schedules and statem all information of which preparer has a	nents, and to the best of ny knowledge	my knowledge and beli	ef, it is true	,
Here	Signatule of officer		1		1/-/8- Date	10	
	EDWARD J. CA	LLAHAN, TREASUI	RER				
							
Paid	Preparer's signature	1			reparer's identifying nu		_
Preparer's Use Only			7 / 1/0 W e	mployed		1433	
		& DRISCOLI, D	.c.	EIN	▶ 04-268	4828	}
		RTLAND STREET		Ph	one 🕨		
		, MA 02114		no	617-74	2-77	88
May the IRS	S discuss this return with the prepa		ons			Yes	☐ No
			-				m (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
ACHEIVEMENT AWARDED FUNDRAISER MEALS - APRIL 2009 INSURANCE MEALS/MENTOR MEETINGS SCHOLARSHIPS AWARDED BANK FEE		1,500. 1,008. 1,156. 1,739. 1,250. 26.
TOTAL TO FORM 990-EZ, LINE 16		6,679.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRA		STATEM! S			2
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[] YE	S [X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• [] YE	S [X]	NO