

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

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

alldog of acqo aciosquil

	A I	For the 2009 ca <u>lenda</u>	r year, or tax year beginning	, 2009, ar	nd endin			,
	<u>B</u> (Check if applicable	C				D Employer	identification number
	∐,	Address change Please use IRS	ACE MENTOR PROGRAM	FREDERICK AFFILIATE,	,		51-04	<u> 165877 </u>
		Name change label or print or	TING. C/O C. KIII	, BECHTEL INC.		[ī	E Telephone	number
	ЦI	nitial return type.	5275 WESTVIEW DR					
	<u> </u>	Termination See Specific	FREDERICK, MD 2170	3		F		
	LJ,	Amended return Instruc-				[8	F Group E	emption
-	Ш	Application pending			Т		Number	
_		• Section 501(c)(must att	3) organizations and 4947(a)(ach a completed Schedule A) nonexempt charitable trusts Form 990 or 990-EZ).	G	Accounting no Other (specif		Cash Accrual
					Н	Check ►	If the or	ganization is not
	۱ ۱	Website: ► N/A				required to a	ttach Sche	edule B (Form 990,
_		Tax-exempt status (check		- (missis may)	527	990-EZ, or 9		
	:	\$25,000 A Form 990-E	Z or Form 990 return is not requ	(a)(3) supporting organization and red, but if the organization chooses	to file a r	eturn, be sure	e normally to file a co	not more than mplete return
•	L	Add lines 5b, 6b, and nstead of Form 990-E	7b, to line 9 to determine gro	ss receipts; if \$500,000 or more, f	file Form	990	► \$	31,021.
ſ	Pa	Revenue.	Expenses, and Change	s in Net Assets or Fund Ba	lances	(See the II	nstructio	ns for Part I.)
			ifts, grants, and similar amou			· · · · · · · · · · · · · · · · · · ·	1	31,021.
			e revenue including governme				2	
		_	es and assessments .				3	
		4 Investment inco					. 4	
			rom sale of assets other than	nventory	5a			<u> </u>
			her basis and sales expenses		5b			
	R		sale of assets other than inventory (Si		<u> </u>		5c	
	Ë			Schedule G). If any amount is from gaming	n check b	ere ►		-
	REVEZU			of contributions	ig, oncor in	io [
		a Gross revenue	• —		6a			
	E	reported on line	•		6b			
	i		enses other than fundraising		6 D			
) from special events and activities (S				. <u>6c</u>	
			nventory, less returns and allo		7a			
		b Less cost of go		· ·	7Ь			
			(loss) from sales of inventory	Subtract line /b from line /a)		•	7c	
		8 Other revenue (desc					_) <u>8</u>	
		9 Total revenue	Add lines 1, 2, 3, 4, 5c, 6c, 7c	and 8 .			▶ 9	31,021.
		10 Grants and sim	ilar amounts paid (attach sche	dule) RECEIV		PEMENT 1	. 10	9,300.
	F	11 Benefits paid to	or for members	LACCEIV	/ <u>EU</u>	וכזו	11	
	E X P E	12 Salaries, other	compensation, and employee	benefits		XI	12	
	Ē	13 Professional fee	es and other payments to inde	pendent contractors ΔUG :1c.	2010	0	13	1,190.
	N S	14 Occupancy, ren	t, utilities, and maintenance	[m]		က် ကြ	14	
	E	15 Printing, publica	ations, postage, and shipping			图.	15	189.
	١	16 Other expenses (des	scribe - SEE STATEMENT	2 OGDEN	UT	<u> </u>	16	17,743.
_	1	17 Total expenses	. Add lines 10 through 16				▶ 17	28,422.
		18 Excess or (defin	cit) for the year (Subtract line	17 from line 9)			18	2,599.
7	Ą	`	, , ,	ear (from line 27, column (A)) (mi	ust agra	o with and of	voar	,
2	N S	figure reported	on prior year's return)	ear (non line 27, column (A)) (m	ayıcı	·	19	14,835.
>	TE		in net assets or fund balances	(attach explanation) SEI	E STAT	TEMENT. 3	20	-8,251.
7	S	_	and balances at end of year C				▶ 21	9,183.
֡֝֟֝֝֟֝֟֝֝֓֓֓֓֓	Pe			e 25, column (B) are \$1,250,000 c	or more.	file Form 990		
			(See the instructions for			A) Beginning		(B) End of year
ī	22	Cash, savings, and					940. 22	37,689.
ž	23	-			.		23	
_	24	•	ribe ► SEE STATEMENT	4)	. —	8.	895. 24	4,494.
	25			 -	. \vdash		835. 25	42,183.
)	26		scribe - SEE STATEMEN		·		000. 26	33,000.
1	27		balances (line 27 of column (l				835. 27	9,183.
				otice, see separate instructions.	• 1			Form 990-EZ (2009)
				, ove separate manacuoma.				1 UIIII JJU"EL (2003)

1					
Form 990-EZ (2009) ACE MENTOR PROG				-046	55877 Page 2
Part III Statement of Program Ser	vice Accomplishments	(See the instruction	ons.)	(Pag	Expenses
What is the organization's primary exempt purpose? SEI	E STATEMENT 6			501(uired for section c)(3) and (4)
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purp	oses. In a clear and co	ncise manner, each	orgar 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
program title	persons benefited, or other			for o	thers)
28 MENTOR PROGRAM TO HELP MO		- -			
CONSTRUCTION AND ENGINEER		Y. THE PROGRAM	<u> HAS 60-80</u>		
STUDENTS YEAR INVOLVED IN	THE PROGRAM.				
<u> </u>	is amount includes foreign gi		<u> </u>	28 a	11,925.
29 PROVIDE SCHOLARSHIPS TO S		. 	- -	.	
MENTORING PROGRAM. FOR TH	E YEAR 2008 17 SCH	OLARSHIPS WERE	_PROVIDED		
TO STUDENTS.]	
(Grants \$) If th	is amount includes foreign gi	rants, check here		29 a	9,300.
30					
				.	
			- -	1 20-	
·	is amount includes foreign gi	rants, check here		30 a	
31 Other program services (attach schedule (Grants \$) If the	e) Is amount includes foreign gi	rants check here	►Ü	31 a	
32 Total program service expenses (add III		ants, check here .		32	21,225.
Part IV List of Officers, Directors,		plovees. List each or	ne even if not con		
	(b) Title and average hours	(c) Compensation (If	(d) Contributions	s to	(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compensa	ns and	and other allowances
	to position		deferred compense	10011	
SEE STATEMENT 7		0.		0.	0.
SEE STATEMENT /		<u> </u>			
	-				
			-		
					1
			 		
	i .	i e			

TEEA0812L 01/30/10

Form **990-EZ** (2009)

BAA

orn	m 990-EZ (2009) ACE MENTOR PROGRAM FREDERICK AFFILIATE, 51-046587	7	Р	age 3
	Other Information (Note the statement requirements in the instrs for Part V.) SEE STA			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
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.	, 	* : :	
	a 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?	35 a		X
ı	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0. b Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans 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?	38 a		X
ŧ	b if 'Yes,' complete Schedule L, Part II and enter the total amount involved	Ĭ.		
39	Section 501(c)(7) organizations. Enter			* *
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities 39b N/A		, ,	*
10 a	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0.; section 4915 ► 0.	3 4 4 3 7	*	· · ·
ŀ	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	40 b		
(c 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			
	e 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	40 e		X
••	Elst tile states man miller a copy of tills fetam is med		_	
12 a	a The organization's books are in care of ► SANDY KNIGHT Telephone no. ► Located at ► 5275 WESTVIEW DRIVE FREDERICK MD ZIP + 4 ► 21703		·	
ł	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 account)?	42 b	Yes	No X
	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 a Foreign Bank and Financial Accounts.			
•	c 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:	42c]	<u>X</u>
12	Section 4947(a)(1) pagesyempt charatable trucks filing Farm 999 F7 in hour of Farm 1944. Object to a			N / 2
•••	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		_	N/A N/A
1.4	Did the expansion maintain any depart advised funds? If N/ LF 000	_	Yes	No
	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>X</u>
15	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		<u>x</u>

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 47 Did the organization engage in blobying activities? If Yes, complete Schedule C, Part II 48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E 48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E 48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E 48 Is X 49 In Yes, was the related organization as section 527 organization? 50 Complete this table for the organization of the highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization in If there is none, employees; who each received more than \$100,000 of compensation from the organization. 60 Complete this table for the organization of the organization from the organization from the organization of the organization	Part VI	Section 501(c)(3) organization 501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) nor	nexempt charitable	charitable trusts only le trusts must answer of	All sec question	tion s	
47 Dut the organization and activates of the contraction of the property of th	46 Did	the organization engage in direct or indire	ct political campaign act	vities on behalf of or	in opposition to candidates		Yes	No
State organization as school as described in section 170(b)(1)(A)(v)(1) if Yes, complete Schedule E 48 X 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 b					·			
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Diff Yes, was the related organization's section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, furstees and key employees) who each received more than \$100,000 of compensation from the organization (if there is none, enter None.) (i) Name and address of each highest pand over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 (i) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None (ii) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None (iii) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None (iii) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization of the organization of peptide security in the organization of the organization of peptide sec				•				
b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter None. (a) Name and address of each imployee paid over \$100,000 of compensation from the organization of the position o								
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None: (a) Name and address of seath employee paid (b) Time and average devoted to position. (b) Time and average devoted to position. (c) Complete this stable for the organization's five highest compensation from the organization deterried compensation. (d) Experts deferred compensation. (e) Compensation. (f) Total number of other employees paid over \$100,000. (e) Total number of other employees paid over \$100,000. (g) Name and address of each independent contractors five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None: (g) Name and address of each independent contractor paid more than \$100,000. (h) Name and address of each independent contractor paid more than \$100,000. (h) Name and address of each independent contractor paid more than \$100,000. (g) Type of service of the organization. If there is none, enter None: (g) Compensation from the organization. If there is none, enter None: (g) Type of service of the organization from the organization fro		- · · · · · · · · · · · · · · · · · · ·	*	•				<u> </u>
## Complete this table for the organization if there is none, enter None Complete this table for the organization if the organization is the organization and address of each independent contractor paid more than \$100,000 of compensation in the organization in the organization is the organization in the organization in the organization is the organization in the		- ·	•					
A Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other independent contractors five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE Under penalties of persyry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is but to cover, including accompanying schedules and statements, and to the best of my knowledge and belief, it is but to cover, including accompanying schedules and statements, and to the best of my knowledge and belief, it is significant in the prepared has any knowledge and belief, it is significant in the prepared has any knowledge and belief, it is significant in the prepared of the prepared statements and the significant in the prepared statements and the significant in the prepared statements and the significant in the prepared statement in the prepared state	50 Com emp	nplete this table for the organization's five ployees) who each received more than \$10	0,000 of compensation	from the organization	If there is none, enter 'Nor	ne.'		
f Total number of other employees paid over \$100,000 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE Under penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true. correct, infloorophete Declaration of prepared (offs; sharp effect) is based on all information of which preparer has any knowledge and belief, it is true. correct, infloorophete Declaration of prepared (offs; sharp effect) is based on all information of which preparer has any knowledge and belief, it is surface. The preparer has any knowledge and belief, it is surface. The preparer has any knowledge and belief, it is surface. The preparer has any knowledge and belief, it is surface. The preparer has any knowledge and belief, it is surface. The preparer has any knowledge and belief, it is surface. The preparer has any knowledge and belief, it is surface. The preparer has any knowledge and belief, it is surface. The preparer has any knowledge and belief, it is surface. The preparer has any knowledge and belief, it is surface. The preparer has any knowledge and belief, it is surface. The preparer has any knowledge and belief, it is surface. The preparer has any knowledge and belief, it is surface. The preparer has any knowledge and belief, it is true. Correct, infloorophete Declaration of preparer has any knowledge and belief, it is true. Correct, infloorophete Declaration of preparer has any knowledge and belief, it is true. Correct, infloorophete Declaration of preparer has any knowledge and belief, it is true. Correct, infloorophete Declaration of preparer has any knowledge and belief, it is true. The preparer has any knowledge and belief, it is true. The prep		a) Name and address of each employee paid more than \$100,000	hours per week	(c) Compensation	benefit plans and	account	and	ì
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other time princer) is based on all information of which preparer has any knowledge Sign Here Paid Preparer's Signalive of other in the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other time princer) is based on all information of which preparer has any knowledge Signalive of other penalties of perjury, I declare that I have examined this return. Including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and correct penalties of penjury of the penalties of penjury of my knowledge and belief, it is true, correct, and correct penalties of penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and	NONE _	·						
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other time princer) is based on all information of which preparer has any knowledge Sign Here Paid Preparer's Signalive of other in the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other time princer) is based on all information of which preparer has any knowledge Signalive of other penalties of perjury, I declare that I have examined this return. Including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and correct penalties of penjury of the penalties of penjury of my knowledge and belief, it is true, correct, and correct penalties of penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and								
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other Language Control of Septiment Correct Office of Septiment Correct Office Correct		·						
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other time princer) is based on all information of which preparer has any knowledge Sign Here Paid Preparer's Signalive of other in the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other time princer) is based on all information of which preparer has any knowledge Signalive of other penalties of perjury, I declare that I have examined this return. Including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and correct penalties of penjury of the penalties of penjury of my knowledge and belief, it is true, correct, and correct penalties of penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and								
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other Language Control of Septiment Correct Office of Septiment Correct Office Correct		·						
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other Language Control of Septiment Correct Office of Septiment Correct Office Correct								
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other Language Control of Septiment Correct Office of Septiment Correct Office Correct								
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other Language Control of Septiment Correct Office of Septiment Correct Office Correct								
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other time princer) is based on all information of which preparer has any knowledge Sign Here Paid Preparer's Signalive of other in the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other time princer) is based on all information of which preparer has any knowledge Signalive of other penalties of perjury, I declare that I have examined this return. Including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and correct penalties of penjury of the penalties of penjury of my knowledge and belief, it is true, correct, and correct penalties of penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and belief, it is true, correct penjury of my knowledge and								
(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 . Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, impromptete Declaration of preparer (objective) is based on all information of which preparer has any knowledge and belief, it is signalaye orioffyler Paid Preparer's signalaire Preparer's signalaire France or yours if self- use of the true or print scale and title REVIN R. HESSLES from Ascala Size of Size or print self- each signalaire or print scale and title Preparer's signalaire LINTON SHAFER WARFFELD & GARRETT, P.A., CPA'S employed. M/A FREDERICK, MD 21702 May the IRS discuss this return with the preparer shown above? See instructions Propose of Size or print scale or print scale and title Preparer's identifying Number self- self	f Tota	al number of other employees paid over \$1	00,000					
d Total number of other independent contractors each receiving over \$100,000. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, indicomplete. Declaration of preparer (other than efficier) is based on all information of which preparer has any knowledge and belief, it is true, correct, indicomplete. Declaration of preparer (other than efficier) is based on all information of which preparer has any knowledge and belief, it is signature. Preparer's signature Sig	51 Com	nplete this table for the organization's five appensation from the organization. If there is	highest compensated in s none, enter 'None'	dependent contractor	s who each received more t	han \$100	,000	of
d Total number of other independent contractors each receiving over \$100,000. Under penalties of perium, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than effect) is based on all information of which preparer has any knowledge. Signal	770177	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Compe	nsation	1
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than efficer) is based on all information of which preparer has any knowledge Signature Signatu	NONE _	·	. 					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than efficer) is based on all information of which preparer has any knowledge Signature Signatu								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than efficer) is based on all information of which preparer has any knowledge Signature Signatu		·						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than efficer) is based on all information of which preparer has any knowledge Signature Signatu	-							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than efficer) is based on all information of which preparer has any knowledge Signature Signatu								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than efficer) is based on all information of which preparer has any knowledge Signature Signatu								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than efficer) is based on all information of which preparer has any knowledge Signature Signatu								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than efficer) is based on all information of which preparer has any knowledge Signature Signatu								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than efficer) is based on all information of which preparer has any knowledge Signature Signatu			 		<u> </u>			
Sign Here Signal	d Tota	al number of other independent contractors	s each receiving over \$1	00,000				
Sign Here Signal		Under penalties of periury. I declare that I have exam	ned this return, including accord	inanying schedules and state	aments, and to the hest of my knowles	dae and beli	of itie	
Paid Preparer's signature of offiger Preparer's Signature of offiger Firm's name (or yours if self-employed), address, and ZiP + 4 May the IRS discuss this return with the preparer shown above? See instructions. Date Signature Date Signature Date Self-employed Preparer's identifying Number (See instructions) N/A Phone no N/A Phone no N/A No		true, correct, and complete Declaration of preparer (c	other than officer) is based on al	I information of which prepai	rer has any knowledge	ige and bein	;i, it is	
Paid Preparer's signature of offiger Preparer's Signature of offiger Firm's name (or yours if self-employed), address, and ZiP + 4 May the IRS discuss this return with the preparer shown above? See instructions. Date Signature Date Signature Date Self-employed Preparer's identifying Number (See instructions) N/A Phone no N/A Phone no N/A No	C:	Dans - la	95%		1 8-11-201	^		
Paid Preparer's signature Proparer's Use Proparer's Use Only Preparer's Identifying Number (See instructions) Preparer's Signature KEVIN R. HESSLER Fund Date See Instructions N/A	Sign Here	Signalare oftoffiger				<u> </u>		
Paid Pre- parer's signature Firm's name (or yours if self- employed), address, and ZiP + 4 May the IRS discuss this return with the preparer shown above? See instructions. Preparer's Identriving Number (See instructions) N/A Phone no N/A Phone no N/A N/A N/A N/A N/A N/A	11010	1 12 04	Bucke	Chairm				
Paid Preparer's signature Preparer's Signature KEVIN R. HESSLER Jumb Odesslar 8/5/10 Set Instructions N/A			1-0:10-1	UN BIT W				
Pre- parer's Use Only May the IRS discuss this return with the preparer shown above? See instructions. Signature Signature KEVIN R. HESSLER Yund Olessol 8 51/0 Semployed N/A	D-1-1	Prenarer's	0>3-1	Date	Check if Prepar	er's identifyi	ng Nun	nber
Parer's Use Only Firm's name (or yours if self-employed), address, and ZiP + 4 LINTON SHAFER WARFIELD & GARRETT, P.A., CPA'S EIN ► N/A 201 THOMAS JOHNSON DRIVE FREDERICK, MD 21702 Phone no ► (301) 662-9200 May the IRS discuss this return with the preparer shown above? See instructions. ► X Yes No			Sumo Tales	sla 8/5/10	self-	.saucaons)		
Use Only Phone no N/A EIN N/A FREDERICK, MD 21702 Phone no (301) 662-9200 May the IRS discuss this return with the preparer shown above? See instructions. X Yes No			ARFÍELD & GARRE	TT, P.A., CPA	'S			
May the IRS discuss this return with the preparer shown above? See instructions. Phone no ► (301) 662-9200 X Yes No	Use	employed), ZUI THOMAS JOHNS			EIN ► N/		_	
		ZIP + 4 FREDERICK, MD Z.					_	
BAA Form 990-F7 (2009)	May the II	RS discuss this return with the preparer sh	own above? See instruc	tions.				

SCHEDULE A (Form 990 or 990-EZ)

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.

මාධාල ලෝගිය මොමෙලෝග්

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Total

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

ACE MENTOR PROGRAM FREDERICK AFFILIATE, INC. C/O C. RITZ, BECHTEL INC.

Employer identification number 51-0465877

Da.	1312	Re	asnr	for P	ıblic	Chari	ty Statu	s (All	Organ	nizations	must /	omole	te this	part \	See	nstruct	ions		
										lines 1 thre					<u> </u>	.50.400			
1	عو ، د			•						urches des	_				.				
2	\vdash	ł								Schedule		30000	, .,	(- // - // - /	•				
3	\vdash									described		on 1 70 (l	bY1YAY	iii).					
4	\vdash														0(bY1Y#	Miii) Er	nter the ho	spital'	5
7	L_	,		y, and st	_	arnzano	n operate	u o	J. 1, G. 1011		oop.ka.				-1-71-70	,,,,,		-	_
5		An	organ		perate	ed for tholete Pa	ne benefit rt II.)	of a co	ollege o	or universit	ty owned	or oper	ated by	a gover	nmenta	unit de	scribed in	sectio	n
6		A fe	deral	state, o	r loca	al govern	nment or g	govern	mental	unit desci	ribed in s	ection 1	70(b)(1)	(A)(v).					
7	X	An in s	organ ectio r	zation th 1 170(b)(hat no (1)(A) (rmally r vi). (Co	eceives a implete Pa	substa art II.)	antıal p	art of its s	support fr	om a go	vernme	ntal uni	t or fron	n the ge	neral publi	c desc	rıbed
8		A c	ommu	nity trus	t desc	cribed in	section 1	170(b)((1)(A)(()	i). (Comple	ete Part	1.)							
9		from	i äctiv istmei	ities relat nt incom	ted to e and	its éxem Lunrelat	nt function	s – su ss tax	bject to able inc	certain exc come (less	centions	and (2) r	io more f	han 33-	1/3 % of	its supp	gross receip ort from gro he organiz	SS	after
10		An	organ	ization o	rganız	zed and	operated	exclus	sively to	test for p	ublic saf	ety. See	section	1 509(a)	(4).				
11		່ mດເ	e nub	licly sup	norted	d organ	uzations d	lescrib	ed in s	or the bene ection 509 mplete line	(a)(1) or	section	509(a)(2	ctions o 2). See	of, or ca section	rry out tl 509(a)(3	he purpose 3). Check t	s of o	ne or k that
		а	⊤ _{ур}			∵ьГ	Type II		С		III — Fun			ted		d 🗌	Type III-	Othe	r
€		' thai	check foun (a)(2)	ing this t dation m	box, I nanag	certify t ers and	hat the or other tha	ganıza n one	ation is or more	not contro e publicly :	olled direct supporte	tly or in d organi	directly zations	by one describe	or more ed in se	disqual ction 509	lified perso 9(a)(1) or s	ons otl section	ner
f		If th		anızatıor s box	n rece	ived a v	vritten det	ermina	ation fro	om the IRS	S that is a	a Type I	, Type II	or Typ	e III sup	porting	organizatio	n,	
ç	ı	Sin	ce Au	gust 17,	2006,	has the	e organiza	ition ad	ccepted	any gift	or contrib	oution fro	om any	of the fo	ollowing	persons	s?		
																		Yes	No
		(i)	a po belo	erson whow, the g	no dire govern	ectly or i	indirectly o y of the s	control upport	ls, eithe ed orga	er alone or anization?	togethe	with pe	ersons d	escribed	d ın (ıı) a	and (III)	11 g (i)		
		(ii)	a fa	mily me	mber	of a pe	rson desc	ribed	ın (ı) at	oove?							11 g (ii)		<u></u> .
		(iii)	a 3!	5% contr	rolled	entity o	f a person	descr	ribed in	(I) or (II) a	above?						11 g (iii		L
		Pro	vide t	he follow	ving in	nformation	on about t	the sur	pported	organizat	ions.								
	(e of Su rganizat	pported lion		(ii) E	i n	(de	escribed o	organization in lines 1-9 RC section uctions))	organiza (i) liste	ls the tion in col d in your erning ment?	the organ	rou notify nization in (i) of upport?	organizat (i) organi	s the ion in col zed in the S.?	(vii) Amou	nt of Su	oport
											Yes	No	Yes	No	Yes	No			
							_						ļ	<u> </u>					
				_															
		,														-			
					 						-		<u> </u>	ļ					
	_		-							·									

Schedule A (Form 990 or 990-EZ) 2009 ACE MENTOR PROGRAM FREDERICK AFFILIATE, 51-0465877

[Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	t I.)			
Sec	tion A. Public Support				r		
Caleı begir	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.')			29,213.	29,482.	31,021.	89,716.
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	0.	0.	29,213.	29,482.	31,021.	89,716.
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)						0.
6	Public support. Subtract line 5 from line 4			* C	, , , , , , , , , , , , , , , , , , ,	* * * * * * * * * * * * * * * * * * *	89,716.
Sec	tion B. Total Support				·		
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0.	0.	29,213.	29,482.	31,021.	89,716.
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		· 		<u> </u>		89,716.
12	Gross receipts from related activ	rities, etc. (see ins	structions)	•		12	0.
	First five years. If the Form 990 organization, check this box and	stop here.	·	nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3) ► X
	tion C. Computation of Pu					T1	
14	Public support percentage for 20	•	•	ne II, column (f)	•	14	<u>%</u> %
15	Public support percentage from			•		<u></u>	
16 a	33-1/3 support test — 2009. If the and stop here. The organization				d the line 14 is 33	-1/3 % or more, c	heck this box
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a put	I not check a box olicly supported o	on line 13, or 16a rganization	a, and line 15 is 3	3-1/3% or more, o	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explaın ın Pari	IV how
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-cırcumstance test The organı	s' test, check this zation qualifies a	s box and stop he s a publicly suppo	re. Explain in Part orted organization.	IV how the ►
18 BAA	Private foundation. If the organ	ization did not che	eck a box on line,	13, 16a, 16b, 17a			estructions. ► 90 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 200					51-04658	77 Page 3
Par		-		in Section 509	(a)(2)		
<u></u>	(Complete only if you che	cked the box on I	ine 9 of Part I)				
	tion A. Public Support	(-) 0005	42.0000	1 43 0007	4 13 0000	1 (1) 0000	T
	ndar year (or fiscal yr beginning in)► Gifts grants contributions and	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
•	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						
5	its behalf The value of services or			1			
J	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1,						
	2, 3 received from disqualified persons						
Ł	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	W 7 4 4 5 4				Carlo dine	
	7c from line 6)	-7/2/01/2/02/04		2			
Sec	tion D. Total Compani						
	tion B. Total Support	_			·		-
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9	ndar year (or fiscal yr beginning in) Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9	ndar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9	ndar year (or fiscal yr beginning in) Amounts from line 6 I Gross income from interest, dividends, payments received on securities loans, rents,	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a	Amounts from line 6 I Gross income from interest, dividends, payments received on securities loans, rents, royaltres and income form similar sources.	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a	Amounts from line 6 I Gross income from interest, dividends, payments received on securities loans, rents, royaltres and income form similar sources. Unrelated business taxable	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; Add lines 10a and 10b	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a	Amounts from line 6 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b,	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; Add lines 10a and 10b Net income from unrelated business	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a	Amounts from line 6 I Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a	Amounts from line 6 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				(d) 2008	(e) 2009	(f) Total
Cale 9 10 a b c 11 12 13	Amounts from line 6 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12)						
Cale 9 10 a t t 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco				
Cale 9 10 a 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organiz stop here.	ation's first, seco	nd, third, fourth,	or fifth tax year a		
Cale 9 10 a b c c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organiz I stop here. blic Support F	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501 (© (3) ► 1
Cale 9 10 a b c c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from	is for the organiz stop here. blic Support P 2009 (line 8, colum 2008 Schedule A,	ation's first, seco ercentage n (f) divided by hi Part III, line 15	nd, third, fourth,	or fifth tax year a	s a section 501(© (3) ► \ \ %
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from tion D. Computation of Invitorial support percentage from the percentage f	is for the organiz stop here. blic Support F 009 (line 8, colum 2008 Schedule A,	ation's first, seco Percentage n (f) divided by lii Part III, line 15 ne Percentage	nd, third, fourth, ne 13, column (f)	or fifth tax year a	s a section 501(c)(3)
Cale 9 10 a 10 a 11 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from threstment income percentage from Investment income percentage from threstment income percentage from	is for the organiz stop here. blic Support F 009 (line 8, colum 2008 Schedule A, restment Incol	ation's first, seconomics for the column (f) divided by ling and the column (f) divided c	nd, third, fourth, ne 13, column (f)	or fifth tax year a	is a section 501(i	C)(3)
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage for 20. Public support percentage from threstment income percentage finvestment income percentage findicated in the percentage fi	is for the organized stop here. blic Support Form 1009 (line 8, column 2008 Schedule A, restment Incompose for 2009 (line 10c, from 2008 Schedule Schedule 10c, from 2008 Sch	ation's first, seconomics firs	nd, third, fourth, ne 13, column (f) eed by line 13, column 17	or fifth tax year a	s a section 501(B C)(3) N % % %
Cale 9 10 a 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from the support percentage from 133-1/3 support tests — 2009. If the more than 33-1/3%, check this beta	Is for the organized by the stop here. blic Support Foog (line 8, column 2008 Schedule A, restment Incompanies of 2009 (line 10c, from 2008 Schedule A, from 2008 Schedule A, from 2008 Schedule organization did not book and stop here	ation's first, seconomics firs	nd, third, fourth, ne 13, column (f) e ed by line 13, column (f) 17	or fifth tax year a	15 a section 501(16	\$\frac{\%}{\%}\$ \tag{\%}{\%} \tag{\%}{\not} \tag{\%}{\%}
Cale 9 10 a 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from thouse more than 33-1/3%, check this box and 133-1/3 support tests — 2008. If the more than 33-1/3%, check this box 33-1/3 support tests — 2008. If the	is for the organization did not soon and stop here. blic Support F 009 (line 8, colum 2008 Schedule A, restment Incorporation and stop here the organization did not soon and stop here.	ation's first, seco Percentage In (f) divided by lift Part III, line 15 INTERPRETAGE Column (f) divided lift A, Part III, line in check the box on in the organization and not check a horizoned not c	eed by line 13, column (f); line 14, and line 15, qualifies as a pi	or fifth tax year a	s a section 501(15 16 17 18 3%, and line 17 is organization	% % % % % % % % % 100 100 10
Cale 9 10 a 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from the support percentage from 133-1/3 support tests — 2009. If the more than 33-1/3%, check this beta	is for the organization did not cox and stop here. Different incompanities in the content incompanities in the content incompanities in the cox and stop here the organization did not cox and stop here the cox and stop here.	ation's first, seconomics firs	nd, third, fourth, ne 13, column (f) e ed by line 13, column (f) 17	or fifth tax year a	is a section 501(% % % % % % % son. 3%, and line 18 on.

Page 3

Schedule A	(Form	990 or 9	990-EZ	2009	ACE	MENT	OR	PROG	RAM	FREI	ERI	CK	AFFILIA	TE,	51-04	465877	7	Page 4
PartIIV	Supp Part I	lemen I, line	tal Inf 17a o	ormat r 17b;	ion. (Comple Part II	ete ti I, lin	his pa e 12.	art to Prov	prov	ide th	ne e ther	explanation	ons rec	uired b mation.	y Part . See ır	II, line 1 Istructio	0; ons.
		·									· 							
			-			-								-				
	-														-			
														- -				
					- ·			- -			-				. – – –			
					- ·	-					_							
						- 	-								. – – – -			
					- -										. – – –			
- -					- -	-												
																		
		-				_ 										-		
					_ .					_ 								
									-	_ _ _					_			
																		
																		
													· 					
						- -					-				· -			
								- -			-		· 					
-									- 								- -	
																		
				. – – -			-							-	- -			
							. _			- 						-		
										-			. – – – –					
						-												
												. _ -						
				- -			. – –					. _ -						
							. .											
			_ 	. – – .									· -					
				- -				 -	_			. – –					. .	

2009	FEDERAL STATEMENTS ACE MENTOR PROGRAM FREDERICK AFFILIATE, INC. C/O C. RITZ, BECHTEL INC.	 PAGE 1 51-046587
STATEMENT 1 FORM 990-EZ, PART I, LI GRANTS AND SIMILAR A	INE 10 AMOUNTS PAID	
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP ANANYA HIREMATH 4809 CARENDON DRIVE FREDERICK, MD 21703	
CASH AMOUNT GIVEN:		\$ 750.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP ILEANA ORELLANA 4969 CLARENDON TERRACE FREDERICK, MD 21703	
CASH AMOUNT GIVEN:	TRIBUILTON, IIB 21703	\$ 750.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP MATT KUMMER 6118 FIELDCREST DRIVE FREDERICK, MD 21701	
CASH AMOUNT GIVEN:	33.25.25.35.05	\$ 750.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP NICK CARTER 404 DEER HOLLOW DRIVE MOUNT AIRY, MD 21771	
CASH AMOUNT GIVEN:	MOONI AIRI, MD 21771	\$ 750.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP RACHEL WAX 9034 ALLINGTON MANOR CIRCLE FREDERICK, MD 21703	
CASH AMOUNT GIVEN:	,	\$ 500.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP SARA SWART 3306 KNOLLS PARKWAY IJAMSVILLE, MD 21754	
CASH AMOUNT GIVEN:	IOMASVILLE, NO 21/34	\$ 500.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	NATALIA GABRIEL 6420 MERCANTILE DR E #201	
CASH AMOUNT GIVEN:	FREDERICK, MD 21703	\$ 500.
CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN:	SCHOLARSHIP NICK THOMAS	\$ 50.
CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN:	SCHOLARSHIP NANCY ROGAN	\$ 750.

٠

.

ኅ Ո	N	a
Z U	u	7

FEDERAL STATEMENTS

ACE MENTOR PROGRAM FREDERICK AFFILIATE, INC. C/O C. RITZ, BECHTEL INC.

51-0465877

PAGE 2

STATEMENT 1 (CONTINUED) FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP KYLE BAKER 13 WEST PENNSYLVANIA AVENUE WALKERSVILLE, MD 21793	
CASH AMOUNT GIVEN:	WALNERSVILLE, MD 21/93	\$ 500.
DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP ELLEN TWORKOSKI 8701 NORTH PACIFIC COURT MIDDLETOWN, MD 21769	
CASH AMOUNT GIVEN:	MIDDELOWN, MD 21/03	\$ 500.
DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP BLAKE HUBBELL 6352 KNOLLWOOD COURT FREDERICK, MD 21701	
CASH AMOUNT GIVEN:	FREDERICK, MD 21/01	\$ 500.
DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP NIXY OSORIO 1782 NATHANIEL ROCHESTER HALL ROCHESTER, NY 14623	
CASH AMOUNT GIVEN:	KUCHESIEK, NI 14025	\$ 500.
DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP JEFF JONES 906 JUBAL WAY FREDERICK, MD 21701	
CASH AMOUNT GIVEN:	PREDERICK, MD 21/01	\$ 500.
DONEE'S NAME: DONEE'S ADDRESS:	SCHOLARSHIP JACOB WIRTZ 213 HERITAGE FARM DRIVE MT. AIRY, MD 21771	
CASH AMOUNT GIVEN:	MI. AIRI, MD 21//I	\$ 500.
DONEE'S NAME:	SCHOLARSHIP LEANNA STAUDENMIER 150 STUDENT SERVICES BLDG BLACKSBURG, VA 24061	
CASH AMOUNT GIVEN:	DERCHUDUNG, VA 24001	\$ 500.
DONEE'S NAME:	SCHOLARSHIP JULIA DIAZ 2716 WOLFE DRIVE	
CASH AMOUNT GIVEN:	KNOXVILLE, MD 21758	\$ 500.

2009 ACE	FEDERAL STATEMENTS MENTOR PROGRAM FREDERICK AFFILIA INC. C/O C. RITZ, BECHTEL INC.	ATE,	PAGE 3
STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES ADVERTISING AND PROMOTION BOOKS, SUBSCRIPTIONS CLASS MEALS AND SUPPLIES DEPRECIATION FACILITIES AND EQUIPMENT INSURANCE AND BACKGROUND C PRIZES AND AWARDS SUPPLIES TRAVEL		\$ TOTAL \$	27. 2,260. 2,572. 2,995. 420. 3,293. 1,470. 2,910. 1,796. 17,743.
STATEMENT 3 FORM 990-EZ, PART I, LINE 20 OTHER CHANGES IN NET ASSET ASSETS RELEASED FROM RESTR		\$ TOTAL \$	-8,251. -8,251.
STATEMENT 4 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS			
GIFT CARDS MACHINERY AND EQUIPMENT	TOTAL	BEGINNING \$ 1,406. \$ 7,489. \$ 8,895. \$	0.
STATEMENT 5 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES			
		BEGINNING	ENDING

STATEMENT 6 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ENLIGHTEN AND MOTIVATE STUDENTS TOWARDS ARCHITECTURE, CONSTRUCTION, ENGINEERING AND RELATED CAREERS. PROVIDE MENTORING AND SCHOLARSHIP OPPORTUNITIES FOR FUTURE DESIGNERS, ENGINEERS, AND CONTRACTORS.

2009

FEDERAL STATEMENTS

ACE MENTOR PROGRAM FREDERICK AFFILIATE, INC. C/O C. RITZ, BECHTEL INC.

PAGE 4

51-0465877

STATEMENT 7 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

TITLE AND AVERAGE HOURS PER WEEK DEVOTED	_	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CHAIRPERSON 10.00	\$	0.	\$ 0.	\$ 0.
TREASURER 5.00		0.	0.	0.
SECRETARY 5.00		0.	0.	0.
DIRECTOR 2.00		0.	0.	0.
DIRECTOR 2.00		0.	0.	0.
DIRECTOR 2.00		0.	0.	0.
DIRECTOR 2.00		0.	0.	0.
DIRECTOR 2.00		0.	0.	0.
DIRECTOR 2.00		0.	0.	0.
DIRECTOR 2.00		0.	0.	0.
DIRECTOR 0		0.	0.	0.
DIRECTOR 0		0.	0.	0.
	AVERAGE HOURS PER WEEK DEVOTED CHAIRPERSON 10.00 TREASURER 5.00 SECRETARY 5.00 DIRECTOR 2.00 DIRECTOR 2.00	AVERAGE HOURS PER WEEK DEVOTED CHAIRPERSON \$ 10.00 TREASURER 5.00 SECRETARY 5.00 DIRECTOR 2.00 DIRECTOR 2.00	AVERAGE HOURS PER WEEK DEVOTED CHAIRPERSON \$ 0. TREASURER 5.00 SECRETARY 5.00 DIRECTOR 2.00 DIRECTOR 2.00 DIRECTOR 2.00 DIRECTOR 2.00 DIRECTOR 2.00 DIRECTOR 2.00 DIRECTOR 0. 2.00 DIRECTOR 0. DIRECTOR 0.	AVERAGE HOURS PER WEEK DEVOTED CHAIRPERSON \$ 0. \$ 0. TREASURER 5.00 \$ 0. 0. SECRETARY 5.00 0. 0. DIRECTOR 2.00 0. 0. DIRECTOR 0. 0. 0. DIRECTOR 0. 0.

2009

FEDERAL STATEMENTS

PAGE 5

ACE MENTOR PROGRAM FREDERICK AFFILIATE, INC. C/O C. RITZ, BECHTEL INC.

51-0465877

STATEMENT 7 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
GARY ORTEN 5103 DARTMOOR COURT FREDERICK, MD 21703	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
CLAUDIA STEPHENS 5711 NOTTINGHAM PLACE ADAMSTOWN, MD 21710	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 0.	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 8
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

ACE MENTOR PROGRAM FREDERICK AFFILIATE, INC.

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

C/O C. RITZ, BECHTEL INC

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Employer Identification number

51-0465877

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A 170(B)(1)(A)((E)
Public charity status (if section 501(c)(3)) (End-of-year assets **Rand II** Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (D) Exempt Code section **(D)** Total income TEEA5001L 02/05/10 ന (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) MENTOR PROGRAM BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity ACE MENTOR PROGRAM OF AMERICA INC. 2100 M ST NW SUITE 800 WASHINGTON, DC_20037 51-0465877 Pert II

51-0465877 C/O C. RITZ, BECHTEL INC. Schedule R (Form 990) 2009 ACE MENTOR PROGRAM FREDERICK AFFILIATE, INC.

Page 2

Parally Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

					,		•					
	al or	ging	Jer.	2								
	(J) General or	mana	part	Yes								
	Code V-UBI	amonut in box	20 of Schedule K-1	(Form 1065)		-			-			
	(H) Dispropor-	tionate	allocations?	Yes No								
di.)	(G) Share of end-of-year	assets		L					-			
- because it had one or more related organizations treated as a partitionally turning the tax year.)	Share of total income Share of end-of-year											
eo as a parmersm	(E) Predominant	income (related,	unrelated, excluded from fax under	sections 512-514)								
inizations treat	(C) (D) Legal Direct	controlling entity										
lateo orga			(state or	country)								
one or more re	(B) Primary Activity											
Decause It had	(A) Name, address, and EIN of	related organization				1						

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cord organizations	rporation or Tru treated as a co	st (Complete	of the organizated the	ation answered 'Ye tax year.)	es' to Form 990, Pa	art IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign cocountry)	(D) Direct ontrolling entity	Type of entity (C corp, S corp, or trust)	Share of total income	(B) (C) (D) Type of entity Activity (State or foreign country) (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(H) Percentage ownership
				-			
			į				
	_						

Schedule R (Form 990) (2009)

TEEA5002L 02/05/10

BA BA

C/O C. RITZ, BECHTEL INC. Schedule R (Form 990) 2009 ACE MENTOR PROGRAM FREDERICK AFFILIATE, INC.

Page 3

51-0465877

Parto Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		<u>~</u>	Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:	٠.		1799
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	×
b Gift, grant, or capital contribution to other organization(s).		1 b	×
c Gift, grant, or capital contribution from other organization(s)		ا د	×
d Loans or loan guarantees to or for other organization(s)		1 d	×
e Loans or loan guarantees by other organization(s)		_ 	×
f Sale of assets to other organization(s)		11	×
g Purchase of assets from other organization(s)	:	1g .	×
h Exchange of assets		1 h	×
i Lease of facilities, equipment, or other assets to other organization(s)		ij	×
			;
J. Lease of racilities, equipment, or other assets from other organization(s) V. Deformance of convices or membership or fundrations for other organization(s)			< >
Performance of services or membership or fundraising solicitations by other organization(s)		=	×
m Sharing of facilities, equipment, mailing lists, or other assets		E	×
n Sharing of paid employees		-	×
			<u></u>
o Reimbursement paid to other organization for expenses		10	×
p Reimbursement paid by other organization for expenses		1p	X
q Other transfer of cash or property to other organization(s)		19	×
r Other transfer of cash or property from other organization(s)		1.	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	and transaction thresho	splo	
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	volved
(1)			
(2)			
(E)			
(4)			
(5)			
(9)			
BAA TEEA5003L 02/05/10	Schedule	Schedule R (Form 990) (2009)	(2009)

Page 4

51-0465877

INC.

Schedule R (Form 990) 2009 ACE MENTOR PROGRAM FREDERICK AFFILIATE,

BECHTEL INC C/O C. RITZ,

Part VI.: Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Schedule R (Form 990) (2009) (H) General or managing partner? Š Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Yes Code V-UBI amount in box 20 of Schedule K-1 Form (1065) (F)
Disproportionate
allocations? ŝ Yes Are all partners Share of end-of-year section 50(c)(3) assets £ Yes (C)
Legal domicile
(state or foreign country) TEEA5004L 02/05/10 (B) Primary activity (A)
Name, address, and EIN of entity 1 1 1 1 1111 1 1 1 1 1 1 1 1 1 1 1 BAA