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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue ServiceUnder 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**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending ,**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	C Please use IRS label or print or type. See Specific Instructions. ACE MENTOR PROGRAM FREDERICK AFFILIATE, INC. C/O C. RITZ, BECHTEL INC. 5275 WESTVIEW DR FREDERICK, MD 21703	D Employer identification number 51-0465877
		E Telephone number
		F Group Exemption Number ▶ 5325

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ **N/A****H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☒ 501(c) (**3**) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** 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 **▶ \$ 31,021.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	31,021.
	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	
	5b Less cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	6a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b Less direct expenses other than fundraising expenses	6b	
	6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	7b Less cost of goods sold	7b	
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	31,021.
	EXPENSES	10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members		11	
12 Salaries, other compensation, and employee benefits		12	
13 Professional fees and other payments to independent contractors		13	1,190.
14 Occupancy, rent, utilities, and maintenance		14	
15 Printing, publications, postage, and shipping		15	189.
16 Other expenses (describe ▶ SEE STATEMENT 2)		16	17,743.
17 Total expenses. Add lines 10 through 16		17	28,422.
NET ASSETS OR FUND BALANCES	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,599.
	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)	19	14,835.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-8,251.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	9,183.

Part II 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
22 Cash, savings, and investments	33,940.	37,689.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 4)	8,895.	4,494.
25 Total assets	42,835.	42,183.
26 Total liabilities (describe ▶ SEE STATEMENT 5)	28,000.	33,000.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,835.	9,183.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.Form **990-EZ** (2009)

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Part V Other Information (Note the statement requirements in the instrs for Part V.)

SEE STATEMENT 8

	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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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.		X
37a 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?		X
38a 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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9		N/A
b Gross receipts, included on line 9, for public use of club facilities		N/A
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0.; section 4955 ▶ 0.		
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		X
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 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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		X
41 List the states with which a copy of this return is filed ▶ NONE		

42a The organization's books are in care of ▶ SANDY KNIGHT Telephone no. ▶ _____
 Located at ▶ 5275 WESTVIEW DRIVE FREDERICK MD ZIP + 4 ▶ 21703

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)?
 If 'Yes,' enter the name of the foreign country: ▶ _____

	Yes	No
42b		X
42c		X

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: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here. ▶ ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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 completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization a section 527 organization?	49b	

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.'

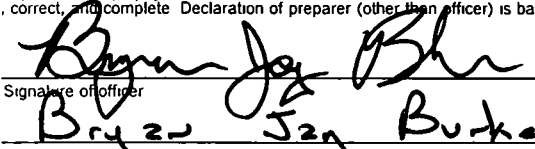
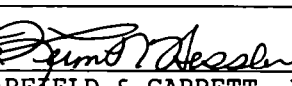
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

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		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date 8-12-2010	
Paid Preparer's Use Only	Type or print name and title Bryn J Burke, Chairman			
	Preparer's signature	 KEVIN R. HESSLER	Date	8/5/10
	Firm's name (or yours if self-employed), address, and ZIP + 4	LINTON SHAFER WARFIELD & GARRETT, P.A., CPA'S 201 THOMAS JOHNSON DRIVE FREDERICK, MD 21702		
	Check if self-employed ☐	Preparer's Identifying Number (See instructions)	N/A	
	EIN	N/A		
	Phone no	(301) 662-9200		

May the IRS discuss this return with the preparer shown above? See instructions.

☒ Yes ☐ No

BAA

Form 990-EZ (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

2009

Open to Public
Inspection

Name of the organization **ACE MENTOR PROGRAM FREDERICK AFFILIATE,
INC. C/O C. RITZ, BECHTEL INC.**

Employer identification number
51-0465877

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year 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'.)			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						89,716.

Section B. Total Support

Calendar year (or fiscal year beginning 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 from 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						89,716.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☒

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . .	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . .	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	%
19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐		
b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

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

51-0465877

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

CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	ANANYA HIREMATH	
DONEE'S ADDRESS:	4809 CARENDON DRIVE FREDERICK, MD 21703	
CASH AMOUNT GIVEN:		\$ 750.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	ILEANA ORELLANA	
DONEE'S ADDRESS:	4969 CLARENDON TERRACE FREDERICK, MD 21703	
CASH AMOUNT GIVEN:		\$ 750.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	MATT KUMMER	
DONEE'S ADDRESS:	6118 FIELDCREST DRIVE FREDERICK, MD 21701	
CASH AMOUNT GIVEN:		\$ 750.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	NICK CARTER	
DONEE'S ADDRESS:	404 DEER HOLLOW DRIVE MOUNT AIRY, MD 21771	
CASH AMOUNT GIVEN:		\$ 750.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	RACHEL WAX	
DONEE'S ADDRESS:	9034 ALLINGTON MANOR CIRCLE FREDERICK, MD 21703	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	SARA SWART	
DONEE'S ADDRESS:	3306 KNOLLS PARKWAY IJAMSVILLE, MD 21754	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	NATALIA GABRIEL	
DONEE'S ADDRESS:	6420 MERCANTILE DR E #201 FREDERICK, MD 21703	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	NICK THOMAS	
CASH AMOUNT GIVEN:		\$ 50.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	NANCY ROGAN	
CASH AMOUNT GIVEN:		\$ 750.

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

51-0465877

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

CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	KYLE BAKER		
DONEE'S ADDRESS:	13 WEST PENNSYLVANIA AVENUE WALKERSVILLE, MD 21793		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ELLEN TWORKOSKI		
DONEE'S ADDRESS:	8701 NORTH PACIFIC COURT MIDDLETOWN, MD 21769		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	BLAKE HUBBELL		
DONEE'S ADDRESS:	6352 KNOLLWOOD COURT FREDERICK, MD 21701		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	NIXY OSORIO		
DONEE'S ADDRESS:	1782 NATHANIEL ROCHESTER HALL ROCHESTER, NY 14623		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	JEFF JONES		
DONEE'S ADDRESS:	906 JUBAL WAY FREDERICK, MD 21701		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	JACOB WIRTZ		
DONEE'S ADDRESS:	213 HERITAGE FARM DRIVE MT. AIRY, MD 21771		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	LEANNA STAUDENMIER		
DONEE'S ADDRESS:	150 STUDENT SERVICES BLDG BLACKSBURG, VA 24061		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	JULIA DIAZ		
DONEE'S ADDRESS:	2716 WOLFE DRIVE KNOXVILLE, MD 21758		
CASH AMOUNT GIVEN:		\$	500.

2009

FEDERAL STATEMENTS

PAGE 3

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

51-0465877

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	27.
BOOKS, SUBSCRIPTIONS		2,260.
CLASS MEALS AND SUPPLIES		2,572.
DEPRECIATION		2,995.
FACILITIES AND EQUIPMENT		420.
INSURANCE AND BACKGROUND CHECK		3,293.
PRIZES AND AWARDS		1,470.
SUPPLIES		2,910.
TRAVEL		1,796.
TOTAL	\$	<u>17,743.</u>

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ASSETS RELEASED FROM RESTRICTION	\$	-8,251.
TOTAL	\$	<u>-8,251.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
GIFT CARDS	\$ 1,406.	\$ 0.
MACHINERY AND EQUIPMENT	7,489.	4,494.
TOTAL	<u>\$ 8,895.</u>	<u>\$ 4,494.</u>

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
SCHOLARSHIPS PAYABLE	\$ 28,000.	\$ 33,000.
TOTAL	<u>\$ 28,000.</u>	<u>\$ 33,000.</u>

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.

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

51-0465877

STATEMENT 7
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
CAROL RITZ 6414 SPRING RIDGE ROAD FREDERICK, MD 21701	CHAIRPERSON 10.00	\$ 0.	\$ 0.	\$ 0.
SANDY KNIGHT 7523 GREEN VALLEY ROAD FREDERICK, MD 21701	TREASURER 5.00	0.	0.	0.
BRYAN BURKE 826 DUNBROOKE COURT FREDERICK, MD 21701	SECRETARY 5.00	0.	0.	0.
CHUCK FOLTYN 10031 PEBBLE BEACH TERRACE IJAMSVILLE, MD 21754	DIRECTOR 2.00	0.	0.	0.
GREG SOLBERG 140 SOUTH MAIN STREET BOONSBORO, MD 21713	DIRECTOR 2.00	0.	0.	0.
DONNA LEIGHT 5332 HENDEN WOOD LANE FREDERICK, MD 21703	DIRECTOR 2.00	0.	0.	0.
ALAN IHMOFF 750 CARROLL PARKWAY 7E FREDERICK, MD 21701	DIRECTOR 2.00	0.	0.	0.
ETHNI MULLANEY 201 THOMAS JOHNSON DRIVE FREDERICK, MD 21702	DIRECTOR 2.00	0.	0.	0.
WILL HAYDEN 4908 VALLEY PINE DRIVE FREDERICK, MD 21703	DIRECTOR 2.00	0.	0.	0.
WAYNE BERGSTROM 3621 SINGLETON TERRACE FREDERICK, MD 21704	DIRECTOR 2.00	0.	0.	0.
JODIE BRINTON 7 COBLENTZ COURT MIDDLETOWN, MD 21769	DIRECTOR 0	0.	0.	0.
MARTY CRABBS 8003 DUSTIN DR FREDERICK, MD 21701	DIRECTOR 0	0.	0.	0.

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.	\$ 0.	\$ 0.

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. C/O C. RITZ, BECHTEL INC.

Employer identification number

51-0465877

OMB No. 1545-0047

2009

Open to Public Inspection

Related Organizations and Unrelated Partnerships

▶ 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.

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if 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.)

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
ACE MENTOR PROGRAM OF AMERICA INC 2100 M ST NW SUITE 800 WASHINGTON, DC 20037 51-0465877	MENTOR PROGRAM		3	170 (B) (1) (A) (	N/A

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

Note		Yes	No
1 Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
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:			
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to other organization(s)		X
c	Gift, grant, or capital contribution from other organization(s)		X
d	Loans or loan guarantees to or for other organization(s)		X
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)		X
k	Performance of services or membership or fundraising solicitations for other organization(s)		X
l	Performance of services or membership or fundraising solicitations by other organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets		X
n	Sharing of paid employees		X
o	Reimbursement paid to other organization for expenses		X
p	Reimbursement paid by other organization for expenses		X
q	Other transfer of cash or property to other organization(s)		X
r	Other transfer of cash or property from other organization(s)		X

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			(B) Transaction type (a-r)	(C) Amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

