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**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)

2011

**Open to Public
Inspection**

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning **2011**, and ending **20**

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pend

C
Construction Career Days Inc.
3191 Maguire Blvd, Suite 200
Orlando, FL 32803

D Employer identification no.
20-5829234

E Telephone number

F Group Exemption Number

G Accounting method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **45,500.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

SCANNED JUL 13 2012

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	26,015.
	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 Gaming and fundraising events		
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 4) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	19,485.
6c Less: direct expenses from gaming and fundraising events	6c	9,062.	
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	10,423.	
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 (line 7a less line 7b)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	36,438.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	1,500.
	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	4,669.
	14 Occupancy, rent, utilities, and maintenance	14	15,938.
	15 Printing, publications, postage, and shipping	15	6,998.
	16 Other expenses (describe in Schedule O)	16	1,222.
	17 Total expenses Add lines 10 through 16	17	30,327.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,111.
	NET ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
20 Other changes in net assets or fund balances (explain in Schedule O)		20	
21 Net assets or fund balances at end of year Combine lines 18 through 20		21	47,649.

67 7

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 Yes No 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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 Yes No X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X
49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a X
b If "Yes," was the related organization(s) a section 527 organization? 49b

50 Complete this table for the 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"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Reportable compensation from the organization; (d) Health benefits contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation. Content: None

f Total number of other employees paid over \$100,000

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) compensation. Content: None

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

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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: Kelly Kirby, Treasurer; Date: 6/27/12

Print preparer's name: Elyse Phillips; Preparer's signature: Elyse Phillips; Date: 06/13/12; Check if self-employed: No; PTIN: P00889922

Paid Preparer Use Only Firm's name: Elyse T. Phillips CPA PA; Firm's address: Post Office Box 91, DeLand, FL 32721; Firm's EIN: 20-0846034; Phone no: (386) 785-0466

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization: **Construction Career Days Inc.**
Employer identification number: **20-5829234**

Part I Reason for Public Charity Status (All organizations must complete this part) (See the 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 a 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 to carry out the purposes of one or more public 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?
- h Provide the following information about the supported organization(s).

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

	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (describe 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 (i) of your support?		(vi) Is the organization in (i) Organized in the U S ?		(v) Amount of support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		37,848.	21,074.	11,657.	26,015.	96,594.
2 Tax revenue levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3		37,848.	21,074.	11,657.	26,015.	96,594.
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)						23,657.
6 Public Support. Subtract line 5 from line 4						72,937.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4		37,848.	21,074.	11,657.	26,015.	96,594.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						96,594.

12 Gross receipts from related activities, etc. (See instructions) **12**

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 2011 (line 6 column (f) divided by line 11 column (f))	14		%
15 Public Support Percentage from 2010 Schedule A, Part IV-A, line 14	15		%

- 16a **33 1/3 % support test - 2011:** If the organization did not check the box on line 13, and 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 - 2010:** If the organization did not check the 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 - 2011:** If the organization did not check the 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 - 2010:** If the organization did not check the box on line 13, 16a, or 16b or 17, 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 the box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part II Fundraising Events. (Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

Revenue	(a) Event #1 CCD Fundraiser Golf Tourn (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add Col (a) through Col (c))
1 Gross receipts	19,485.			19,485.
2 Less Charitable contributions				
3 Gross revenue (line 1 minus line 2)	19,485.			19,485.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	9,062.			9,062.
10 Direct expense summary Add lines 4 through 9 in column (d)				(9,062.)
11 Net income summary Combine lines 3, column (d) and line 10				10,423.

Part III Gaming. (Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add Col (a) through Col (c))
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				()
8 Net gaming income summary Combine lines 1 column d, and 7				

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activites in each of these states? Yes No
 b If "No," Explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," Explain: _____

Schedule O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization Construction Career Days Inc.	Employer identification number 20-5829234
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Page 1 - Line 10, Grants & Allocations paid by due date

Karen Gonzalez / Osceola Co Sch Dis	500.	
Jonathon Smith/Orange County School	500.	
Ray Robinson/Seminole Co School Dis	500.	
Totals:	<u>1,500.</u>	<u>0.</u>

Page 1 - Line 16, Other expenses

<u>Description</u>	<u>Total</u>
Supplies and Sundries	632.
Credit Card Merchant Fees	128.
Licenses and Fees	462.
Totals:	<u>1,222.</u>

Part IV - Names and Addresses

Nicole Colon
1800 Pembrook Place, Orlando, FL 32810

Loreen Bobo
1800 Pembrook Place, Orlando, FL 32810

Kellie Kirby
1800 Pembrook Place, Orlando, FL 32810

Radha Mehta
1 Purlieu Place, Suite 100, Winter Park, FL 32792

Sheet Description 1

Statement 1 - Page 2, Part III

To Expose Middle and High School Students to Career Opportunities in the Construction Industry.