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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

$\overline{A}$	For t	ne 2014 calen	dar year, or tax	year begi	nning	•	, 20	4, and endin	ıg		,		
В	Check	ıf applicable	С					-		D Employ	er identific	ation number	
		idress change	FREDERICK	COUNTY	STUDENTS	CONST	TRUCTIO	N		52-	11889	37	
	H	ame change	TRADES FO				11.00110	••		E Telepho			
	$\vdash$	itial return	7922 OPOS	SUMTOWN	I PIKE					240.	-236-	8480	
	$\vdash$		FREDERICK							240	230-	0400	
	$\vdash$	nal return/terminated									. ė	251	700
	$\vdash$	mended return							Ittes le thic	G Gross re a group retur		351,	1371
		oplication pending	F Name and add	ress of princip	al officer				1 ' '	-		ш	No No
							T		If 'No,	l subordinates ' attach a list	(see instru	ictions) Yes	∐ NO
<u>I</u>		exempt status	X 501(c)(3)	501(c) (	) <b>√</b> (ins	ert no )	4947(a)(1)	or 527	1				
Ţ	We	bsite: ► N/								exemption nu	ımber ►		
K	Forn	n of organization	X Corporation	Trust	Association	Other ►		L Year of format	tion 197	8 M/s	State of leg	al domicile MD	
Pa	rt 🏗	Summar											
	1	Briefly descri	be the organiza	ation's miss	sion or most si	gnificant	activities	TO TRAIN	_ STUDE	NTS FO	R_THE		
a)		CONSTRUC	TION INDU	STRY						. <del>_</del>			
Ĕ,	,									. <del></del>		<b></b>	
5	-			<b>_</b>	<b></b>			<b></b> .				<del>_</del>	
, S	2	Check this be	ox ►if the	organizati	on discontinue	d its oper	ations or d	sposed of me	ore than 2	25% of its		ets.	
Œ.	3	Number of vo	oting members	of the gove	erning body (Pa	art VI, line	e la)	11.			3		19
S)S	4		dependent voti								4		<u> 19</u>
毫	5		r of individuals		•	ar 2014 (F	art v, iine	∠a)			5		0
<b>₹</b>	6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12									6 7a		0	
ð	/a		ed business rev d business taxa								7a		0.
<u>—</u>	D	Net unrelated	usiness taxa	Die income	HOIII FOIIII 99	0-1, III e .	<del></del>			rior Year	70	Current Ye	
ReSeDyeNN信DActivItiesre governance		Contributions	and grants (D	ort VIII. luo	a 1b)				<u> </u>	rioi iear		Current 16	<u></u>
a a	8		s and grants (Pa vice revenue (P										
<b>(</b>	10	=	ncome (Part VII		-	and 7d)				1 0	808.	1	823.
œ	11		ie (Part VIII, co				and 11e)			1,0	,00.		716.
	12		e – add lines 8					line 12)		1 8	808.		539.
	13	·	imilar amounts				-	,			<del>,00.</del>		000.
			to or for mem				<i>5</i> ,						000.
	14		er compensatio				ımp (A) lu	oc 5 10)					
တ္ဆ	15						111111 (PA), III	162 3-10)	ļ				
Expenses			fundraising fee				•		ļ <u> </u>				
ĝ	b	Total fundrai	sing expenses	(Part IX, co	olumn (D), line	25)	050	-11/2-5			, , , , , , , , , , , , , , , , , , ,		
ú	17	Other expens	ses (Part IX, co	lumn (A), l	ines 11a-11d,	11f-24e)	ストし	EIVED		18,0	71.	22,	565.
	18	Total expens	es. Add lines 1	3-17 (must	equal Part IX,	. column(	(A), line 25	)	181	18,0	71.	25,	565.
	19	Revenue less	s expenses Su	btract line	18 from line 12	2 82	MAY 1	1 2015	080	-16,2	263.		974.
8 8						(6)	WIAL	1 1 2 U I U	Beginni	ng of Curren	t Year	End of Yea	
	20	Total assets	(Part X, line 16	5)		į L			」 計	450,2	233.	468,	207.
\$ B	21	Total liabilitie	es (Part X, line	26)		ļ	OGD	EM, UT		··	0.		0.
Net Assets o Fund Balance	22	Net assets o	r fund balances	. Subtract	line 21 from lir	ne 20				450,2	33	468	207.
D		Signatu						•		100/1			
			eclare that I have ex	amined this re	turn including acco	vmoanvina so	hedules and s	tatements and to	the best of r	ny knowledne	and helief	it is true, correct	and
com	plete C	eclaration of prep	arer (other than offic	er) is based or	all information of	which prepar	er has any kno	wledge	0.0 0000 07 11	ing turottrougo	J. J	, , ,	
					360	OP 3	•						
Sig	n	Signati	ure of officer-						Ď.	ate			
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		Туре о	r print name and title	SPOCE A	Meen	They a	<del></del>	Kasuu					
			preparer's name		Preparer's signa	ature	$\overline{}$	Date		Check	ıf P	TIN	
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US	e Ol	119 Firm's add		RTH COL		<u></u>				Firm's EIN		1539914	
					ID 21701	2 (				Phone no	(301)		$\overline{}$
Ma	v the	IRS discuss t	his return with t	ne prepare	er shown above	er (see in	structions)					X Yes	No

TEEA0113L 05/28/14

orm <b>990</b> (201	4) FREDERICK COUNTY STUDENTS CONSTRUCTION	52-118	8937	Р	age 2
	atement of Program Service Accomplishments				
	eck if Schedule O contains a response or note to any line in this Part III				L.
1 Briefly de	scribe the organization's mission				
TO TRA	AIN STUDENTS FOR THE CONSTRUCTION INDUSTRY				
<del>-</del> -	<del></del>				
2 Did the or	ganization undertake any significant program services during the year which were not listed on the pr	ior			
	or 990-EZ?		☐ Yes	X	No
	escribe these new services on Schedule O		□	2.5	
•	rganization cease conducting, or make significant changes in how it conducts, any program si	ervices?	☐ Yes	X	No
If 'Yes,' d	lescribe these changes on Schedule O.			_	
Section 5	the organization's program service accomplishments for each of its three largest program ser 01(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocationue, if any, for each program service reported.	vices, as means to others,	asured by the total e	expen: expens	ses es,
4 a (Code.	) (Expenses \$ 16,876. including grants of \$ ) (	Revenue \$			
_	ILD HOMES AND TRAIN VOCATIONAL STUDENTS IN THE HOUSING CONS	TRUCTION	TNDIIS	TRY	
	TUDENTS CONSTRUCT HOMES, SELL THEM AND ALL PROCEEDS ARE REI				
PROGRA		N V DD I DD			
PROGRA					
<b>4 b</b> (Code: _	) (Expenses \$ 3,000. including grants of \$ 3,000.) (	Revenue \$			
TO PRO	OVIDE SCHOLARSHIPS TO QUALIFIED STUDENTS				_
<b>-</b> -					
			<del></del>		
c (Code.	) (Expenses \$ including grants of \$ ) (	Revenue \$			
_					
					- <b>-</b>
· · · · · · · · · · · · · · · · · · ·	ogram services (Describe in Schedule O.)			,	
(Expense	<del></del>			)	
	gram service expenses ► 19,876.				
AA	TEEA0102L 05/28/14		For	n <b>990</b>	(2014

Yes No

Part IV (Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
ā	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
t	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŧ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

# Form 990 (2014) FREDERICK COUNTY STUDENTS CONSTRUCTION Park (V Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		X
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
l	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
29	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
		25		
30 31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part l</i>	30		X
		31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		Х
BAA	<u> </u>	Form	990 (	(2014)

	Check if Schedule O contains a response or note to any line in this Part V			لــــــــــــــــــــــــــــــــــــــ
_	•		Yes	No
	· · · · · · · · · · · · · · · · · · ·	.0		
_	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .	0	1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 5		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	<u> </u>	X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	,	
4 a	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)?	4 a	1	Х
b	If 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	ı	х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	,	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	<u> </u>	L
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d	<u> </u>	- <del></del>	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	<del> </del>	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	ļ	Х
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 0		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 H	1	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
^				
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	0.		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 a		-
	Section 501(c)(7) organizations. Enter.	-	<u>'</u>	<del>                                     </del>
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	$\dashv$		
	Section 501(c)(12) organizations. Enter.	_		'
	Gross income from members or shareholders .   11a			
_	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>-</b>   '		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	1	
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b		<del>                                     </del>	<del>                                     </del>
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13 a	1	'
	Note. See the instructions for additional information the organization must report on Schedule O.	<u> </u>	1	
h	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans  13b			
_	Enter the amount of reserves on hand		<b> </b>	ليبا
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a	<del></del>	X
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	148		(00.
BAA	TEEA0105L 05/28/14	Forr	n <b>990</b>	(2014)

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent. 19 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a Х a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?. 10b Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 120 Х 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15 a X **b** Other officers or key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed MD Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply |X| Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records MARY ANNE BEANE COMPANY ADDRESS 21702 240-236-8480

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

Check if Schedule O contains a response or note to any line in this Part VII

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		(C)								
(A) Name and Title	(B) Average hours per	thar	one one both dire	box, an o ector/	unles fficer truste		n	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KENNETH ABRECHT	2									
DIRECTOR	0	<u> </u>						0.	0.	0.
(2) DAVID MILLER	2_									
DIRECTOR	0	X						0.	0.	0.
(3) ANDREW BROWN	2									
DIRECTOR	0	X						0.	0.	0.
(4) JEFFREY WOOD	2									
DIRECTOR	0	X						0.	0.	0.
_(5)_ CHET_BAKER	2									
VICE PRESIDENT	0	X		X				0.	0.	0.
(6) MATTHEW CLARK	2			ĺ		1 1				
DIRECTOR	0	X						0.	0.	0.
(7) RUBY EAGLE	2									
DIRECTOR	0	X						0.	0.	0.
(8) EARL MATLOCK, JR	2									
DIRECTOR	0	X						0.	0.	0.
(9) JOHN SOTAK	2			-						
DIRECTOR	0	X	<u> </u>				Ц	0.	0.	0.
(10) KEVIN SHARRER	2						1			
VICE PRESIDENT	0	X		X			Ц	0.	0.	0.
(11) H. JACK SLIMMER	2					li				
DIRECTOR	0	X				$\sqcup \bot$		0.	0.	0.
(12) GARY SMITH SR	2									
VICE PRESIDENT	0	X						0.	0.	0.
(13) WILLIAM WOODCOCK	2_									
PRESIDENT	0	Х		X		$\sqcup$		0.	0.	0.
(14) MARK LANCASTER	2									
DIRECTOR	0	Х			L			0.	0.	0.

Partivit Section A. Officers, Directors, Tit	T	Ney	L ! ! !		_	C3, 1	aric	i riighest con	ipensated Linp	Toyees (continued)
(A) Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an lee)	<b>(D)</b> Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
		or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) WILLIAM ZENTZ DIRECTOR	2	x						0.	0.	0.
(16) KRISTINE PEARL VICE PRESIDENT	- <u>2</u> -	X		х				0.	0.	0.
(17) LARRY TRAIL DIRECTOR	2	X						0.	0.	0.
(18) JACK NEWKIRK II SECRETARY	$-\frac{2}{0}$	X		х				0.	0.	0.
(19) BARRY WELLER DIRECTOR	2	X		^				0.	0.	0.
(20)		Î							0.	
(21)										
(22)										
(23)										
(24)		-					-			
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A						<b>A</b>	0. 0.	0. 0.	0. 0. 0.
2 Total number of individuals (including but not limited from the organization   0	to those I	sted	abov	e) v	vho r	ecen	/ed	• • •		
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru	stee,	key	em	ıploy	ee,	or h	lighest compensati	ted employee	Yes No
For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab er than \$1	le co 50,0	mpei 00? /	nsa If 'Y	tion ′es′	and comp	oth olet	er compensation e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen s,' <i>comple</i>	satio	n fro chedu	om a ule	any <i>J foi</i>	unre r <i>suc</i>	late h p	d organization or erson	ındıvıdual	5 X
1 Complete this table for your five highest compen	catad ind	2020	dont	005	atroc	tore	tha	t racewad mare t	205 \$100 000 of	
compensation from the organization Report compen	sation for	the c	alend	lar y	ear	endir	ng v	vith or within the or	ganızatıon's tax year	(C)
Name and business add	ress							Description of	of services	Compensation
2 Total number of independent contractors (including t		ted to	o thos	se li	sted	abov	ve) '	who received more	than	,
BAA	\$100,000 of compensation from the organization 0  TEEA0108L 03/09/15									Form <b>990</b> (2014)

	Check if Schedule O contains a response	onse or note to an		,		
			(A) Total revenue	( <b>B)</b> Related or exempt function	(C) Unrelated business revenue	Revenue excluded from tax under sections
(0, 0)	1 a Federated campaigns 1 a		- 7	revenue		512-514
ants	b Membership dues 1b	-				" A - 3
<u> </u>	c Fundraising events . 1c		·	- " .		
Ţ\$,	d Related organizations 1d		*	,	, 1	
E	e Government grants (contributions) 1 e				,	
얆	6 All all and a state of the search and		\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	1		
le je	f All other contributions, gifts, grants, and similar amounts not included above 1 f		, ,	,		
별전	g Noncash contributions included in lines 1a-1f \$		1, -	· .	, ,	
Contributions, Gifts, Grants and Other Similar Amounts	h Total. Add lines 1a-1f	<b>&gt;</b>		ve,	,	*,
		Business Code	S. E. Santanana and S. E. Santanana and S. Santanana and	The Control of the Co	Jun 2 Co, 1 Ta	
Program Service Revenue	2a					
æ	b					
Ķ.	c					
ℬ	d		-			
аш	e					
ᅙ	f All other program service revenue	<b>-</b>				, 10 km 2
	g Total. Add lines 2a-2f			ť		· · · · · · · · · · · · · · · · · · ·
	3 Investment income (including dividends other similar amounts)	, interest and	1,823.			1,823.
	4 Income from investment of tax-exempt	bond proceeds. ►	1,025.			1,023.
	5 Royalties					
	(i) Real	(II) Personal			.,	これ おおお養き
	6 a Gross rents			· 1	,	
	<b>b</b> Less. rental expenses			, ,,,, -,	1 - 1 M	25.
	c Rental income or (loss)		,, ,		A	
	d Net rental income or (loss)	<b>&gt;</b>				
	7 a Gross amount from sales of (i) Securities	(II) Other		12 1860 25- 1	1	
	assets other than inventory					, " y
	<b>b</b> Less, cost or other basis					
	and sales expenses			the state of the s		, ,
	c Gain or (loss)	<u> </u>		, , , , , , , , , , , , , , , , , ,	1 200 132	
	d Net gain or (loss)		,			
₹	8a Gross income from fundraising events (not including . \$		,		\$	, n <sub>e</sub>
en	of contributions reported on line 1c)		,	``-1		
æ	See Part IV, line 18		, , ,	,		
ᡖ	<b>b</b> Less: direct expenses	·				
Other Reven	c Net income or (loss) from fundraising e	vents ►		, .		
Ü	9a Gross income from gaming activities. See Part IV, line 19					,
	<b>b</b> Less direct expenses	<u></u>	1			, ,
	c Net income or (loss) from gaming activ	′∟ ities. ►			<del></del>	
	10a Gross sales of inventory, less returns and allowances	349,900.				
	<b>b</b> Less cost of goods sold			<u></u>		,
	c Net income or (loss) from sales of inve		41,716.			41,716.
	Miscellaneous Revenue	Business Code				
	11a OTHER INCOME			ļ		
	b					
	c					ļ
	d All other revenue					
	e Total. Add lines 11a-11d .	•				
	12 Total revenue. See instructions	•	43,539.	0.	0.	43,539.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) (C) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Fundraising Program service Management and expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments 40 See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 4 3,000 3,000 Grants and other assistance to foreign 10 July 20 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 1 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 0 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. Other salaries and wages ... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 11 Fees for services (non-employees): a Management **b** Legal c Accounting 640 640 d Lobbying · 李 · 李 e Professional fundraising services. See Part IV, line 17 f Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion 13 Office expenses Information technology 14 15 Royalties Occupancy 16 17 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 73 73 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 23 Insurance . 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 12,100 12,100 a NATIONAL COMPETITIONS/SEMINARS 6,761 6,761 b SECRETARIAL SERVICES 1,776 336 2,112 C MEETINGS/OPEN\_HOUSE d OFFICE EXPENSE 657 657 222 222. e All other expenses. 0. 25,565 16,876 8,689. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation 

SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1 252,183. Cash - non-interest-bearing 18,656 Savings and temporary cash investments 231,342 2 118,119. 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 97,905. Inventories for sale or use 200,235 Prepaid expenses and deferred charges. 9 5 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 29,894 10b 100 b Less accumulated depreciation 29,894 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 Intangible assets 14 14 Other assets. See Part IV. line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34). 450,233. 16 468,207 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 3.7 m key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties. 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 Total liabilities. Add lines 17 through 25. 0 26 0 Organizations that follow SFAS 117 (ASC 958), check here > and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets. X Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 468,207. 32 450,233 Set 33 Total net assets or fund balances 450,233. 33 468,207. 34 Total liabilities and net assets/fund balances 450,233. 34 468,207. BAA Form 990 (2014)

TEEA0111L 05/28/14

Forn	1 990 (2014) FREDERICK COUNTY STUDENTS CONSTRUCTION	<u>52-1188937</u>	Page 12					
Pai	t∹XI → Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,539.					
2	Total expenses (must equal Part IX, column (A), line 25).	2	25,565.					
3	Revenue less expenses Subtract line 2 from line 1	3	17,974.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	450,233.					
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities .	6						
7	Investment expenses .	7						
8	8 Prior period adjustments . 8							
9	9 Other changes in net assets or fund balances (explain in Schedule O)  9							
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	468,207.					
Pai	t-XII: Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			Yes No					
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.								
2 :	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	eviewed on a						
1	Were the organization's financial statements audited by an independent accountant?		2 b X					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis							
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2 c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?		3a X					
	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3 b					
BAA			Form 990 (2014)					

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Schedule A (Form 990 or 990-EZ) 2014

Open to Public Inspection

Name of the organization Employer identification number FREDERICK COUNTY STUDENTS CONSTRUCTION TRADES FOUNDATION, INC 52-1188937 |Partାର୍ଜ୍ଞ| 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) 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). Δ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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.) X An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 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). 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 publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 11 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iı) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (i) Name of supported (IV) Is the (v) Amount of monetary (vi) Amount of other organization listed in your governing document? organization support (see instructions) support (see instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) 人人的神 新 147.万多色 1. 36. 7 1.31 **美国人教育** 

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

Par	t II Support Schedule for (Complete only if you checked organization fails to qualify	the box on line 5, 3	7, or 8 of Part I or	if the organization	failed to qualify und	d 170(b)(1)(A)(v der Part III If the	ri)
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')						
2	Tax revenues 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						
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)						
6	Public support. Subtract line 5 from line 4	Frank .				NT.	
Sec	tion B. Total Support						<u>.</u>
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	<b>(f)</b> Total
7	Amounts from line 4						
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 VI.)						
11	Total support. Add lines 7 through 10					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	014 (line 6, columi	n (f) divided by lir	ne 11, column (f)	)	14	%
15	Public support percentage from	2013 Schedule A,	Part II, line 14.			15	%
16 a	33-1/3% support test – 2014. If and stop here. The organization	the organization of qualifies as a pub	did not check the olicly supported o	box on line 13, a rganization	and the line 14 is 3	33-1/3% or more, ch	neck this box
ŀ	33-1/3% support test — 2013. If and stop here. The organization	the organization d i qualifies as a pul	lid not check a bo blicly supported o	ox on line 13 or 16 organization	6a, and line 15 is	33-1/3% or more, c	heck this box
17 a	n 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-a	and-circumstance:	s' test, check this	s box and <b>stop he</b> i	<b>re.</b> Explain in Part \	/l how 🚐
1	0 <b>10%-facts-and-circumstances t</b> o or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	s box and stop her	re. Explain in Part \	15 is 10% /I how the ► ☐

BAA

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

52-1188937

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

	tion A. Public Support	<del>,</del>					
Calend	dar year (or fiscal yr beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
ı	Gifts, grants, contributions and membership fees received. (Do not include	]					
	received. (Do not include any 'unusual grants.')	34,192.	462.				34,654.
2	Gross receipts from admis-	34,152.	102.				31,031.
	sions, merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's	400 000		200 050		340 000	1 120 750
3	tax-exempt purpose Gross receipts from activities	400,000.		389,850.		349,900.	1,139,750.
J	that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
_	its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the						0
_	organization without charge	424 100	460	200 050		240 000	0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1.	434,192.	462.	389,850.	0.	349,900.	1,174,404.
, a	2, and 3 received from		_		_		
	disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line 7c from line 6)	Service of the service of	7) 1	·	5.	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	1,174,404.
Sec	tion B. Total Support	-					
	dar year (or fiscal yr beginning in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
-	Amounts from line 6	434,192.	462.	389,850.	0.	349,900.	1,174,404.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from						
h	similar sources Unrelated business taxable	251.	2,495.	882.	1,808.	1,823.	7,259.
-	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						n
c	Add lines 10a and 10b	251.	2,495.	882.	1,808.	1,823.	7,259.
11	Net income from unrelated business		<u> </u>		,	,	.,
	activities not included in line 10b, whether or not the business is						
	regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of						_
	čapital assets (Explain in			0.70			070
12	Part VI.) SEE PART IV			872.			872.
13	Total support. (Add lines 9, 10c, 11 and 12.)	434,443.	2,957.	391,604.	1,808.	351,723.	1,182,535.
14	First five years. If the Form 990	is for the organiza				a section 501(c)(	
	organization, check this box and	<del>-</del>	•				
	tion C. Computation of Pu Public support percentage for 20			o 13 column (fl)		15	99.31 %
15 16	Public support percentage from			ie 13, column (1))		16	99.31 % 98.58 %
	tion D. Computation of Inv					10	90.30 0
<u>3ec</u> 17	Investment income percentage f				mn (f))	17	0.61 %
18	Investment income percentage f			-	(1)/	18	1.31 %
	33-1/3% support tests – 2014. I				and line 15 is more		
138	is not more than 33-1/3%, check						
b	33-1/3% support tests - 2013. I	f the organization	did not check a be	ox on line 14 or li	ne 19a, and line	16 is more than 3	3-1/3%, and
20	line 18 is not more than 33-1/3%		•	-	·	- · · · · · · · · · · · · · · · · · · ·	nization
ZU RΔΔ	Private foundation. If the organi	Zation did not che	TEFANANSI			bedule A (Form 99	0 or 000 EZ 2014

Part IV. Supporting Organizations
(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All	Supporting	Orc	anizations
------------	-----	------------	-----	------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	. 2		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below			
ŧ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		÷.
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		.5-
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
Ć	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	-	ř.
5 a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		s,
t	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?.	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part Vi</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9 8	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in Part VI	9a		
ŧ	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
(	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer (b) below			
ı	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		the organization accepted a gift or contribution from any of the following persons?	, ' ,	٤ .	, 1
	a A pe gov	erson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the erning body of a supported organization?	11a	دسد سند	allera al
	<b>b</b> A fa	amily member of a person described in (a) above?	11b		
	c A 3	5% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion	B. Type I Supporting Organizations			
	-			Yes	No
1	or e <b>Par</b> If th dire	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint lect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in tVI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities ne organization had more than one supported organization, describe how the powers to appoint and/or remove actors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, allied to such powers during the tax year	1		
2	that <i>ben</i>	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such sefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization	2	* *	
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
1	of e	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s)	1	, '	15.1
Sec	ction	D. All Type III Supporting Organizations			<del>,</del>
				Yes	No
1	orga yea	the organization provide to each of its supported organizations, by the last day of the fifth month of the anization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax r, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the anization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	orga	re any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported anization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s)	2	, , ,	- }
3	voic all t	reason of the relationship described in (2), did the organization's supported organizations have a significant ce in the organization's investment policies and in directing the use of the organization's income or assets at times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played this regard	<u>4 % }</u> 3	, , , , , , , , , , , , , , , , , , ,	**************************************
Sec	ction	E. Type III Functionally-Integrated Supporting Organizations			
	<u> </u>				
1		eck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	a 📙	The organization satisfied the Activities Test. Complete line 2 below			
	b 📗	The organization is the parent of each of its supported organizations. Complete line 3 below			
	с 🗌	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s)		
2	Acti	ivities Test. Answer (a) and (b) below.		Yes	No
	<b>a</b> Did	substantially all of the organization's activities during the tax year directly further the exempt purposes of the	, ,		,
	supp <b>org</b> resp	ported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> anizations and explain how these activities directly furthered their exempt purposes, how the organization was ponsive to those supported organizations, and how the organization determined that these activities constituted	2a		
		estantially all of its activities			. ,
	the <i>the</i>	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the anization's involvement	2b	, -,	
3	Par	ent of Supported Organizations Answer (a) and (b) below.			
	<b>a</b> Dıd eac	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of the supported organizations? <i>Provide details in Part VI</i>			
	<b>h</b> Did	the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Page 6

ra	rt V : [ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovember Section	<sup>r</sup> 20, 1970 <b>See instructio</b> ons A through E	ns. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets .	1c		
(	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):	-		,
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
_ 5	Net value of non-exempt-use assets (subtract line 4 from line 3).	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6) .	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	,	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	, ,	·····
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions)	grated	·	· <u>-</u> .
DA/			Schodula A /Form	990 or 990-E71 201/

Excess distributions carryover to 2015. Add lines 3j and 4c

8 Breakdown of line 7 а

b

С d Excess from 2013

e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

BAA

52-1188937	Page 8

· Schedule A (Form 990 or 990-EZ) 2014

FREDERICK COUNTY STUDENTS CONSTRUCTION

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART III.	LINE 12 -	OTHER	INCOME
PARI III.	LINE IZ-	UIDER	INCOME

NATURE AND SOURCE 2014 2013 2012 2011 2010

REFUNDS AND OTHER RECEIPTS

TOTAL \$ 0. \$ 0. \$ 872. \$ 0. \$ 0.

## **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection

Employer identification number EDEDEDICK COMMEN CHINENTS CONSTRUCTION

	TRADES FOUNDATION, INC.	CONSTRUCTION		52-1188937
Part				
rait	Complete if the organization ansi	wered 'Yes' to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year .	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Aggregate value of contributions to (during year).			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			<del></del>
5	Did the organization inform all donors and don	nor advisors in writing that the assets held in d	lonor advised	funds Yes No
	are the organization's property, subject to the	-		
	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fun of the donor or donor advisor, or for any othe	nds can be use er purpose cor	ed only  oferring  Yes  No
Part		wered 'Yes' to Form 990, Part IV, line	· 7.	
1	Purpose(s) of conservation easements held by			
•	Preservation of land for public use (e.g., r		of a historical	lly important land area
	Protection of natural habitat			historic structure
	Preservation of open space			
2	· · ·	neld a qualified conservation contribution in the for	rm of a conser	vation easement on the
	last day of the tax year			
			<u> </u>	leld at the End of the Tax Year
а	Total number of conservation easements		2 a	
-	Total acreage restricted by conservation ease		2 b	
c	Number of conservation easements on a certi	fied historic structure included in (a)	2 c	· · · · · · · · · · · · · · · · · · ·
	structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histo	2 d	
	Number of conservation easements modified, transtax year ►	nsferred, released, extinguished, or terminated by	the organization	on during the
4	Number of states where property subject to conse	rvation easement is located >		
	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, hants it holds?	andling of viol	ations, Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easements	during the yea	ar
7	Amount of expenses incurred in monitoring, insper  ▶\$	ecting, and enforcing conservation easements duri	ng the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of so	ection 170(h)(	(4)(B)(i) Yes No
9	include, if applicable, the text of the footnote	s conservation easements in its revenue and experto the organization's financial statements that	nse statement, describes the	and balance sheet, and organization's accounting for
Dark	conservation easements.  U. Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	r Other Sin	nilar Assets.
rait	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	8.	
	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final	r SFAS 116 (ASC 958), not to report in its reve eld for public exhibition, education, or research in nicial statements that describes these items	enue statemer furtherance of	nt and balance sheet works of public service, provide,
	historical treasures, or other similar assets held following amounts relating to these items.	r SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in furth	e statement a nerance of publ	nd balance sheet works of art, lic service, provide the
	(i) Revenue included in Form 990, Part VIII,	line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X			►\$
	amounts required to be reported under SFAS	-	ncial gain, pro	
	Revenue included in Form 990, Part VIII, line	1		<b>►</b> \$
h	Assets included in Form 990, Part X			►\$

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c )

BAA

**d** Equipment **e** Other

Schedule **D** (Form 990) 2014

29,894

0.

0.

29,894

Complete if the organization answered Yes' to Form 990, Part IV, Inne 11b. See Form 990, Part X, Inne 12.  (a) Description Case of year market value  (b) 800x value  (c) Middled of valuation. Cost or read of year market value  (d) Cosely-heid equity indexests  (e) Cosely-heid equity indexests  (f) Other  (g) Cosely-heid equity indexests  (g) Other Inne 12c. Column (g) Inne 12c.	Part VII Investments - Other Securities.		N/A	00 0 11/1 10
(1) Financial derivatives (2) Closely held equity interests (3) Other (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	<del></del>			
(2) Closely-held equity interests (3) Closer (1) (1) (2) (3) Closer (1) (4) (4) (5) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		(b) Book value	(c) Method of valuation Cost or end-c	of-year market value
(3) Other (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	• •			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(G)				· <del></del>
(G)	(A)			
(6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(G)				<u> </u>
(G)				<del>-</del>
(G) (P) (Total. (Column (2) must equal Form \$92, Part X, column (8) line 12) (A) Part VIII   Investments — Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (B) Description of investment type (B) Book value (C) Method of valuation. Cost or end-of-year market value (C) (C) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)  Part VIII Investments - Program Related. Complete if the organization answered Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (c) Method of valuation. Cost or end-of-year market value (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)   Part XIII   Investments				<del></del>
Total, (Column (b) must equal Form 990, Part X, column (B) Inne 13.    Part VIII   Investments - Program Related. Complete if the organization answered   Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment type   (b) Book value   (c) Method of valuation. Cost or end-of-year market value   (c) Method of valuation. Cost or end-of-year market value   (d)   (e)   (e)   (e)   (e)   (e)   (f)   (e)   (f)   (f)				
Part IV    Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.    (a) Description of investment type   (b) Book value   (c) Method of valuation. Cost or end-of-year market value   (1)   (2)   (3)   (4)   (4)   (5)   (6)   (7)   (8)   (9)   (10			,	
(a) Description of investment type (b) Book value (c) Method of valuation. Cost or end-of-year markel value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) (a) Description (b) Book value (c) Method of valuation. Cost or end-of-year markel value (d) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) (a) Description (b) Book value (c) (d) (d) (d) (e) (f) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII Investments - Program Related.	<u></u>	N/A	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (11) (2) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10			, Part IV, line 11c. See Form 9	90, Part X, line 13.
(3) (4) (5) (6) (7) (8) (9) (10) Part IX   Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (c) (c) (d) (d) (d) (e) (f) (f) (a) (e) (f) (f) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end	l-of-year market value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part X   Other Assets. Complete If the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)  Part X   Other Liabilities. Complete If the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (c) Description of liability (d) Book value (d) Description of liability (f) Federal income taxes (a) Description of liability (b) Book value (c) (a) Description of liability (b) Book value (d) Description of liability (f) Federal income taxes (g)	(1)			
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Schedule D (Form 990) 2014 FREDERICK COUNTY STUDENTS CONS	STRUCTION	52-1188937	Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta			
Complete if the organization answered 'Yes' to Form 9	990, Part IV, line 12a	a.	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		<i>'</i> ,	
a Net unrealized gains (losses) on investments.	2 a	. ,	
<b>b</b> Donated services and use of facilities	2 b	*	
c Recoveries of prior year grants	2 c	₹,	
d Other (Describe in Part XIII )	2 d	, ·	
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	**************************************	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b	<u> </u>	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, Iii	ne 12)	5	
Part XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return. N/A	
Complete if the organization answered 'Yes' to Form 9			
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		,	
a Donated services and use of facilities	2 a		
<b>b</b> Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII.)	2 d	, -	
e Add lines 2a through 2d	<del>                                     </del>	2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	,	
<b>b</b> Other (Describe in Part XIII )	4 b	13.	
c Add lines 4a and 4b .	<u> </u>	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 18).	5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

Schedule **D** (Form 990) 2014

## **SCHEDULE O** (Form 990 or 990-EZ)

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FREDERICK COUNTY STUDENTS CONSTRUCTION TRADES FOUNDATION, INC.

Employer identification number 52-1188937

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED BY BOARD BEFORE FILING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO DOCUMENTS AVAILABLE TO THE PUBLIC.