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Department of the Treasury Internal Revenue Service

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)

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

Open to Public Inspection

A	For the	2010 calendar year, or tax year beginning JUL 1, 2010 and ending	JUN 30, 201	1
В	Check if	C Name of organization	D Employer ident	ification number
	applicable	CPWR: THE CENTER FOR CONSTRUCTION		
	Address change	RESEARCH AND TRAINING		
	Name change	Doing Business As CPWR	52-	1172454
	lnıtıal return	per		
	Termin- ated	-578-8500		
	Amende return	City or town, state or country, and ZIP + 4	G Gross receipts \$	14,807,379.
	Applica- tion	SILVER SPRING, MD 20910	H(a) Is this a group	
	pending	F Name and address of principal officer ERICH J. STAFFORD	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates	included? Yes No
ī	Tax-exer	npt status X 501(c)(3)	527 If "No," attach	a list (see instructions)
		:▶ WWW.CPWR.COM	H(c) Group exempt	· · · · · · · · · · · · · · · · · · ·
				M State of legal domicile: MD
		Summary		
_	1 B	riefly describe the organization's mission or most significant activities SEE PART	III, LINE 1	
Governance				
rna	2 0	heck this box if the organization discontinued its operations or disposed of	more than 25% of its net	assets
Ve	3 N	umber of voting members of the governing body (Part VI, line 1a)		1 40
Ğ	4 1	umber of independent voting members of the governing body (Part VI, line 1b)	4	
8		otal number of individuals employed in calendar year 2010 (Part V, line 2a)		
Activities	6 T	otal number of volunteers (estimate if necessary)	-	
₹	7aT	otal unrelated business revenue from Part VIII, column (C), line 12	7	
⋖		et unrelated business taxable income from Form 990-T, line 34	7	
			Prior Year	Current Year
a	8 0	ontributions and grants (Part VIII, line 1h)	13,260,135	
ž	9 P	rogram service revenue (Part VIII, line 2g)	1,132,091	
Revenue	10 Ir	estment income (Part VIII, column (A), lines 3, 4, and 7d)	19,852	
æ	11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	956	
	1	otal-rovenue-add-lines-8-through-1₁ (must equal Part VIII, column (A), line 12)	14,413,034	
_		ants and similar amounts paid (Part IX, column (A), lines 1-3)	0	
		enefits paid to or for members (Rar IX, column (A), line 4)	0	
ın	l	alaries, other compensation, emprovee benefits (Part IX, column (A), lines 5-10)	4,518,977	
Expenses	16a F	coressional fundraising fees (Partix), column (A), line 11e)	0	
per	, loa i	otal fundraising expenses (Part IX column (D), line 25) 54,478.		•
Ω	17 0	ther expenses (Family, dollumn (A) lines 11a-11d, 11f-24f)	9,704,209	. 10,078,476.
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,223,186	
	ı	evenue less expenses Subtract line 18 from line 12	189,848	
70		evenue 1633 expenses outstact line 10 from line 12	Beginning of Current Yea	
Net-Assets or	20 T	otal assets (Part X, line 16)	5,803,505	
ASS	20 T	otal liabilities (Part X, line 26)	2,652,759	
三	22 1	let assets or fund balances. Subtract line 21 from line 20	3,150,746	
	art II	Signature Block	J,130,740	·
_		ies of perjury, I declare that I have examined this return, including accompanying schedules and s	atements, and to the hest of	my knowledge and helief it is
~/		and complete. Declaration of preparer (other than officer) is based on all information of which pre		my knowledge and belief, it is
<u>, ""</u>	1	and complete, occident of preparer (open manufactor) is based on an information of which pre	parci has any knowledge.	
, e.,		Signature of officer	Date	·····
Sig		ERICH J. STAFFORD, EXECUTIVE DIRECTOR		
He	16	Type or print name and title		
_			Date Check	PTIN
Pai		Print/Type preparer's name Tacque line Oneto Preparer's signature	4/24//2 If self-emp	<u> </u>
	- F		- uwu	
	· -		Firm's EIN	<u> </u>
US	e only	Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930	Dhana sa	/301\ QE1 Q000
		BETHESDA, MD 20814-2930 S discuss this return with the preparer shown above? (see instructions)	Phone no	(301) 951-9090 X Yes No
IVI	ᇼᇉᇉᅜ	o discuss this feture with the preparet shown above? ISEE INSTRUCTIONS		LATTES I INO

Form	1990 (2010) RESEARCH AND TRAINING 52-	<u>-1172454</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	' Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission		
	TO CARRY OUT RESEARCH, TRAINING AND OTHER RELATED SERVICES		
	CONSTRUCTION INDUSTRY, WITH A FOCUS ON OCCUPATIONAL SAFETY,	HEALTH	<u>AND</u>
	WORKING CONDITIONS.		
			
2	Did the organization undertake any significant program services during the year which were not listed on		x X No
	the prior Form 990 or 990-EZ?	L Yes	; LA No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□v _a ,	s X No
3	If "Yes," describe these changes on Schedule O	res	ואונאם:
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	•	
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants		
	allocations to others, the total expenses, and revenue, if any, for each program service reported	arra	
4a	(Code) (Expenses \$ 4,271,899 · including grants of \$) (Revenue	\$	-
	NIEHS HAZARDOUS MATERIALS WORKER HEALTH AND SAFETY TRAINING	· 	JDES
	ELEVEN NATIONAL CONSTRUCTION UNIONS INVOLVED IN TRAINING AF		
	14,000 MEMBERS ANNUALLY. CPWR AND ITS CONSORTIUM OF BUILDI		
	UNIONS OFFER A COMPREHENSIVE MENU OF CONSTRUCTION SAFETY AN	D HEALTH	<u></u>
	TRAINING PROGRAMS, INCLUDING OSHA 500, 30, AND 10-HOUR PROG	RAMS;	
	HAZARDOUS WASTE TRAINING AND REFRESHERS; CONFINED SPACE TRA	INING, I	EAD
	AND ASBESTOS TRAINING, OSHA 7600 TRAINING AND OTHERS.		
	5.006.445		
4b	(Code) (Expenses \$ 5,396,447. including grants of \$) (Revenue		
	CDC/NIOSH SAFETY AND HEALTH RESEARCH IN THE CONSTRUCTION IN		
	RESEARCH GRANT SPONSORED BY NIOSH TARGETED TO IMPROVE THE SHEALTH OF WORKERS ON CONSTRUCTION SITES. IN EXCESS OF 20 D		
	PROJECTS WERE FUNDED UNDER THIS PROGRAM.	TEFERENT	<u>·</u>
	TROUBCIO WERE FUNDED UNDER THIS FROGRAM:		
			
4c	(Code) (Expenses \$ _3,995,385. including grants of \$) (Revenue	\$	
	DOE NATIONAL FORMER WORKERS' NOTIFICATION & MEDICAL SCREENI	NG PROGF	- MAS
	PROVIDED MEDICAL SCREENING SERVICES AT 23 SITES IDENTIFIED	BY THE	
	DEPARTMENT OF ENERGY. THE PROGRAM DIRECTLY CONTACTS WORKER	S, OBTAI	:NS
	SIGNED CONSENTS AND INTERVIEWS PARTICIPANTS. IN 2011, OVER	2,200	
	SCREENINGS WERE COMPLETED.		
			
	Other program and the Color of Color of the Color		
4d	• •		
	(Expenses \$ 698,686. including grants of \$) (Revenue \$ 1,003,049.) Total program service expenses ▶ 14,362,417.		_ -
<u>4e</u>	Total program service expenses ► 14, 302, 417.	Eorm C	90 (2010)

Form 990 (2010) RESEARCH AND TRAINING Part IV Checklist of Required Schedules

			Yes	No
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	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		1,,
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
5	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
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	N/	Δ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	-3-	14/	<u>-</u> -
Ū	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,	۰		
•	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		Х
9	Did the organization report an amount in Part X, line 21, 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 term, permanent, 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, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	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 167 If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
d	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	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	
•	the organization's separate of 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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	Λ	
.24	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		_x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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	40		v
2 0a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	<u>z</u> ua		_
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		1
			990 (2010)
		•	,	-,

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States 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 and other assistance to individuals in the United States 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? If "Yes," complete			
	Schedule J	23	X	
24a	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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	i	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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
b	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	_31_		X
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		_X
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		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	<u> </u>	X
а				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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_		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	L
		Form	990 (2010)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance		-	
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
	(gambling) winnings to prize winners?	1c	Х	
2a	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 2a 4	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		ł	
_	were not tax deductible?	6b		
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			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		<u> </u>
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Λ
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	ļ , , ,		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_]		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders N/A 11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	4		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	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	+		37
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yea" has it filed a Form 720 to report these payments? If "No." provide an explanation in School III.	14a	\vdash	X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990 (2040
		rorm	・ フプリ (ZU IU)

Form 990 (2010) RESEARCH AND TRAINING 52-1172454 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.

Sec	tion A. Governing Body and Management			لها
000	tion A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	0	163	140
b	Enter the number of voting members included in line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Ť		
	officer, director, trustee, or key employee?	2		X
3	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?	з		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		_X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	_X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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?	İ		
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	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			
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		_
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	le for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ncial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books are personally at the person of the perso	zation 🕨		
	MARY TARBRAKE - 301-578-8500			

8484 GEORGIA AVENUE, SUITE 100, SILVER SPRING, MD

Form **990** (2010)

Form 990 (2010)

RESEARCH AND TRAINING

52-1172454 F

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

•	-	•	•					
Check	if Sch	ا ماريام	contains a re	enonee i	to any i	nuissiun	in this	Part VII

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

- 1a 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

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

- 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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours per week	⊢÷	(check all that a					Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Ойісег	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
MARK H. AYERS										
PRESIDENT	1.00	X	_	Х	<u> </u>			0.	0.	0.
SEAN MCGARVEY										
SECRETARY-TREASURER_	1.00	X		X				0.	0.	0.
RICHARD RESNICK									_	
VP/GENERAL COUNSEL	1.00	X	<u> </u>	X	ļ			0.	0.	0.
ERICH J. STAFFORD										
EXECUTIVE DIRECTOR	35.00	X		X				205,610.	0.	78,191.
REV. J. CLETUS KILEY		İ	İ							
DIRECTOR	1.00	X		ļ				0.	0.	0.
MORRIS KLEINER										
DIRECTOR	1.00	X		L	<u></u>	<u> </u>		0.	0.	0.
NOEL C. BORCK					ļ					
DIRECTOR	1.00	X						0.	0.	0.
IZ CAKRANE				ļ						
DIRECTOR	1.00	X						0.	0.	0.
GARY MCKINNEY										
DIRECTOR	1.00	X				ļ		0.	0.	0.
PEYTON HAIRSTON										
DIRECTOR	1.00	X	<u> </u>					0.	0.	0.
JAMES PLATNER										
ASSOC. DIR-SCI./TECH.	35.00					X		135,960.	0.	63,190.
MARY TARBRAKE										
ASSOC. DIR-FINANCE/ADMIN	35.00	<u> </u>				X		119,316.	0.	55,500.
XIUWEN DONG		1								
DIR. DATA CENTER	35.00	ļ	<u> </u>		ļ	X		111,451.	0.	55,201.
LAURA WELCH						1				
MEDICAL DIRECTOR	32.00	ļ	_		_	X	<u> </u>	136,638.	0.	62,410.
JANIE GITTLEMAN										
ASSOC. DIR-SAFETY/HEALTH	35.00	ļ	-	_		X		135,857.	0.	59,814.
		-	_							
		L								Farm 990 (2010)

Form 990 (2010)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	· (A)	(B) (C)				(D)	(E)			(F)				
	Name and title	Average			Pos				Reportable Reportable		,	E	stimate	ed
		hours per	(C	(check all t			app	oly)	compensation	compensation		aı	mount	
		week (describe	Į.	ļ					from	from related	- 1		other	
		hours for	direc				-		the	organization (W-2/1099-Mi			npensa	
		related	10 aa	stee			nsate		organization (W-2/1099-MISC)	(00-2/1099-00)	30)		rom th ganızat	
		organizations	fres	la fr		yee	d mo		(***271033*141130)			_	id relat	
		ın Schedule	individual trustee or director	Institutional trustee	ją.	Key employee	nest c	ĕ					anızatı	
		O)	횰	Inst	Officer	Xey.	Highest compensated employee	퉡						
					<u> </u>									
			_							·				
	1442													
								_						
1b	Sub-total Sub-total	1	L	L	l	l	>	I	844,832.		0.	37	4,3	06.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)						>		844,832.		0.	37	4,3	06.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wl	ho r	eceived more than \$100	,000 in reportab	le			
	compensation from the organization													7
													Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	y em	plo	yee,	or h	nighest compensated en	nployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	ano	d ot	her compensation from t	the organization				
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							4	Х					
5								_		.,,				
	rendered to the organization? If "Yes," cometion B. Independent Contractors	piete Schedul	e <i>J 1</i>	or s	ıcn j	pers	son					_ 5		X
	Complete this table for your five highest co	mnoncated in	done	ndo	nt o	onti			hat recoved more than	\$100,000 of see				
1	the organization	mpensateu III	-ehe	-iiue	iii C	OHL	acit	ן בול	mat received more trian	φτου,υου οι con	ipensa	auon 1	HOITI	
	(A)							Т	(B)				~	
	Name and business	address							Description of s	ervices	Cc		C) Insatio	n
7 F	Name and business address Description of services Compensation													

(A) Name and business address	(B)	(C)
Name and business address	Description of services	Compensation
ZENITH ADMINISTRATORS		
541 N. FAIRBANKS CR., CHICAGO, IL 60611	ADMINISTRATION	3,498,295.
WASHINGTON UNIVERSITY	SAFETY AND HEALTH	
ONE BROOKINGS DR., ST. LOUIS, MO 63130	RESEARCH	319,333.
COLORADO STATE UNIVERSITY, 601 S HOWES ST,	SAFETY AND HEALTH	
ST. # 410, FORT COLLINS, CO 80523	RESEARCH	244,859.
INSULATION INDUSTRY	SAFETY AND HEALTH	
8480 N. HWY. 87 , ORANGE, TX 77632	RESEARCH	_227,932.
REGENTS OF THE UNIVERSITY OF CALIFORNIA	SAFETY AND HEALTH	
1111 FRANKLIN ST., OAKLAND, CA 94607	RESEARCH	223,504.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 in compensation from the organization > 20		
	• •	

Form **990** (2010)

Part VIII Statement of Revenue (D) Revenue (C) (A) (B) Unrelated Total revenue Related or excluded from exempt function business tax under sections 512. revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1a 1 a Federated campaigns b Membership dues 1b Fundraising events 10 1d d Related organizations e Government grants (contributions) 1e 13,773,140 f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 13 773 140 **Business Code** 1003049 900099 Program Service 2 a PROJECT REVENUE 1003049. f All other program service revenue 1003049. Total. Add lines 2a-2f Investment income (including dividends, interest, and 15,948. other similar amounts) 15,948. Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross Rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV. line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 15,242. 11 a MISCELLANEOUS 900099 15,242 d All other revenue 15,242. e Total. Add lines 11a-11d 31,190. Total revenue See instructions 14,807,379 1003049. 032009 12-21-10 Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	Section 501(c) All other organizations must con		ations must complete all		1
	······································		(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				··
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				<u> </u>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	004 400	0.64 0.05		
	trustees, and key employees	291,108.	261,997.	29,111.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		į		
	persons described in section 4958(c)(3)(B)	2 525 222	2 525 255		
7	Other salaries and wages	2,537,232.	2,507,065.	30,167.	···
8	Pension plan contributions (include section 401(k)	715 004	705 530	2 225	
_	and section 403(b) employer contributions)	717,024.		9,286.	
9	Other employee benefits	909,897.		14,663.	
10	Payroll taxes	211,129.	207,185.	3,944.	
11	Fees for services (non-employees)				
а	Management	2 701		2 501	
b	Legal	3,781.		3,781.	
C	Accounting	85,657.		85,657.	40.205
d	Lobbying	48,305.			48,305.
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1 500 460	1 452 700	FA 751	
g	Other	1,508,460.	1,453,709.	54,751.	
12	Advertising and promotion	C1 F 201	F70 1F2	27 100	
13	Office expenses	615,281.	578,153.	37,128.	
14	Information technology				
15	Royalties	300 010	350 030	30 001	·
16	Occupancy	398,810.	358,929.	39,881.	F (20
17	Travel	497,677.	482,741.	9,297.	5,639.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	42 707	42 001	016	
19	Conferences, conventions, and meetings	43,707.	42,891.	816.	
20	Interest				-
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization Insurance	68,823.	67,537.	1,286.	
23		00,023.	01,331.	1,200.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	CONTRACTUAL SERVICES	6,474,244.	6,474,244.		
a b	TRAINERS	165,786.	165,786.		
C	TRAINING CLASS SUPPLIES	57,034.	57,034.		
d	MISCELLANEOUS	52,870.	47,050.	5,286.	534.
e	TEMPORARY HELP	29,171.	26,254.	2,917.	224.
	All other expenses	28,870.		<u> </u>	
25	Total functional expenses Add lines 1 through 24f	14,744,866.		327,971.	54,478.
26	Joint costs Check here If following SOP	<u> </u>	22,300,21,0	327,3711	<u> </u>
20	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation		<u>L</u>	I	

Pai	rt X	Balance Sheet				
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		650.	1	649.
	2	Savings and temporary cash investments		1,894,567.	2	2,531,038.
	3	Pledges and grants receivable, net		2,368,155.	3	1,800,430.
	4	Accounts receivable, net		4,301.	4	264,228.
	5	Receivables from current and former officers, dire	ectors, trustees, key			
		employees, and highest compensated employee	s Complete Part II			
		of Schedule L			5	
i	6	Receivables from other disqualified persons (as o	defined under section			
		4958(f)(1)), persons described in section 4958(c)	(3)(B), and contributing			
1		employers and sponsoring organizations of secti	on 501(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instruc	ctions)		6	
	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		113,804.	9	145,649.
	10a	Land, buildings, and equipment. cost or other				
		basis Complete Part VI of Schedule D	10a 10b			
	b	Less accumulated depreciation	4 200 204	10c	4 222 222	
	11	Investments - publicly traded securities	1,399,381.	11	1,399,823.	
	12	Investments - other securities See Part IV, line 1		12	-	
	13	Investments - program-related See Part IV, line 1		13		
	14	Intangible assets	22 647	14	20 701	
	15	Other assets See Part IV, line 11	22,647.	15	28,701.	
	16	Total assets. Add lines 1 through 15 (must equa	5,803,505. 2,607,633.	16	6,170,518. 2,898,081.	
	17 18	Accounts payable and accrued expenses Grants payable		2,007,033.	17 18	2,030,001.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		-	20	
"	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors			21	
ig		highest compensated employees, and disqualifie				
Ë		of Schedule L	The personal consequence of the		22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated		·	24	
	25	Other liabilities Complete Part X of Schedule D	·	45,126.	25	59,178.
	26	Total liabilities. Add lines 17 through 25		2,652,759.	26	2,957,259.
		Organizations that follow SFAS 117, check he	re 🕨 🗓 and complete			
S		lines 27 through 29, and lines 33 and 34.				
ũ	27	Unrestricted net assets		3,150,746.	27	3,213,259.
Fund Balances	28	Temporarily restricted net assets			28	
ā	29	Permanently restricted net assets			29	
Ξ		Organizations that do not follow SFAS 117, ch	eck here 🕨 🔛 and			
ŏ		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equ	· ·		31	
Net Assets or	32	Retained earnings, endowment, accumulated inc	come, or other funds	0.450.515	32	0.015.55
~	33	Total net assets or fund balances		3,150,746.	33	3,213,259.
	34_	Total liabilities and net assets/fund balances		5,803,505.	34	6,170,518.

FUIII	1990 (2010) RESEARCH AND TRAINING	27-TT/	<u> 4454</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	4,80	<u>7,3</u>	<u>79.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	4,74	4,8	66.
3	Revenue less expenses Subtract line 2 from line 1	3	6	<u>2,5</u>	<u>13.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,15	0,7	<u>46.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,21	3,2	59.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule ()			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u></u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		_2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	on a		.	
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audıt			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2010

Open to Public Inspection

Name of the organization THE CENTER FOR CONSTRUCTION Employer identification number CPWR: RESEARCH AND TRAINING 52-1172454 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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)(ıv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 that describes the type of supporting organization and complete lines 11e through 11h Type I b Type II c ___ Type III - Functionally integrated Type III - Other 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization orgañizátion in col in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

CIWIT. THE CHITEN TON CONSTRUCT

Schedule A (Form 990 or 990 EZ) 2010 RESEARCH AND TRAINING 52-1172454 Page 2
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) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 15,276,499 14,757,097 13,660,939 13 260 135 13 773 140 70 727 810. 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 15 276 499 14.757.097 13,660,939 13,260,135 13,773,140 70.727.810. 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 70 727 810, Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 7 Amounts from line 4 15,276,499 14,757,097 13,660,939 13,260,135 13,773,140 70,727,810. Gross income from interest, dividends, payments received on securities loans, rents, royalties 110,108. 104,459. 44,890. 19,852. 15,948. 295,257. 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 3,307 157. 556 956 15,242 assets (Explain in Part IV) 20,218. 11 Total support. Add lines 7 through 10 71,043,285. 12 Gross receipts from related activities, etc. (see instructions) 5,918,976. 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 99.56 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 99.55 % 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more. and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2010

032022 12-21-10

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.)

Se	ction A. Public Support	elow, please comp	Diete Fart II)				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
c	: Add lines 7a and 7b			<u> </u>			
	Public support (Subtract line 7c from line 6)						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first second the	rd fourth or fifth t	av vear as a section	on 501(c)(3) oraș	enization
	check this box and stop here	the organization c	o mot, occoria, trii	ia, ioarai, or mare	ax year as a seem	on so recitor orga	ııızatıorı, ▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (I	·		column (fl)	•	15	%
	Public support percentage from 2009		•	· · · · · · · · · · · · · · · · · · ·		16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	10 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	,	•	.,,		18	%
19	a 33 1/3% support tests - 2010. If the			on line 14, and line	e 15 is more than	33 1/3%, and lin	
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	zation	ightharpoons
ŧ	33 1/3% support tests - 2009. If the						%, and
	line 18 is not more than 33 1/3%, che						ion 🕨 🔲
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>

032023 12-21-10

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• S	section 501(c)(4), (5), or (6) organiza	ations. Complete Part III			
Name	e of organization CPWR: T	HE CENTER FOR CO	ONSTRUCTION	Emp	loyer identification number
	RESEARC	CH AND TRAINING			52-1172454
Par	t I-A Complete if the or	ganization is exempt und	der section 501(c	c) or is a section 527 of	organization.
2	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities		S
3	volunteer nours				
Par	t I-B Complete if the or	ganization is exempt une	der section 501/c	-)(3)	
	Enter the amount of any excise tax			<i>y</i> ,(<i>o</i>).	<u> </u>
	Enter the amount of any excise tax				S
	If the organization incurred a section				Yes No
4a	Was a correction made?		•		Yes No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	der section 501(c), except section 501	(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fun	oction activities	S
2	Enter the amount of the filing orgar	nization's funds contributed to o	ther organizations for	section 527	
	exempt function activities			, ▶ \$	S
	Total exempt function expenditure	s Add lines 1 and 2 Enter here	and on Form 1120-PO	•	
	line 17b			▶ 9	S
	Did the filing organization file Form	<u>-</u>			└ Yes
	Enter the names, addresses and e				
	made payments For each organization for the payments for the payments of the payment of the payments of the pa				
	political action committee (PAC) If				are segregated fand of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) / ludicos	(6) 2111	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0
		1	1	1	1

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Schedule C (Form 990 or 990-EZ) 2010

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Schedule C (Form 990 or 990-EZ) 2010 R	ESEARCH A	ND TRAINING		52-	1172454 Page 2
Part II-A Complete if the organi		npt under sectio	n 501(c)(3) and fil	ed Form 5768	
. (election under section	1 501(h)).	_	•••		··
A Check ▶ ☐ if the filing organization	belongs to an affi	lated group			
B Check ▶ if the filing organization	checked box A ar	nd "limited control" pro	ovisions apply		-
Limits or (The term "expenditur	n Lobbying Exper es" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	e public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence	e a legislative boo	ly (direct lobbying)			
c Total lobbying expenditures (add lines	1a and 1b)				
d Other exempt purpose expenditures				**	
e Total exempt purpose expenditures (ac	ld lines 1c and 1c)			·
f Lobbying nontaxable amount Enter the	amount from the	e following table in bot	h columns		
If the amount on line 1e, column (a) or (b)	is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			Ì
Over \$500,000 but not over \$1,000,000	\$100,00	0 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,500,0	00 \$175,00	0 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,	000 \$225,00	0 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000,	000			
			····	<u> </u>	
g Grassroots nontaxable amount (enter 2	· · · · · · · · · · · · · · · · · · ·				
h Subtract line 1g from line 1a If zero or	less, enter -0				
i Subtract line 1f from line 1c If zero or I	ess, enter -0				
j If there is an amount other than zero or	n either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year	?				Yes No
		raging Period Under	* *		
•		* *	n do not have to comp		
colum			es 2a through 2f on pa	ige 4.)	
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					-
d Grassroots nontaxable amount					
e Grassroots celling amount					
(150% of line 2d, column (e))					
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 RESEARCH AND TRAINING 52-1172454 Page 3 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(:	a)	(t	o)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		<u></u>
	Grants to other organizations for lobbying purposes?		X		
_	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		4.8	3,305.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
1	Other activities? If "Yes," describe in Part IV		Х		
j	· ·	<u> </u>		4.8	3,305
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), sec	tion EO1/a)	(E) an aa	- A i	
Pai	501(c)(6).	tion 50 I(c)	i(o), or se	Ction	
	30 Nojoj.			Yes	No
	Wars substantially all (000), or more) dues received condeducable by members?			163	110
1	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes." Dues, assessments and similar amounts from members	·	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b	****	
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	xcess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pai	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5,	and Part II-B,	line 1ı Also	, complete	this part
or a	ny additional information				
					
					 -
					<u></u>
					-
	•				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010 Open to Public Inspection

OMB No 1545-0047

Name of the organization

CPWR: THE CENTER FOR CONSTRUCTION

RESEARCH AND TRAINING

Employer identification number 5.2 - 1.1.7.24.5.4

Par	rt I Organizations Maintaining Donor Advise		Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	used funds
Ŭ	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	<u> </u>	
•	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	received advisor, or for any other perpos	Yes No
Pa		anization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or e		istorically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space		Timod Thotono Graduatio
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year		Total conscivation casement on the last
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	• •	
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	·
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		f
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

CPWR: THE CENTER FOR CONSTRUCTION

	dule D (Form 990) 2010 RESEARC	H AND TRAI			easures,	or Othe	r Simil			Page 2
3	Using the organization's acquisition, accessi									
	(check all that apply)			•	J					
а	Public exhibition	c		Loan or exc	hange progr	ams				
b	Scholarly research			Other						
c	Preservation for future generations	•								
4	Provide a description of the organization's co	ollections and explain	n how ti	nev further ti	he organizati	ion's avar	nnt nurn	ose in Par	YIV	
5	During the year, did the organization solicit o	•		•	-			ose iii i ai	. AIV	
3	to be sold to raise funds rather than to be ma					iei Siiiliai	assets		Yes	☐ No
Par	t IV Escrow and Custodial Arran					"Voc" to	Form 000	Dort IV		
1 41	reported an amount on Form 990, Pai		ete ii tiit	organizatio	iii alisweleu	162 10	roiiii 33 0), raitiv, i	ii le 9, Oi	
			d.a far							
та	Is the organization an agent, trustee, custodi	an or other intermed	nary for	CONTINUUTION	is or other as	ssets not	incluaea	Γ-	٦.,	—ъ.
	on Form 990, Part X?								∀es	∟ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	212					L	Yes	L No
	If "Yes," explain the arrangement in Part XIV				 					
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance				L					
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a								
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_′°							
	· · · · · · · · · · · · · · · · · · ·									
20	Are there endowment funds not in the posse	· -	ation th	at are held a	and administr	arad for th	o organi	zation		
Sa		ssion of the organiz	anon in	at are nero a	ina aaniinist	ereu ioi ti	ie organi	Zation	Г	Vaa Na
	by									Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations		0 - 1	dula DO					3a(II)	
b .	If "Yes" to 3a(ii), are the related organizations								_3b	
4 Do:	Describe in Part XIV the intended uses of the									
rai	t VI Land, Buildings, and Equipm			1		T 77.7		 	4.5.5	
	Description of investment	(a) Cost or o			or other	٠,	cumulat		(d) Book	value
		basis (investi	nent)	Dasis	(other)	deb	reciation			
1a	Land ,			<u> </u>	···	ļ				
b	Buildings	ļ. — . — . —		<u> </u>		ļ				
С	Leasehold improvements					ļ				
d	Equipment									
е	Other					<u> </u>				

Schedule D (Form 990) 2010

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

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CPWR: THE CENTER FOR CONSTRUCTION

	dule D (Form 990) 2010 RESEARCH AND TRAINING			52-1172454	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Au	udited Finance	cial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	ļ	1	14,807	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	14,744	<u>,866.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	62	<u>,513.</u>
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities	<u> </u>	5		
6	Investment expenses		6		
7	Prior period adjustments	<u> </u>	7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4 through 8	-	9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statements		10 Dor B		<u>,513.</u>
		3 With Hever	ue per m	14 000	370
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12			1 14,807	, 3 / 3 •
		2a			
a		2b			
c		2c			
_	<u></u>	2d			
	Add lines 2a through 2d			2e	٥.
3	Subtract line 2e from line 1			3 14,807	379.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			0 227007	, 3 , 3 •
-		4a			
		4b			
	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5 14,807	.379.
Par	t XIII Reconciliation of Expenses per Audited Financial Statement	ts With Exper	nses per		
1	Total expenses and losses per audited financial statements			1 14,744	,866.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			з 14,744	,866.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b]	
С	Add lines 4a and 4b			4c	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5 14,744	<u>,866.</u>
Par	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin				4, Part
	2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete	•	-		
PAF	RT X, LINE 2: IN JUNE 2006, THE FINANCIAL AC	COUNTING	STAND	ARDS BOARD	
(FA	ASB) RELEASED FASB ASC 740-10, INCOME TAXES,	THAT PRO	OVIDES	GUIDANCE I	FOR
REF	ORTING UNCERTAINTY IN INCOME TAXES. FOR THE	YEAR EN	DED JU	NE 30, 201	l,
CPW	R HAS DOCUMENTED ITS CONSIDERATION OF FASB	ASC 740-	10 AND	DETERMINE	<u> </u>
THA	AT NO MATERIAL UNCERTAIN TAX POSITIONS QUALI	FY FOR E	ITHER	RECOGNITION	OR
DIS	SCLOSURE IN THE FINANCIAL STATEMENTS. FEDERA	L FORM 9	90, RE	TURN OF	
ORG	GANIZATION EXEMPT FROM INCOME TAX, IS SUBJEC	T TO EXA	<u>ITANIM</u>	ON BY THE	
<u>INT</u>	CERNAL REVENUE SERVICE, GENERALLY FOR THREE	YEARS AF		' IS FILED.	90) 2010

032054 12-20-10

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

➤ Attach to Form 990. ➤ See separate instructions. CPWR: THE CENTER FOR CONSTRUCTION

Employer identification number

RESEARCH AND TRAINING 52-1172454 **Questions Regarding Compensation**

ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel	
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? b Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a	
Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? 4 Deriticipate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a.c., list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5 and 5 de the promotion of the organization or intention of the organization? 5 and 5 de the promotion of the organization pay or accrue any compensation contingent on the revenues of	
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CEO/Executive Director Check all that apply Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization?	
CEO/Executive Director Check all that apply Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization?	
Compensation committee Independent compensation consultant Compensation survey or study Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a	
Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization?	
Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 5 Participate in, or receive payment from, an equity-based compensation arrangement? 6 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 7 Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5 a	
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization?	
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a Receive a severance payment or change-of-control payment from the organization or a related organization? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization?	Х
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization?	Х
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a	
contingent on the revenues of a The organization? 5a	
a The organization?	
	Х
b Any related organization?	X
If "Yes" to line 5a or 5b, describe in Part III	
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the net earnings of	
a The organization?	X
b Any related organization? 6b	Х
If "Yes" to line 6a or 6b, describe in Part III	
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	
not described in lines 5 and 6? If "Yes," describe in Part III	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	
initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	
Regulations section 53 4958-6(c)?	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Page 2

Schedule J (Form 990) 2010

52-1172454

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VIII, line 1a

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(D)	(E)	(F)
(A) Name		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Θ	187,977.	3,663.	13,970.	50,875.	27,316.	283,801.	0
1 ERICH J. STAFFORD	: €	<u> </u>	0	0	0		0	0
	ε	132,58	2,584.	791.	36,473.	26,717.	199,150.	0
2 JAMES PLATNER	∷≘		0	0.	0.	0	0.	0.
	Ξ	114,89	2,239.	2,182.	31,873.	23,627.	174,816.	0.
3 MARY TARBRAKE	(ii)		.0	0	l			0
	ε	107,33	2,153.	1,961.	29,908.	25,293.	166,652.	0.
4 XIUWEN DONG	▣			0	- 1	- 1	- 1	0
	Ξ	133,79	2,842.	0	36,749.	25,661.	199,048.	0
5 LAURA WELCH		7	- 1	0 0	0.000	0,00	101	0
S TANTE GTTTIRMAN	≘	.00 / VSJ.	0.000	0.00.	36,004.	٦	0	0
	Ξ							
7	(ii)							
	Ξ							
8	(ii)							
	Ξ							
6	9							
	Ξ							
10	(ii)							
	Ξ							
11	3							
	Ξ							
12	3							
	Ξ							
13	3							
	Ξ							
14	Ξ							
	Ξ							
15	▣							
	Ξ							
16	▣							

Schedule J (Form 990) 2010

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.

2010
Open to Public Inspection

Name of the organization CPWR: THE

CPWR: THE CENTER FOR CONSTRUCTION

RESEARCH AND TRAINING

Employer identification number

RESEARCH AND TRAINING 52-11/2454
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ARRA HIEHS HAZARDOUS WASTE
EXPENSES \$ 36,998. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
DOL WORKER EXPOSURE
EXPENSES \$ 573,868. INCLUDING GRANTS OF \$ 0. REVENUE \$ 544,262.
SMOHIT SHEET METAL SCREENING
EXPENSES \$ 54,354. INCLUDING GRANTS OF \$ 0. REVENUE \$ 67,964.
NATIONAL RESOURCE CENTER
EXPENSES \$ 280,870. INCLUDING GRANTS OF \$ 0. REVENUE \$ 315,641.
UNITED AGAINST DIABETES
EXPENSES \$ 60,464. INCLUDING GRANTS OF \$ 0. REVENUE \$ 75,182.
OTHER PROGRAMS/ALLOCATION OF INDIRECT EXPENSES
EXPENSES \$ -307,868. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS PREPARED BY THE OUTSIDE
ACCOUNTANTS AND THOROUGHLY REVIEWED INTERNALLY BY MANAGEMENT. CPWR MAKES A
COPY OF THE RETURN AVAILABLE TO THE BOARD MEMBERS PRIOR TO SUBMISSION OF
THE RETURN TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD AND KEY EMPLOYEES SIGN A
CONFLICT OF INTEREST FORM ANNUALLY. IN THE RARE INSTANCE THAT A CONFLICT

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

Schedule O (Form 990 or 990-EZ) (2010)