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DLN: 93493039009670

OMB No 1545-0047

2008

Form **990**

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

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

benefit trust or private foundation)

Open to Public Inspection

A Fo	rthe 2	2008 ca	lendar yea	r, or tax year beginning 07-01-200	8 and ending 06-30-20	09		
3 Che	eck if ap	plicable	Please	C Name of organization Charles Stark Draper Laboratory			D Employer ide	entification number
- Add	dress cha	ange	use IRS label or	Doing Business As			04-250537 E Telephone nu	
Nar	me char	nge	print or type. See	Doing Business As				
_ Init	al retur	'n	Specific Instruc-	Number and street (or P O box if mail	ıs not delivered to street addr	ess) Room/suite	(617) 258-:	1 0 0 0 t s \$ 544,497,872
Ter	mınatıoı	n	tions.	555 Technology Square			d dioss receipt	15 \$ 344,497,672
– Am	ended r	eturn		City or town, state or country, and ZIP	+ 4			
App	olication	pending		Cambridge, MA 02139				
			F Nan	ne and address of Principal Officer		H(a) Is this	s a group return	for
						affilia		┌Yes ┌No
						H(b) Are all	affiliates include	ed?
Ta	x-exem	pt status	▽ 501(c)) (3) ◀ (insert no)	5 27	(If"N	o," attach a list	See instructions)
w	eb site	e: 🕨 wwv	v draper co	m		H(c) Grou	p Exemption Nu	mber 🟲
С Тур	e of org	anızatıon	Corporat	ion trust association other		L Year of For	rmation 1973 M	State of legal domicile MA
Pa	rt I	Sum						
		•		e organization's mission or most s lication of science and technology	-			
sovemance		Pioneer	in the appi	ilication of science and technology	in the national interest			
₹								
<u> </u>	2	Check t	hıs box 🦵	if the organization discontinued its	operations or disposed	of more than 2	5% of its assets	5
5	3	Number	of voting r	nembers of the governing body (Pa	art VI, line 1a)		3 _	13
e callilles e	4	Number	ofindepen	dent voting members of the gover	nıng body (Part VI, lıne 1	b)	. 4 _	12
Σ Ξ	5	Total nu	ımber of en	nployees (Part V , line 2a)			5 _	1,508
Ę	6	Total nu	ımber of vo	lunteers (estimate if necessary)		6 _		
ŧ		_		ted business revenue from Part VI		7a _	0	
	b	Net unre	elated busi	ness taxable income from Form 99	90-T, line 34		7b	
						Prio	or Year	Current Year
a.	8			d grants (Part VIII, line 1h)				0
eun≘	9	-		revenue (Part VIII, line 2g)		418,850,115	432,331,245	
Revenue	10			me (Part VIII, column (A), lines 3,			6,099,303	-22,249,528
	11 Other revenue (Part VIII, c 12 Total revenue—add lines 8 t			dd lines 8 through 11 (must equal		ne	9,782,712	8,378,806
		12)					434,732,130	418,460,523
	13			ar amounts paid (Part IX, column (0
	14		•	or for members (Part IX, column (A	_		0	
8	15	Salarie 10)	s, other co	ompensation, employee benefits (P		155,989,649	179,507,317	
Expenses	16a	Profes	sional fund	raising fees (Part IX, column (A),	line 11e)			0
ŝ	b	(Total fu	ındraising ex	penses, Part IX, column (D), line 25 0)			
	17	Other	expenses ((Part IX, column (A), lines 11a-11	.d, 11f-24f)	:	260,725,087	251,589,233
	18	Totale	xpenses—	add lines 13–17 (must equal Part	IX, line 25, column (A))	4	416,714,736	431,096,550
	19	Reveni	ue less exp	enses Subtract line 18 from line	12		18,017,394	-12,636,027
£668 €68						Beginni	ng of Year	End of Year
200	20	Totala	ssets (Par	t X, line 16)		•	437,797,690	426,705,466
net Assets or Fund Balances	21	Totall	ıabılıtıes (F	Part X, line 26)		:	142,077,147	177,110,549
<u>E</u> 2	22	Net as	sets or fun	d balances Subtract line 21 from	line 20	:	295,720,543	249,594,917
Pai	rt II		ature Blo					
				rjury, I declare that I have examined this correct, and complete Declaration of prep				
Plea	se	****			(Tanel Grand Gridely is bus	1	·02-08	Morniedge
Sign	1	I III .	ature of office	er .		Date	02-00	
lere	е	Elizal	beth Mora Vic	ce President				
			or print nam					
		Preparer'	s L		Date	Check If	Preparer's PTIN ((See Gen Inst)
Paid		signature				self- empolyed •		
Prepa	arer's		me (or your	<u> </u>		· ,	FTA! b	
Jse (Only	ıf self-en address,	nployed), and ZIP + 4	/			EIN Þ	
			·				Phone no 🕨	
1ay t	the IRS	S discus	s this retu	rn with the preparer shown above?	(See instructions) .			┌ Yes ┌ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organization's mission Additional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 279,757,286 including grants of \$) (Revenue \$ 290,032,902) Strategic SystemsTo help the Navys Strategic Guidance Program achieve higher reliability and lower life-cycle maintenance costs through MK6 Life Extension (MK6LE) efforts, Draper has been developing new designs for critical sensors
4b	(Code) (Expenses \$ 29,302,171 including grants of \$) (Revenue \$ 30,721,815) Tactical SystemsThe Tactical Systems program area adapts Drapers strengths in strategic and manned space systems to the critical needs of tactical forces in the Army, Navy, Air Force, and Marine Corps Tactical Systems focuses Drapers capabilities in autonomy, accuracy, and awareness in the domains of soldier systems, munitions GN&C, missile defense GN&C, and undersea systems
4c	(Code) (Expenses \$ 51,486,864 including grants of \$) (Revenue \$ 54,875,983) Special OperationsDrapers Special Operations directorate is dedicated to improving U S capabilities in reliable intelligence and special operations Special Operations develops concepts, prototypes, low-rate production, and field support for first-of-a-kind systems for our sponsors
4d	Other program services (Describe in Schedule O) (Expenses \$ 27,827,308 including grants of \$) (Revenue \$ 56,700,544)
4 e	Total program service expenses \$ 388 373 629 Must equal Part IX Line 25 column (B)

Part IV	Checklis	st of Re	eauired	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		N o
3	complete Schedule D, Part III 😼	8		No
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		No
10	_	10		NI -
11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		N o
	Parts VI , VII , VIII , IX , or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
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, Part II	15		No
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, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νo

	*** Chatements Describes Other IDS Filings and Tay Compliance			raye L
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		V	N.
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		Yes	No
Ia	of U.S. Information Returns. Enter -0- if not applicable			
	185			
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 (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?		,	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2b	Yes	
	return?	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
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		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		No
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νο
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		No
f	benefit contract?	76 7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	71 7g		No
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	79		
	required?	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 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			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N o
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	BOUY and	management	

tion A. Consuming Rody and Management

			165	140
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 13			
Ь	Enter the number of voting members that are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
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?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο
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?	9b		Νο
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
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		No
		TOD		Νo

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA, FL, CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. value values values values values.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Patricia McLaughlin 555 Technology Square MS 69 Cambridge, MA 02139 (617) 258-1000

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or 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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
			+				\vdash				
			-				<u> </u>				
			-				1				
							+				
			1	$\vdash \vdash$	\vdash		1				
			+	\vdash			+				
			1				t				
			1	\vdash			-				
1b Total				-			-	5,339,399	•	570,902	
7 Total number of individuals (including		- >			•			1 ' '		1	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►553

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes		
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such				
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services				
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
John P Ryan PO BOX 1187 Manomet, MA 02345	Construction Mgt	279,188
Price Waterhouse Coopers LLP 125 High St Boston, MA 02110	Accounting	256,300
MRAC LLC 19 Linwold Drive West Hartford, CT 06107	Consulting Svcs	659,861
JC Cannistraro LLC 80 Rosedale Rd Watertown, MA 02471	Construction	625,710
Goodwin Procter LLP 53 State Street Boston, MA 02109	Legal Services	1,655,763
2 Total number of independent contractors (including those in 1) who reconfrom the organization	. ,	22

Program Service Revenue and other similar amounts

Other Revenue

Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
1a	Federated campaigns 1a		Revenue		512, 513, or 514
ь	Membership dues	_			
"	1b	_			
С	Fundraising events				
d	Related organizations1d				
	Government grants (contributions) 1e	_			
e		_			
f	All other contributions, gifts, grants, and similar amounts not included above	_			
	1f				
g	Noncash contributions included in lines 1a-1f \$				
h	Total (Add lines 1a-1f)	. 0			
	Business Cod	<u> </u>			
2a	Program Services Revenue 541,7		432,331,245		
ь	Trogram services Revenue S41,7	732,331,243	+32,331,2+3		
c					
d					
e					
f	All other program service revenue				
g	Total. Add lines 2a-2f				
3	► \$ 432,331,245				
3	Investment income (including dividends, interest other similar amounts)				4,330,371
		*			.,_30,5.1
4	Income from investment of tax-exempt bond proceeds .	•			
5	Royalties	. 196,050			196,050
	(ı) Real (ıı) Personal				
6a	Gross Rents 11,188,516				
b	Less rental 3,005,760 expenses				
С	Rental income 8,182,756 or (loss)				
d	Net rental income or (loss)	8,182,756			8,182,756
	(i) Securities (ii) O ther	<u> </u>			
7a	Gross amount 96,367,590 84,1	00			
	from sales of assets other				
	than inventory				
b	Less cost or 123,031,589 other basis and				
c	sales expenses	00			
d	Net gain or (loss)	-26,579,899			-26,579,899
	<u> </u>	>			
8a	Gross income from fundraising events (not including				
	\$				
	of contributions reported on line 1c) See Part IV, line 18				
	Attach Schedule G if total exceeds				
	\$15,000 a				
b	Less direct expensesb				
С	Net income or (loss) from fundraising events .	0			
9a	Gross income from gaming				
	activities See part IV, line 19 Complete Schedule G if total				
	exceeds \$15,000				
	а				
b	Less direct expensesb	_			
C	Net income or (loss) from gaming activities	•			
10a	Gross sales of inventory, less				
	returns and allowances .				
ь	Loss cost of goods sold	_			
C	Net income or (loss) from sales of inventory .	<u>▶</u> 0			
	Miscellaneous Revenue Business Cod				
11a					
ь					
С					
	All other roughing				
d e	All other revenue Total. Add lines 11a-11d	\$			
		0			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d,	418,460,523	432,331,245		-13,870,722
	8c, 9c,10c,and11e	>			

Page **9**

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) 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	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	5,943,134		5,943,134	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	125,649,752	116,022,849		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,457,188	9,394,894	2,062,294	
9	Other employee benefits	27,347,933	22,425,305	4,922,628	
10	Payroll taxes	9,109,310	7,469,634	1,639,676	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	2,038,557		2,038,557	
С	Accounting	441,607		441,607	
d	Lobbying	3,619		3,619	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	491,490		491,490	
g	Other	10,802,690	9,846,467	956,223	
12	Advertising and promotion	235,775		235,775	
13	Office expenses	1,131,390	927,740	203,650	
14	Information technology	5,257,251	4,310,946	946,305	
15	Royalties	149,276		149,276	
16	Occupancy	3,130,640	2,567,125	563,515	
17	Travel	5,127,654	4,204,676	922,978	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	158,153	129,685	28,468	
20	Interest	5,109,736		5,109,736	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	16,828,031	13,798,985	3,029,046	
23	Insurance	649,327		649,327	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Subcontracts	163,609,577	163,609,577		
ь		361,456	296,394	65,062	
С	Other Materials	916,145	, 751,239	164,906	
d	Other Indirect	13,951,912	11,440,568	2,511,344	
e	Direct M&S	21,098,272	21,098,272		
f	All other expenses	96,675	79,273	17,402	
25	Total functional expenses. Add lines 1 through 24f	431,096,550	388,373,629	42,722,921	0
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. , .	. , -	

Dart V	Balance	Shoot
Part X	Balance	Sheet

						(A)		(B)
	1	Cash—non-interest-bearing				Beginning of year	1	End of year 0
		-	•	•		19,215,841	2	39,481,761
	2	Savings and temporary cash investments	•			19,213,041		39,461,761
	3	Pledges and grants receivable, net	•			10.070.740	3	
	4	Accounts receivable, net	• •	•		19,672,748	4	17,288,381
	5	Receivables from current and former officers, directors, trustee other related parties <i>Complete Part II of Schedule L</i>		•			5	0
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of					6	0
	7	Notes and loans receivable, net				2,625,001	7	2,753,008
	8	Inventories for sale or use			•		8	0
ţ2	9	Prepaid expenses and deferred charges	30,208,522	9	16,572,633			
ssets	10a	Land, buildings, and equipment cost basis	-مدا	I	313,659,379			
⋖			10a		313,639,379			
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь		127,916,648	181,849,559	10c	185,742,731
	11	Investments—publicly traded securities			<u> </u>		11	0
	12	Investments—other securities See Part IV, line 11 Complete F	art VI l	of	-	139,779,932	12	109,371,583
	13	Schedule D Investments—program-related See Part IV, line 11 Complete N				0		
		of Schedule D .					13	
	14	Intangible assets					14	0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		44,446,087	15	55,495,369		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				437,797,690	16	426,705,466
	17	Accounts payable and accrued expenses .	55,082,051	17	63,587,851			
	18	Grants payable			18			
	19	Deferred revenue				1,319,160	19	8,233,147
_	20	Tax-exempt bond liabilities				67,738,210	20	79,029,054
<u>ē</u>	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L					22	,
_	23	Secured mortgages and notes payable to unrelated third parties	s .				23	
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D				17,937,726	25	26,260,497
	26	Total liabilities. Add lines 17 through 25		142,077,147	26	177,110,549		
		Organizations that follow SFAS 117, check here ▶ ☐ and comp	olete I	ines	27			<u>.</u>
ģ		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets					27	
8 8	28	Temporarily restricted net assets			28			
⊒	29	Permanently restricted net assets			29			
Fund		Organizations that do not follow SFAS 117, check here ▶ $\overline{\wp}$ are lines 30 through 34.	nd com	plet	e			
ō	30	Capital stock or trust principal, or current funds					30	
et s	31	Paid-in or capital surplus, or land, building or equipment fund					31	
Assets	32	Retained earnings, endowment, accumulated income, or other fu		295,720,543		249,594,917		
	33	Total net assets or fund balances	anus			295,720,543		249,594,917
Net	34	Total liabilities and net assets/fund balances				437,797,690		426,705,466
	34	rotal habilities and het assets/fullu balances				457,787,080	34	420,700,400
Da	rt VT	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes." did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493039009670

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Charle	s Stark	: Draper Labora	tory									
								04	-2505372	2		
	rt I			harity Status (to be co					Instruct	ions)		
The c	rganı	zation is not	a private found	ation because it is (Please	check onl	y one orga	anızatıon))				
1		A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)((A)(i).			
2	Γ	A school de	escribed in Sec l	t ion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)						
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on describ	bed in Sec	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	Γ	A medical i	research organı	zatıon operated ın conjunctı	on with a l	hospital de	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	\sqcap	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7		An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral publi	с
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	iplete Part	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from co	ontributior	ıs, membe	rship fees	, and gro	oss
		receipts fro	om activities re	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	x) from bu	sinesses	;
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)	
11	Γ	•	•	and operated exclusively fo orted organizations describe		, ,			,	•		
				type of supporting organiza						occion o	05(4)(5)	CHECK
					Type III				d	Г⊤ype	III - Ot	her
e	\sqcap	•	-	rtıfy that the organızatıon ıs			•			•	•	
				agers and other than one or	more publ	icly suppo	orted orga	nizations (described	ın sectior	509(a)	(1) or
f		section 50		d a written determination fro	m the IRS	S that it is	a Type I	TypeIIo	r Type III	supportir	ıa oraanı	zation
•		check this			110	, that it is	ч , , ро 1,	.,,,,,,,,,	, po 111	очрони	ig organi	
g				as the organization accepte	d any gift	or contribi	utıon from	any of the	!			
		following pe		rundirantly controls outhors	alana arta	aatharuu	th naraana	daaariba	d in (ii)			
			·	r indirectly controls, either a		_	in persons	describe	u III (II)	11	Yes	No
			· -	ng body of the the supported	_	tion				11g		
		• •		erson described in (i) above		h = = ?				11g(
L				ty of a person described in (mation about the organizatio						11g()	<u> </u>
h		Provide the	: lollowing illion	nation about the organization	ins the org	janization	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s tha	(v) Did v	ou notify	(vi) I	s the	(vii) A	mount of
	. ,	orted	(11) 2111	(described on lines 1-9		ation in		nization	1	ation in	1	port?
	Organ	nization		above or IRC section		listed in	ın col (i) of your		rganızed		
				(See Instructions))	yourgo	_	supp	ort?	ın the	US?		
						ment?		I		T		
					Yes	No	Yes	No	Yes	No		
										-		
				I	I	ı	1	ı	I	I	1	

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	keu tile box o	11 IIIIe 5, 7, 01	o of Part 1.)				
	ıblic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							0
_	include any "unusual grants ")							
2	Tax revenues levied for the organization's							0
	benefit and either paid to or expended on its behalf							O
3	The value of services or facilities							
3	furnished by a governmental unit to the	21,143,062	12,821,221	1,991,749	6,555,832		4,123,470	46,635,334
	organization without charge	,_,_,	,,	_,,	-,,		,,,	,,
4	Total. Add line 1-3	21,143,062	12,821,221	1,991,749	6,555,832		4,123,470	46,635,334
	The portion of total contribution by each	, ,	, ,	, ,	, ,		'''	
3	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							0
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							46,635,334
	4							
To	otal Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	21,143,062	5,900,084	1,991,749	6,555,832		4,123,470	46,635,334
8	Gross income from interest, dividends,							
	payments received on securities loans,	6,338,538	5,900,084	9,318,132	13,381,179		15,518,887	50,456,820
	rents, royalties and income from similar	0,550,550	3,300,004	5,510,152	13,301,173		13,310,007	30,430,020
	sources							
9	Net income from unrelated business							_
	activities, whether or not the business is							0
	regularly carried on						\longrightarrow	
10	Other income Do not include gain or loss							0
	from the sale of capital assets (Explain in							U
	Part IV)						+	97,092,154
	Total Support (Add lines 7 through 10)	/6	- \			1		
12	Gross receipts from related activities, etc	(See Instruction	is)			12	1,	916,667,304
13	First Five Years. If the Form 990 is for the	organızatıon's fıı	rst, second, thir	d, fourth, or fifth	tax year as a 5	01(c)		. —
	organization, check this box and stop here							►□
	mputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) divid	ed by line 11 co	olumn (f))		14		48.030 %
15	Public Support Percentage for 2007 Sched	ule A, Part IV-A	, line 26f			15		79.330 %
16a	33 1/3% Test - 2008. If the organization did	d not check the l	box on line 13. a	and line 14 is 33	3 1/3% or more.	check	this box	-
	and stop here. The organization qualifies as				_, ,			▶ ▼
b	33 1/3% Test - 2007. If the organization di		-		L5 is 33 1/3% o	r more	, check th	IS
	box and stop here. The organization qualific	es as a publicly :	supported organ	ıızatıon				▶ ┌
17a	10% Facts and Circumstances Test - 2008.				3, 16a, or 16b a	and lin	e 14 ıs 10	% or
	more, and if the organization meets the "fac							
	organization meets the "facts and circumst							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							►
18	Private Foundation. If the organization did	not check the bo	ox on line 13, 16	oa, 16b, 17a or i	1/b, check this	box a	nd see	<u>.</u> –
	instructions							▶ ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 04-2505372

Name: Charles Stark Draper Laboratory

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
	(C) Position (check all that apply)								(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
William S Elias II , Secretary	40 00			Χ				189,978	0	37,620	
William O'Connor , Program Dir	40 00					Х		234,154	0	40,646	
William F Ballhaus Jr , Dir strt 10/08	4 00	X						8,500	0	0	
Vincent M Vitto , Former President and CEO							x	146,667	0	0	
Steven J DıTullıo , Prın Dırector	40 00				Х			238,082	0	40,151	
Sherwin Greenblatt , Dir strt 10/08	4 00	Х						12,875	0	0	
Richard D White , Dir strt 10/08	4 00	Х						12,875	0	0	
Phillip L Babcock IV , Engineering Dir	40 00					Х		233,757	0	40,075	
Peter C Read , Dir ending 9/08	4 00	Х						27,375	0	0	
Peter B Teets , Director	4 00	X						35,500	0	0	
Paul Rosenstrach , Program Dır	40 00				Х			223,683	0	46,522	
Paul R Blasche , Prın Dır Tech	40 00					Х		273,823	0	42,506	
Maxine L Savitz , Director	4 00	Х						39,000	0	0	
Malcolm R O'Neill , Director	4 00	X						30,000	0	0	
Leonard Polizzotto , Prin Dir Mktg	40 00					Х		305,572	0	41,332	
Kenneth R Ratcliffe , Dir ending 9/08	3 00	Х						28,500	0	0	
Joseph M Wolfe Jr , CFO thru 9/08	40 00			Χ				778,483	0	4,855	
John W Stillwell , Vice President	40 00			X	Х			317,220	0	53,831	
John T Mitchell , Director	4 00	X						27,000	0	0	
John R Kreick , Chmn ending9/08	8 00	X		Χ				52,500	0	0	
John R Dowdle , Prin Director	40 00				Х			285,242	0	43,347	
John M Klineberg , Dir endg 9/08	4 00	X						23,000	0	0	
John A Gordon , Chmn strt 10/08	8 00	Х		Χ				53,333	0	0	
James D Shields , President & CEO	40 00	Х		Χ	Х			548,167	0	45,210	
Gordon B Baty , Director	3 00	Х						25,750	0	0	
George M Milne Jr , Director	4 00	X						34,750	0	0	
George A Ashur, Dır endg 9/08	4 00	Х						27,375	0	0	
Fred Greenberg , PD through 11/08	40 00					Х		272,058	0	36,512	
Elizabeth Mora , CFO as of 8/08	40 00			Х	Х			102,764	0	12,456	
Eliezer G Gai , Vice President	40 00			Х	Х			393,030	0	42,516	

Form 990, Part VII - Section Aaa

			(C tion (hat a	ched		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Delores M Etter , Dır strt 10/08	3 00	Х						8,500	0	0
Darryl G Sargent , Vice President	40 00			Х	Х			318,886	0	43,323
C Bruce Tarter , Director	3 00	Х						31,000	0	0

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

To serve the national interest in applied research, engineering development, education, and technology transfer byHelping our sponsors clarify their requirements and conceptualize innovative solutions to their problems Demonstrating those solutions through the design and development of fieldable engineering prototypes Transitioning our products and processes to industry for production, and providing follow-on support Promoting and supporting advanced technical education

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ 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 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ 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)

. Se	ction 50	01(c)(4), (5), or (6) organi	zations complete Part III					
		he organization k Draper Laboratory			Е	mployer iden	tification numbe	er
Cite	ilies stai	k Diaper Labolatory			o	4-2505372		
Par	t I-A		y all organizations exempt e the instructions for Schedule (1 501(c) an	d section	527	
1	Provi	de a description of the or	ganızatıon's dırect and ındırect politi	cal campaign acti	ivities in Part	IV		
2	Politi	cal expenditures					\$	
3	Volun	iteer hours						
Par	t I-B	To be completed be for Schedule C for de	oy all organizations exempt etails.)	under section	1 501(c)(3)	. (See the i	instructions	
1	Enter	the amount of any excise	e tax incurred by the organization und	der section 4955			\$	
2	Enter	the amount of any excise	e tax incurred by organization manag	ers under section	n 4955		\$	
3	Ifthe	organization incurred in	a section 4955 tax, did it file Form 4	720 for this year	?		☐ Yes	▽ No
4a	Wasa	a correction made?					☐ Yes	▽ No
b		s," describe in Part IV						
Par	t I-C		y all organizations exempt for Schedule C for details.)	under section	1 501(c), ex	ccept sect	ion 501(c)(:	3).
1	Enter	the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function acti	vities	\$	
2		the amount of the filing o	organization's internal funds contribu	ted to other orgar	nızatıons for se	ection	\$	
3		of direct and indirect exe -POL, line 17b	empt function expenditures Add lines	s 1 and 2 and ent	er here and on	Form	\$	
4	Did th	ne filing organization file F	Form 1120-POL for this year?				☐ Yes	┌ No
5	were politic	made Enter the amount p cal contributions received	nd Employer Identification Number (locald and indicate if the amount was performed and promptly and directly delivered action committee (PAC) If additional	aıd from the filing I to a separate po	ı organızatıon's ditical organiza	own internal ation, such as	l funds or were s a separate	nents
		(a) Name	(b) Address	(c) EIN	filing orga	ds Ifnone,	(e) A mount o contributions and promp directly deliv separate p organization enter -	received tly and ered to a olitical If none,
For I	Paperw	ork Reduction Act Notice	see the instructions for Form 990.	Cat No 50	0084S	Schedule C (I	Form 990 or 990)-EZ) 200

section 4911 tax for this year?

┌ Yes ┌ No

	(election under sec	organizations exempt under section 501(c tion 501(h)). (See the instructions for Schedule belongs to an affiliated group		68
		checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	3,619	
c	Total lobbying expenditures (add line	es 1a and 1b)	3,619	
d	Other exempt purpose expenditures		431,092,931	
е	Total exempt purpose expenditures	431,096,550		
f	Lobbying nontaxable amount Enter t	he amount from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (ente	r 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a Enter -	0- ıf lıne g ıs more than lıne a		
i	Subtract line 1f from line 1c Enter -	O- if line f is more than line c		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total				
2a	Lobbying non-taxable amount				1,000,000	1,000,000				
ь	Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000				
c	Total lobbying expenditures				3,619	3,619				
_d	Grassroots non-taxable amount	10,470			250,000	260,470				
е 	Grassroots ceiling amount (150% of line d, column (e))					390,705				
f	Grassroots lobbying expenditures									

	5768 (election under section 501(h)). (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
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					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
-	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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 To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total	<u> </u>	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 excess 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 (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	Part II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

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DLN: 93493039009670

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public

erna	l Revenue Service	,,, -, -, -, -, -, -, -	Inspection
	me of the organization		Employer identification number
cha	arles Stark Draper Laboratory		04-2505372
Pa	rt I Organizations Maintaining Donor	Advised Funds or Other Similar Fi	-
	organization answered "Yes" to Form	990, Part IV, line 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate Contributions to (during year)		
	Aggregate Grants from (during year)		
•	Aggregate value at end of year		
	Did the organization inform all donors and donor action funds are the organization's property, subject to the	<u> </u>	or advised Yes No
	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the b impermissible private benefit?	enefit of the donor or donor advisor or other	☐ Yes ☐ No
a	rt Ⅲ Conservation Easements. Complet	te if the organization answered "Yes" to	o Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recre Protection of natural habitat	ation or pleasure)	historically importantly land area
	Preservation of open space	,	
	Complete lines 2a-2d if the organization held a quon the last day of the tax year	ualified conservation contribution in the form	of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easeme	ents	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in (c	c) acquired after 8/17/06	2d
	Number of conservation easements modified, trans	sferred, released, extinguished, or terminate	ed by the organization during
	the taxable year 🕨		
	Number of states where property subject to conse	rvation easement is located 🟲	
	Does the organization have a written policy regard enforcement of the conservation easements it hold	=	ations, and Yes No
	Staff or volunteer hours devoted to monitoring, ins	pecting and enforcing easements during the	year 🕨
	A mount of expenses incurred in monitoring, inspec	cting, and enforcing easements during the ye	ear ► \$
	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	e 2(d) above satisfy the requirements of sec	tion Yes No
ı	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financial	·
ar	Complete if the organization answere	tions of Art, Historical Treasures, d "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
.a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education or researc	ch in furtherance of public service,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these ite	or public exhibition, education, or research ii	,
	(i) Revenues included in Form 990, Part VIII, line	e 1	► \$
	(ii) Assets included in Form 990, Part X		▶ \$
	If the organization received or held works of art, hi following amounts required to be reported under SF	·	. 1
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		
	A 33003 INCIDUCED IN FORM 330, FOR A		F P

Cat No 52283D

Par	Organizations Maintaining Collections of Art, Hi	stor	<u>ical T</u>	reası	ires, or Othe	<u>r Similar As</u>	sets (c	ontınued)
3	Using the organization's accession and other records, check any of items (check all that apply)	the fo	llowing	that a	re a sıgnıfıcant u	se of its collect	ion	
а	Public exhibition d	Г	Loan	orexo	hange programs			
b	Scholarly research e	Г	O the	r				
c	Preservation for future generations							
4	Provide a description of the organization's collections and explain he Part XIV	ow th	ey furth	er the	organization's ex	empt purpose	n	
5	During the year, did the organization solicit or receive donations of a assets to be sold to raise funds rather than to be maintained as part						Yes	┌ No
Pa	Trust, Escrow and Custodial Arrangements. Cor Part IV, line 9, or reported an amount on Form 990, I				anızatıon answ	ered "Yes" to	Form 9	990,
1a	Is the organization an agent, trustee, custodian or other intermedian included on Form 990, Part X?	y for	contribi	utions	or other assets r		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table							
						An	ount	
С	Beginning balance				1 c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, line 21	?					Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organization ar							
		b) Prio	r Year	(c)Tv	vo Years Back (d)	Three Years Back	(e)Four Y	'ears Back
1a	Beginning of year balance							
b	Contributions							
С	Investment earnings or 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 end balance held as							
а	Board designated or quasi-endowment							
ь	Permanent endowment -							
С	Term endowment ►							
3a	Are there endowment funds not in the possession of the organization	ı that	are hel	d and	administered for	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i)	
	(ii) related organizations					3a(ii)	<u> </u>
b	If "Yes" to 3a(II), are the related organizations listed as required on			•		31	<u> </u>	
4	Describe in Part XIV the intended uses of the organization's endowr							
Pa	t VI Investments—Land, Buildings, and Equipment.	<u>See</u>	Form 9	990, P	art X, line 10.			
	Description of investment) Cost or sis (invest		(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a	Land				32,984,487			32,984,487
b	Buildings				123,726,346	20,890,566	10	02,835,780
c	Leasehold improvements				37,701,824	12,570,395	7	25,131,429
d	Equipment				112,574,157	92,264,324		20,309,833
e	Other				6,672,565	2,191,363	:	4,481,202

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	109,371,583		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation ·year market value
			7
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	15		
Part IX Other Assets. See Form 990, Part X, II (a) Descri			(b) Book value
Unbilled Contract Costs and Fees	ption		42,137,037
Misc AR			2,605,809
CIP			10,752,523
			, ,
Total. (Column (b) should equal Form 990, Part X, col.(B) line			55,495,369
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	X, line 25. (b) A mount	T	
Federal Income Taxes	(b) Amount		
Accrued Post Retirement Benefits	26,260,497		
Accorded to the Rectification Deficition	20,200,137		
-		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	26,260,497		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	418,460,523
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	431,096,550
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-12,636,027
4	Net unrealized gains (losses) on investments	4	-9,254,317
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-24,235,283
9	Total adjustments (net) Add lines 4 - 8	9	-33,489,600
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-46,125,627
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	444,907,049
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	444,907,049
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-26,446,526
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	418,460,523
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1	Total expenses and losses per audited financial statements	1	491,032,675
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	60,153,598
3	Subtract line 2e from line 1	3	430,879,077
4	A mounts 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)		
c	Add lines 4a and 4b	4c	217,473
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	431,096,550

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation				
Part XIII, Line 4b	1	Reimbursement Utilities \$2568928 Investment Fees \$49149 Royalty Expenses \$149276 Interest Exp \$13359 Rent Expense \$-3005760 Rounding \$180				
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Unrealized Losses \$34025739 Unrealized Losses Rate Swap \$1621590 FAS 158 Unrealized Pension Losses \$24235283 NTV \$270986				
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	FAS 158 Pension Adjustment \$ -24235283				

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DLN: 93493039009670

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

	ne of the organization					Employer ide	entification number
Cha	rles Stark Draper Laborat	ory				04-250537	2
Pa	art I General Info	rmation on Ac	tivities Outs	ide the United State:	s. Complete		
		990, Part IV, lır					
1				ecords to substantiate			
				assistance, and the se			
	the grants or assistar	nce					│ Yes │ No
2	For grant makers. Descr United States	ribe in Part IV the	organization's pi	rocedures for monitoring tl	ne use of gra	nt funds outsic	le the
3	Activites per Region (U	Jse Schedule F-1	(Form 990) ıf ad	ditional space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progr describe sı	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures in region
Nort	th A merica	0	0	Research	Research	. ,	39,020
Nort	th A merica	0	0	Purchases	Materials		96,390
Euro	ope	0	0	Research	Services		1,368,373
Euro	ope	0	0	Purchases	Materials		611,250

Totals ▶

0

2,115,033

L	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
		_							
2	Enter total nu		ations that are re	cognized as charities	s by the foreign cou	ntry or for which the	e grantee or counse	7	

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Identifier	ReturnReference	In Part I, line 2, and any other additional information. Explanation
Additional Supplemental Information		Nature of Activities are not grant/assistance based but are purchases of materials and services in furtherance of Draper's exempt purpose

Software ID: 08000091

Software Version: 2008v2.7

EIN: 04-2505372

Name: Charles Stark Draper Laboratory

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
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As Filed Data -

DLN: 93493039009670

OMB No 1545-0047

2008

Schedule J (Form 990)

Compensation Information

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

Attach to Form 990. To be completed by organizations

that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Charles Stark Draper Laboratory **Employer identification number**

04-2505372

Pa	art I Questions Regarding Compensation			
			Yes	Νο
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person liste 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding the			
	First class or charter travel Housing allowance or residence for pers	sonal use		
	▼ Travel for companions	residence		
	▼ Tax idemnification and gross-up payments			
	Discretionary spending account Personal services (e.g., maid, chauffeui	r, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursemer provision of all the expenses described above? If "No," complete Part III to explain	nt or1b_	Yes	
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 18	a [?] 2	Yes	
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			
	▼ Compensation committee			
	Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation	committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Pa	art III		
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
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			
а	The organization?	5a	Yes	
b	Any related organization?	5b		Νo
	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			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	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-fix payments not described in lines 5 and 6? If "Yes," describe in Part III	ed 7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," descin Part III	ribe		N o

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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 VII, line 1a

(A) Name	ļ	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
William S Elias II	(ı) (ıı)	147,689	16,299	25,990		37,620	227,598	189,20
William O'Connor	(ı) (ıı)		25,998	28,781		40,646	274,800	231,31
Vincent M Vitto	(ı) (ıı)			146,667			146,667	180,00
Steven J DıTullıo	(ı) (ıı)		27,492	10,170		40,151	. 278,233	
Phillip L Babcock IV	(ı) (ıı)		25,227	23,288		40,075	273,832	227,95
Paul Rosenstrach	(ı) (ıı)	177,020	25,743	20,920		46,522	270,205	194,06
Paul R Blasche	(ı) (ıı)	204,341	37,121	. 32,361		42,506	316,329	271,28
Leonard Polizzotto	(ı) (ıı)	157,161	20,000	128,411		41,332	346,904	
Joseph M Wolfe Jr	(ı) (ıı)	286,516	48,743	443,224		4,855	783,338	355,28
John W Stillwell	(ı) (ıı)		41,214	51,774		53,831	. 371,051	301,28
John R Dowdle	(ı) (ıı)		37,927	37,067		43,347	328,589	275,97
James D Shields	(ı) (ıı)		83,700	80,851		45,210	593,377	517,08
Fred Greenberg	(ı) (ıı)		30,719	64,913		36,512	308,570	228,04
Eliezer G Gai	(ı) (ıı)	298,871	50,665	43,494		42,516	435,546	369,38
Darryl G Sargent	(ı) (ıı)	243,987	39,485	35,414		43,323	362,209	301,50
	(ii)						!	ſ

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	First class travel for board members, officers, at their choosing, has been a standing policy since 1996. Tax indemnification and gross up payments exist under our New Hire/Employee Relocation policy where certain costs might be characterized as taxable income, the Laboratory will reimburse the employee for any tax effect associated with the move. Gross up payments also exist for senior management upon taking lump sum distributions from their retirement plans. The gross up is intended to ensure that, should the employee purchase an annuity, that annuity will provide the equivalent of a pension payment. Part II. (C.) Disclosed officers (James D. Shields, John W. Stillwell, Darryl G. Sargent, Eliezer G. Gai and Joseph M. Wolfe, Jr.) participate in a defined benefit pension plan in addition to a Supplemental Retirement Plan. Accrued earnings cannot be determined due to a number of factors and assigning a corresponding dollar figure was not deemed to be actuarially or fiscally practical.

Software ID: 08000091 Software Version: 2008v2.7

EIN: 04-2505372

Name: Charles Stark Draper Laboratory

Form 990, Schedule J, I	Part 1	II - Officers, Direc	ctors, Trustees, Ke	ev Emplovees, and	l Highest Compen	sated Employees		
(A) Name			f W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
William S Elias II	(I) (II)		16,299	25,990		37,620	227,598	189,206
William O'Connor	(1) (11)		25,998	28,781		40,646	274,800	231,313
Vincent M Vitto	(1) (11)			146,667			146,667	180,000
Steven J DıTullıo	(1) (11)		27,492	10,170		40,151	278,233	
Phillip L Babcock IV	(1) (11)		25,227	23,288		40,075	273,832	227,951
Paul Rosenstrach	(1) (11)		25,743	20,920		46,522	270,205	194,064
Paul R Blasche	(1) (11)		37,121	32,361		42,506	316,329	271,283
Leonard Polizzotto	(1) (11)		20,000	128,411		41,332	346,904	
Joseph M Wolfe Jr	(ı) (ıı)		48,743	443,224		4,855	783,338	355,285
John W Stillwell	(ı) (ıı)		41,214	51,774		53,831	371,051	301,286
John R Dowdle	(I) (II)		37,927	37,067		43,347	328,589	275,971
James D Shields	(I) (II)		83,700	80,851		45,210	593,377	517,087
Fred Greenberg	(I) (II)		30,719	64,913		36,512	308,570	228,042
Eliezer G Gai	(I) (II)		50,665	43,494		42,516	435,546	369,380
Darryl G Sargent	(1) (11)		39,485	35,414		43,323	362,209	301,504

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DLN: 93493039009670

OMB No 1545-0047

Schedule K **Supplemental Information on Tax Exempt Bonds** (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection**

	ne of the organization									Employer	identifica	tion num	ber	
Cna	arles Stark Draper Laboratory									04-2505	372			
P	art I Bond Issues (Require	ed for 2008)	ı	_				1			ı			
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issu	e Price	(f) Des	cription of P	urpose	(g) De	efeased	Beh	On alf of suer
		ance Agency 04-3431814 57583RB5 II Proceeds (Optional for 2008)									Yes	No	Yes	No
A	Massachusetts Development Finance Agency	04-3431814	57583RB53	10-23-2008		80,000,000		Refinancing \$72,800,000 Serie 2000, equipment purchase				x		x
Pa	art II Proceeds (Optional fo	or 2008)	I											
1	Total Proceeds of Issue		-	A	<u> </u>	В		С	D	1	+	E		
2	Gross Proceeds in Reserve Fund													
3	Proceeds in Refunding or Defeas	sance Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from Proceeds													
7	Capital Expenditures from Proceeds													
8	Year of Substantial Completion					•		•	•					
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	.	No
9	Were the bonds issued as part o	f a current refunding iss	sue?											
10	Were the bonds issued as part o	f an advance refunding	ıssue?											
11	Has the final allocation of proce	eds been made?												
12	Does the organization maintain a final allocation of proceeds?	adequate books and rec	ords to support the											
Pa	rt IIII Private Business Us	e (Optional for 2008))					1						
				<u> </u>	A	-	B 	_	c	D			E	
1	Was the organization a partner in which owned property financed b		mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u> </u>	No
2	Are there any lease arrangemen which may result in private busii		nanced property											
For	Paperwork Reduction Act Notice, see	1990.			Cat No 501	193E			So	hedule K	(Form 99	0) 2008	3	

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493039009670

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

	f the organization tark Draper Laboratory					Eı	mploy	er ide	nt if ica	tion n	ımber	
chanes 5	ank Bruper Edbordory					0.	4-250	537	2			
art I	Excess Benefit Transact											
	To be completed by organization	ns that answ	vered "Yes	s" on Form 990, Part IV	/, lıne	25a or 25l	o, or F	orm 9	90-EZ			
1	(a) Name of disqualifie	d person		(b) Des	criptic	n of trans	action			_ ⊢	Corr	
											Yes	No
2 Ent	er the amount of tax imposed on	the organizat	tion mana	gers or disqualified per	sons d	uring the y	earur	nder				
	tion 4958								\$ —			
	er the amount of tax, if any, on lir							<u> </u>	\$			
Part II												
	To be completed by organiza	tions that an T	iswered "Y	'es" on Form 990, Part 	IV, lir	ie 26, or F	orm 9'	90-E	Z, Part (f		38a	
		(b) Loan to					(e)	Ιn	Appr	-	(g)W	rıtten
(a) N	ame of interested person and purpose	from the organization		(c)Original principal amount	(d)Ba	lance due	defa	ult?	1 '	ard or	agree	ment?
	p.a., p. 5.5	<u> </u>		-			Yes	T	comm Yes	No	Yes	T NI-
		10	From				res	No	res	NO	res	No
otal .				<u> </u>								
art III	Grants or Assistance B To be completed by organ				990 P	art IV lir	ne 27					
	· · · · · · · · · · · · · · · · · · ·			between interested pe								
(;	a) Name of interested person			the organization		(c)Am	ount c	of gra	nt or ty	pe of a	ssista	nce
						-						
						1						
						1						
Part I\	Business Transactions	Involving	Intere	sted Persons		1						
	To be completed by organ				aan d	art IV Ju	ne 28.	a 28	h or	28c		

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
Vincent Vitto	Fmr President 146,667 Consulting Contract			Νο	

(Form 990)

Department of the Treasury Internal Revenue Service

SCHEDULE 0

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

DLN: 93493039009670

2008

Open to Public Inspection

Name of the organization Charles Stark Draper Laboratory

Employer identification number

04-2505372

Identifier Return Reference		Explanation				
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Draper publishes an annual report available to the public upon request it maintains a link on Governance on its wiebsite at www draper com				

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	For Questions 15 a and 15 b Draper maintains two full time personnel who are responsible for compilation, analysis and management of the compensation budget process. They participate in national and local surveys that include a broad range of participating companies. The resulting data provide information related to market rates, salary ranges, compensation budget planning, benefits information, and general work life policies and practices. Pertinent survey information is analyzed, reviewed and utilized when assessing appropriate wages, grading for benchmark positions. The compensation budget as a whole is presented to the board for review and approval and includes a presentation on headcount, upcoming research activities and sponsor awards both in process and anticipated. The Compensation Committee also votes to approve the compensation of the CEO and officers based on their surveys which includes third party surveys of Laboratories throughout the country.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Draper sends an annual disclosure request to each board member with an extensive set of questions pertaining to relationships and financial interests with the Laboratory and the board members Based on data provided by directors and officers, Laboratory maintains a matrix of board positions, affiliations and organizations with whom the directors may have a relationship requiring disclosure Compliance, and Legal if needed, reviews disclosures for potential relationships meeting disclosure requirements Outside tax firm personnel may also be consulted

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	Prior to providing the 990 to the governing body, Director of Audit and Compliance performs an initial review, followed by review by an outside accounting firm retained for purposes of 990 review. The CFO and President then perform their own reviews of the document. The 990 is then provided and a presentation is given to the board and audit committee.

ldentifier	Explanation			
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	See response to Question 7a		

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 7 Other Programs Space Systems The engineers at the MIT Instrumentation Laboratory, which later became Draper Laboratory, were responsible for designing the Guidance, Navigation and Control system for the Apollo program, including the Apollo Guidance Computer one of the first applications of the integrated circuit. Draper's engineering accomplishments, in-part, enabled the success of the Apollo missions, and paved the way for Drapers continued role in modern space flight Drapers. Space programs focus on the nations need for advanced development of autonomous and highly reliable flight systems. Draper is leveraging our world-class expertise in GN&C to address the future needs of human space exploration, space science, and military space applications. Future vehicles and missions will require combinations of advanced GN&C technologies, including high performance, high reliability, significant autonomy, and low weight, low-power avionics. Other Programs Exploiting the synergy between engineering and the life sciences, Draper is working on some of todays most critical healthcare problems and partnering with leading medical and research institutions and pharmaceutical organizations to develop innovative diagnostics and therapies for clinical and defense needs. Under contract to the military, Draper is developing technologies to address traumatic brain injury, massive internal hemorrhaging, detection of infectious pathogens like malaria, and rapid diagnosis of environmental pathogens and toxins. For healthcare at home, Draper is working on detection of epileptic sezures, early detection of the onset of sepsis, painless methods of monitoring hypoglycemia or hyperglycemia for diabetics, means to prevent hearing loss for patients undergoing chemotherapy, tools to remove vocal cord tumors while minimizing speech loss, and developing surgical instruments to remove diseased organs without breaking the skin. Two programs are investigating means to develop very low-cost but rapid detection of active tu

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

DLN: 93493039009670

OMB No 1545-0047

2008

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Schedule R (Form 990) 2008

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

naries Stark Dra	per Laboratory				04-2505372	
Part I	Identification of Disregarded Entities					
	(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizati	ons	_	_		
	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty stati (if section 501(c)(3	(F) us Direct controlling 3)) entity
						N/A

Cat No 50135Y

Dart III	Identification of Related Organizatio	ne Tavahle as a Dartnershin
	Tuchthication of Actated Organization	ns raxabic as a raithcising

(B) Leg	(C	C) gal	(D) Direct controlling	(E) Predominant	(F) Share of total income	(G) Share of end-of-year	(H Disprop) ortionate	(I) Code V—UBI amount on	Gene	J) eral or
EIN of on	Primary activity	domicile (state or foreign country)	Direct controlling entity	income(related, investment, unrelated)	Share of total income	assets	allocat	.ions?	Code V—UBI amount on Box 20 of K-1	part	aging tner?
							Yes	No		Yes	No
or Technology Ventures adway Unit 1300 Ige, MA02139 7118	Investments		Draper	Investment	125,268	17,267,303		No			No
											•

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
One Hampshire Condo Trust c/o 555 Tech Sq MS 69 Cambridge, MA02139 56-6655561	Real Estate Trust	МА	Draper LaboratorySchlumberger	Trust	391,611	407,053	80 150 %

No

No No No No No

No No No

No No No No No

No

' a	Part V Transactions with Related Organizations			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		١	Yes
. D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		
Ь	b Gift, grant, or capital contribution to other organization(s)	1b	•	
c	c Gift, grant, or capital contribution from other organization(s)	1c		
d	d Loans or loan guarantees to or for other organization(s)	1d		
e	e Loans or loan guarantees by other organization(s)	1e	:	
f	f Sale of assets to other organization(s)	1f		
g	g Purchase of assets from other organization(s)	1 g		
h	h Exchange of assets	1h		
i	i Lease of facilities, equipment, or other assets to other organization(s)	1i	١	Yes
j	j Lease of facilities, equipment, or other assets from other organization(s)	1j	-	
k	k Performance of services or membership or fundraising solicitations for other organization(s)	1k	:	
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		
m	m Sharing of facilities, equipment, mailing lists, or other assets	1m	n	
n	n Sharing of paid employees	1n		
0	• Reimbursement paid to other organization for expenses	10	, ,	Yes
p	p Reimbursement paid by other organization for expenses	1р	, 1	Yes
q	q Other transfer of cash or property to other organization(s)	1q	1	Yes
r	r Other transfer of cash or property from other organization(s)	1r		

2 I	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds							
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved					
(1)	One Hampshire Condo Trust	p	7,199,405					
(2)	One Hampshire Condo Trust	0	7,202,178					
(3)	Navigator Technology Ventures	q	246,000					
(4)	Navigator Technology Ventures	1	8,458					
(5)								
(6)								

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	T	ı	(5)		· -			1	1														
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(D) Are all partners section 501(c)(3) organizations?		partners section		partners section		partners section		partners section		partners section	partners section		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managıng partner?	
			Yes	No		Yes	No		Yes	No													
	1	1				ı		1															