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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 benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE MITRE CORPORATION	D Employer identification number 04-2239742
		Doing Business As	E Telephone number (703) 983-2527
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7515 COLSHIRE DRIVE TAX ADMIN	G Gross receipts \$ 1,271,159,000
		City or town, state or country, and ZIP + 4 MCLEAN, VA 22102	
F Name and address of Principal Officer MARK W KONTOS 7515 COLSHIRE DRIVE MCLEAN, VA 22102		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.) H(c) Group Exemption Number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Web site: WWW.MITRE.ORG	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other		L Year of formation 1958	M State of legal domicile DE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE PRIMARY EXEMPT PURPOSE OF MITRE CORPORATION IS TO ENHANCE THE SECURITY OF THE UNITED STATES OF AMERICA OR OTHERWISE TO FURTHER THE PUBLIC INTEREST BY ENGAGING IN SCIENTIFIC ACTIVITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of employees (Part V, line 2a)	5	7,135
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,233,765,000	1,263,116,000
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	964,000	75,000
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,000	82,000
		1,234,810,000	1,263,273,000
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	945,410,000	975,880,000
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b (Total fundraising expenses, Part IX, column (D), line 25 ⁰)		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	265,718,000	261,646,000
	18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	1,211,128,000	1,237,526,000
19 Revenue less expenses Subtract line 18 from line 12	23,682,000	25,747,000	
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	526,263,000	533,846,000
	21 Total liabilities (Part X, line 26)	214,751,000	195,875,000
	22 Net assets or fund balances Subtract line 21 from line 20	311,512,000	337,971,000

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here	*****	2010-07-30		
	Signature of officer	Date		
	MARK W KONTOS SR VP/CFO/TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature MICHAEL E MEEGAN	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4	WATKINS MEEGAN LLC 8000 TOWERS CRESCENT DR SUITE 950 VIENNA, VA 22182		EIN
				Phone no (703) 761-4848

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

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

1 Briefly describe the organization's mission

THE PRIMARY EXEMPT PURPOSE OF MITRE CORPORATION IS TO ENHANCE THE SECURITY OF THE UNITED STATES OF AMERICA OR OTHERWISE TO FURTHER THE PUBLIC INTEREST BY ENGAGING IN SCIENTIFIC ACTIVITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? Yes No

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 \$ 829,583,000 including grants of \$) (Revenue \$ 939,312,000)
DoD C3I FFRDC - The Command, Control, Communications, and Intelligence Federally Funded Research and Development Center operates in the public interest through programs which provide systems engineering and integration support to our government sponsors to help achieve the vision of an integrated C4ISR capability that supports joint U S and multinational operations

















4b (Code) (Expenses \$ 118,109,000 including grants of \$) (Revenue \$ 133,870,000)
Center for Advanced Aviation System Development - The CAASD serves the public interest by advancing the safety, security, effectiveness, and efficiency of aviation in the U S and around the world by conducting a continuing program of research, development, and engineering in collaboration with the aviation community

4c (Code) (Expenses \$ 156,654,000 including grants of \$) (Revenue \$ 185,345,000)
Center for Connected Government - The CCG manages two Federally Funded Research and Development Centers. The CCG serves the public interest by working as an objective, independent partner with our government sponsors to solve their critical needs. The CCG addresses these challenges principally by applying technical expertise in five major functional areas: strategic management, procurement, program and project management, technical management, and evaluation audit

4d Other program services (Describe in Schedule O)
(Expenses \$ 4,030,000 including grants of \$) (Revenue \$ 4,589,000)

4e Total program service expenses \$ 1,108,376,000 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	Yes	
14b	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 ? <i>If "Yes," complete Schedule F, Part I</i> 	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? <i>If "Yes," complete Schedule F, Part II</i> 		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? <i>If "Yes," complete Schedule F, Part III</i> 		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> 	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i> 		No
25b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> 		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? <i>If "Yes," complete Schedule L, Part II</i> 		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? <i>If "Yes," complete Schedule L, Part III</i> 		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	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)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 734		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 7,135		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	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)		
	11a		
	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
b	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 Body and Management

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.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?	Yes	
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?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	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?		
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	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		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
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?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <u>CA , IN , MA , VA</u>
18	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. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
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 MARK W KONTOS 7515 COLSHIRE DRIVE MCLEAN, VA 22102 (703) 983-6000

Part VIII Statement of Revenue

Table with columns (A) Total Revenue, (B) Related or Exempt Function Revenue, (C) Unrelated Business Revenue, and (D) Revenue Excluded from Tax under IRC 512, 513, or 514. Rows include Contributions, gifts, grants and other similar amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do 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	7,899,000		7,899,000	
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	770,904,000	709,232,000		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	80,486,000	74,047,000	6,439,000	
9 Other employee benefits	66,070,000	60,784,000	5,286,000	
10 Payroll taxes	50,521,000	46,479,000	4,042,000	
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,998,000		1,998,000	
c Accounting	844,000		844,000	
d Lobbying	0			
e Professional fundraising See Part IV, line 17	0			
f Investment management fees	0			
g Other	72,577,000	72,577,000		
12 Advertising and promotion	0			
13 Office expenses	11,127,000		11,127,000	
14 Information technology	31,046,000	29,296,000	1,750,000	
15 Royalties	0			
16 Occupancy	31,529,000	29,007,000	2,522,000	
17 Travel	40,152,000	36,940,000	3,212,000	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	2,052,000		2,052,000	
20 Interest	3,621,000		3,621,000	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	37,778,000	34,756,000	3,022,000	
23 Insurance	1,241,000		1,241,000	
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)				
a TAXES & LICENSES	5,019,000		5,019,000	
b PROFESSIONAL DUES & MEMBERSHIP	1,217,000		1,217,000	
c EQUIPMENT RENTAL & MAINTENANCE	13,340,000	12,273,000	1,067,000	
d RECRUITING	1,986,000	1,827,000	159,000	
e CORPORATE ADMIN EXPENSE	4,860,000		4,860,000	
f All other expenses	1,259,000	1,158,000	101,000	
25 Total functional expenses. Add lines 1 through 24f	1,237,526,000	1,108,376,000	129,150,000	0
26 Joint Costs. Check <input type="checkbox"/> 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				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	36,107,000	1	10,704,000
	2 Savings and temporary cash investments		2	44,920,000
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	59,473,000	4	51,758,000
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,863,000	9	3,769,000
	10a Land, buildings, and equipment cost basis			
		10a 621,299,000		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b 306,687,000	317,794,000	10c 314,612,000
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13		
14 Intangible assets		14		
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	111,026,000	15	108,083,000	
16 Total assets. Add lines 1 through 15 (must equal line 34)	526,263,000	16	533,846,000	
Liabilities	17 Accounts payable and accrued expenses	108,673,000	17	112,893,000
	18 Grants payable		18	
	19 Deferred revenue	10,122,000	19	17,016,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable	75,000,000	24	50,000,000
	25 Other liabilities <i>Complete Part X of Schedule D</i>	20,956,000	25	15,966,000
	26 Total liabilities. Add lines 17 through 25	214,751,000	26	195,875,000
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	311,512,000	27	337,971,000
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	311,512,000	33	337,971,000	
34 Total liabilities and net assets/fund balances	526,263,000	34	533,846,000	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	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?	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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits?	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

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

Name of the organization
THE MITRE CORPORATION

Employer identification number

04-2239742

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

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

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

h Provide the following information about the organizations the organization supports

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

Part II 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.)

Public Support

Calendar 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 include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar 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 include any "unusual grants.")	962,071,000	1,025,155,000	1,112,685,000	1,233,765,000	1,263,116,000	5,596,792,000
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	0	0
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	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total Add lines 1-5	962,071,000	1,025,155,000	1,112,685,000	1,233,765,000	1,263,116,000	5,596,792,000
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0				0
b Amounts included on lines 2 and 3 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	0	0	0	0	0	0
c Total of lines 7a and 7b	0	0	0	0	0	0
8 Public Support (Subtract line 7c from line 6)						5,596,792,000

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	962,071,000	1,025,155,000	1,112,685,000	1,233,765,000	1,263,116,000	5,596,792,000
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	263,000	370,000	1,077,000	964,000	315,000	2,989,000
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	263,000	370,000	1,077,000	964,000	315,000	2,989,000
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
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)						5,599,781,000

14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	99.947 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	99.972 %

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	0.053 %
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.028 %

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

b 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

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

Part IV **Supplemental Information.** Complete this part to provide the 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

Additional Data

Software ID:
Software Version:
EIN: 04-2239742
Name: THE MITRE CORPORATION

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NOTE CERTAIN W-2 AMOUNTS , INCLUDE ONE-TIME DISTRIBUTIONS		X								
OF COMPENSATION THAT WAS , REPORTED IN PRIOR FORMS 990		X								
G HEILMEIER , TRUSTEE	1 0	X					33,665	0	0	
R KERR , TRUSTEE	1 0	X					31,705	0	0	
W MITCHELL , TRUSTEE	1 0	X					48,596	0	0	
D JEREMIAH , TRUSTEE	1 0	X					34,499	0	0	
R FOGLEMAN , TRUSTEE	1 0	X					33,645	0	0	
E KEEFER , TRUSTEE	1 0	X					38,750	0	0	
J GARVEY , TRUSTEE	1 0	X					30,500	0	0	
J HAMRE , TRUSTEE	1 0	X					24,500	0	0	
J STENBIT , TRUSTEE	1 0	X					33,250	0	0	
C ROBB , TRUSTEE	1 0	X					50,250	0	0	
A CARTER , TRUSTEE	1 0	X					26,250	0	0	
J SCHLESINGER , TRUSTEE	1 0	X					52,250	0	0	
W HAPPER JR , TRUSTEE	1 0	X					45,199	0	0	
C KILLINGSWORTH , TRUSTEE	1 0	X					16,000	0	0	
E GIAMBASTIANI JR , TRUSTEE	1 0	X					10,000	0	0	
M MEIGS , TRUSTEE	1 0	X					33,000	0	0	
V DEMARINES , TRUSTEE	1 0	X					182,373	0	0	
M FAGA , TRUSTEE	1 0	X					1,626,100	0	0	
S GLASNER , OFFICER	40 0			X			975,167	0	118,597	
R NESBIT , OFFICER	40 0			X			1,155,777	0	79,585	
D LEHMAN , OFFICER	40 0			X			1,026,251	0	133,090	
L METZGER , OFFICER	40 0			X			1,153,203	0	62,810	
A GRASSO , OFFICER	40 0			X			581,344	0	389,908	
R MIKELSKAS , OFFICER	40 0			X			796,701	0	63,954	
L BENDER , OFFICER	40 0			X			812,546	0	55,235	
A SINHA , OFFICER	40 0			X			1,119,180	0	85,195	
R HALLER , OFFICER	40 0			X			355,134	0	87,042	
S HUFFMAN , OFFICER	40 0			X			312,183	0	133,109	

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
M KONTOS , OFFICER	40 0			X				399,278	0	186,470
R BEHLER , OFFICER	40 0			X				369,783	0	155,940
R BYRNE , OFFICER	40 0			X				330,934	0	119,237
J PROVIDAKES , OFFICER	40 0			X				337,617	0	151,463
G GAGNON , OFFICER	40 0			X				316,805	0	104,188
T O'CONNOR , HCE	40 0					X		546,159	0	29,437
J HARVARTH , HCE	40 0					X		450,882	0	26,743
D FINNEY , HCE	40 0					X		423,721	0	30,481
M MCKAIG , HCE	40 0					X		373,033	0	27,476
S BURLINGAME , HCE	40 0					X		367,692	0	15,154
H CROSS , FORMER OFFICER	0 0						X	593,555	0	0
J QUILTY , FORMER OFFICER	0 0						X	563,036	0	0
H SORENSON , FORMER OFFICER	0 0						X	143,649	0	0
L FINCKE , FORMER OFFICER	0 0						X	501,129	0	0
R SHULSTAD , FORMER OFFICER	0 0						X	460,719	0	0
J BLOM , OFFICER	40 0						X	951,567	0	12,393

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization THE MITRE CORPORATION

Employer identification number 04-2239742

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, and value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e 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

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		30,689,000		30,689,000
b Buildings		344,997,000	122,160,000	222,837,000
c Leasehold improvements				
d Equipment		218,138,000	168,976,000	49,162,000
e Other		27,475,000	15,551,000	11,924,000
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				314,612,000

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,263,273,000
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,237,526,000
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	25,747,000
4	Net unrealized gains (losses) on investments	4	712,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	712,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	26,459,000

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,264,061,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	712,000
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	712,000
3	Subtract line 2e from line 1	3	1,263,349,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-76,000
c	Add lines 4a and 4b	4c	-76,000
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	1,263,273,000

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,237,602,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	76,000
e	Add lines 2a through 2d	2e	76,000
3	Subtract line 2e from line 1	3	1,237,526,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	1,237,526,000

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
PATENT ROYALTIES		NOMINAL AMOUNT, \$82,000, INCLUDED WITH AUDITED EXPENSES
LOSS ON DISPOSAL		LOSS ON ASSET DISPOSAL, -\$158,000, INCLUDED WITH AUDITED EXPENSES
FIN 48 DISCLOSURE		FIN 48 DISCLOSURE NOT APPLICABLE UNTIL FOLLOWING FISCAL YEAR

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization THE MITRE CORPORATION

Employer identification number

04-2239742

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Table with 6 columns: (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), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures in region. Rows include East Asia and the Pacific, Europe (Including Iceland and Greenland), and Totals.

Software ID:
Software Version:
EIN: 04-2239742
Name: THE MITRE CORPORATION

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) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE MITRE CORPORATION

Employer identification number

04-2239742

Part I Questions Regarding Compensation

	Yes	No
1a		
1b	Yes	
2	Yes	
3		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- | | |
|--|---|
| <input checked="" type="checkbox"/> First class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

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	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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

Identifier	Return Reference	Explanation
SCH J,PT I,LINE 4B NONQUALIFIED DEFERRED COMPENSATION PLAN DISTRIBUTIONS		MITRE MADE THE FOLLOWING ONE-TIME DISTRIBUTIONS FROM ITS NONQUALIFIED DEFERRED COMPENSATION PLAN VICTOR A DEMARINES \$113,126 JOHN S QUILTY \$525,416 MARTIN C FAGA \$1,573,543 A SINHA \$756,109 R MIKELSKAS \$480,618 ROBERT F NESBIT \$782,183 DAVID LEHMAN \$639,665 L METZGER \$789,470 H SORENSON \$143,649 HARLAN E CROSS \$435,079 SOL Y GLASNER \$647,608 J BLOM \$522,392 LEWIS FINCKE \$499,309 L BENDER \$487,465 R SHULSTAD \$451,940
SCHEDULE J, PART I, LINE 1A FIRST- CLASS OR CHARTER TRAVEL		TRUSTEES (INCLUDING HONORARY TRUSTEES) ARE REIMBURSED FOR THEIR ACTUAL TRAVEL EXPENSES TRAVEL BY AIR IS REIMBURSED UP TO ONE CLASS ABOVE COACH WHERE THE PUBLISHED TOTAL FLIGHT TIME EXCEEDS TWO HOURS
SCHEDULE J, PART I, LINE 1A TRAVEL FOR COMPANIONS		TRAVEL BY SPOUSES OF TRUSTEES AND OFFICERS IS REIMBURSABLE IN CONNECTION WITH TRAVEL TO ONE BOARD MEETING PER YEAR, THE PARTICULAR MEETING TO BE AT THE RECIPIENT'S DISCRETION THERE IS NO TRAVEL EXPENSE REIMBURSEMENT FOR THE SPOUSES OF HONORARY TRUSTEES
SCHEDULE J, PART I, LINE 1A TAX INDEMNIFICATION AND GROSS-UP PAYMENTS		MITRE DOES NOT PROVIDE FOR ANY TAX INDEMNIFICATION TO ITS OFFICERS, TRUSTEES OR HCES HOWEVER, FOR THOSE EMPLOYEES ON FOREIGN ASSIGNMENTS, INCLUDING HCES, MITRE DOES PROVIDE TAX GROSS-UPS FOR MEDICARE PAYROLL TAXES ON TAXABLE RELOCATION ALLOWANCES PAID TO THE EMPLOYEE ON THE FOREIGN ASSIGNMENT MITRE ALSO PROVIDES FOR "TAX PROTECTION" FOR THOSE FOREIGN ASSIGNEE EMPLOYEES THAT HAVE EXPERIENCED A HIGHER MARGINAL TAX RATE APPLIED TO THEIR MITRE EARNINGS FOR A YEAR IN WHICH THEY WERE ON A MITRE FOREIGN ASSIGNMENT MITRE DOES NOT PAY ANY FOREIGN INCOME TAXES AN EMPLOYEE MIGHT BE SUBJECT TO WHILE ON A FOREIGN ASSIGNMENT, BUT ANY FOREIGN TAXES PAID BY AN EMPLOYEE THAT ARE RELATED TO HIS FOREIGN ASSIGNMENT MITRE EARNINGS ARE INCLUDED IN ANY DETERMINATION OF ANY ELIGIBILITY FOR TAX PROTECTION RELIEF (AS ARE FOREIGN TAX CREDITS CLAIMED BY THE EMPLOYEE AGAINST HIS U S TAX LIABILITY FOR THE YEAR, THEREBY MITIGATING THE NEED FOR A TAX PROTECTION PAYMENT)
SCHEDULE J, PART I, LINE 1A HOUSING ALLOWANCE		SPECIAL PAY FOR ALL EXPATRIATE ASSIGNMENTS MITRE PAYS A LIVING-COST ALLOWANCE TO HELP DEFRAID THE DIFFERENCE IN HOUSING AND GOODS & SERVICES COSTS IN THE OVERSEAS LOCATION THIS ALLOWANCE NORMALLY INCLUDES A COST OF LIVING ALLOWANCE (COLA) AND A HOUSING ALLOWANCE (HOLA) MITRE SETS THE ALLOWANCES BASED ON PRICE DATA AND STANDARDIZED PURCHASING MODELS PROVIDED BY AN EXTERNAL CONSULTANT SPECIALIZING IN LIVING COST DATA THE ALLOWANCES ARE ADJUSTED, WHERE NECESSARY, TO REMAIN REASONABLE IN TERMS OF MITRE'S FINANCIAL CONSTRAINTS ALLOWANCES ARE REVIEWED ANNUALLY AND ADJUSTED BASED ON CHANGES TO INCOME AND FAMILY SIZE EMPLOYEES WHO LIVE IN GOVERNMENT-SUBSIDIZED HOUSING WILL NOT RECEIVE THE PORTION OF THE LIVING-COST ALLOWANCE RELATED TO HOUSING COST DIFFERENCES (HOLA)
SCHEDULE J, PART I, LINE 1A HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES		MITRE PROVIDES MEMBERSHIP FOR ITS PRESIDENT IN THE TOWER CLUB, A BUSINESS/SOCIAL CLUB IN THE AREA OF THE COMPANY'S MCLEAN, VIRGINIA HEADQUARTERS THE CLUB'S FACILITIES ARE USED TO HOST BUSINESS MEETINGS AND CONFERENCES AND FOR OTHER BUSINESS-RELATED PURPOSES

Software ID:
Software Version:
EIN: 04-2239742
Name: THE MITRE CORPORATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
H CROSS	(i) (ii)	155,976 0	0 0	437,579 0	0 0	0 0	593,555 0	435,079 0
S GLASNER	(i) (ii)	262,469 0	48,300 0	664,398 0	113,029 0	5,568 0	1,093,764 0	546,129 0
R NESBIT	(i) (ii)	286,504 0	42,200 0	827,073 0	66,332 0	13,253 0	1,235,362 0	711,901 0
J QUILTY	(i) (ii)	37,620 0	0 0	525,416 0	0 0	0 0	563,036 0	525,416 0
H SORENSON	(i) (ii)	0 0	0 0	143,649 0	0 0	0 0	143,649 0	143,649 0
D LEHMAN	(i) (ii)	293,268 0	62,600 0	670,383 0	119,907 0	13,183 0	1,159,341 0	531,308 0
L METZGER	(i) (ii)	265,001 0	56,300 0	831,902 0	48,305 0	14,505 0	1,216,013 0	737,215 0
A GRASSO	(i) (ii)	418,500 0	128,000 0	34,844 0	375,328 0	14,580 0	971,252 0	0 0
L FINCKE	(i) (ii)	0 0	0 0	501,129 0	0 0	0 0	501,129 0	499,309 0
R SHULSTAD	(i) (ii)	8,779 0	0 0	451,940 0	0 0	0 0	460,719 0	451,940 0
R MIKELSKAS	(i) (ii)	242,501 0	46,200 0	508,000 0	49,462 0	14,492 0	860,655 0	442,706 0
L BENDER	(i) (ii)	243,385 0	54,600 0	514,561 0	40,743 0	14,492 0	867,781 0	456,530 0
A SINHA	(i) (ii)	261,769 0	57,100 0	800,311 0	70,692 0	14,503 0	1,204,375 0	681,467 0
J BLOM	(i) (ii)	371,927 0	0 0	579,640 0	9,998 0	2,395 0	963,960 0	522,392 0
R HALLER	(i) (ii)	267,944 0	59,600 0	27,590 0	72,668 0	14,374 0	442,176 0	0 0
S HUFFMAN	(i) (ii)	242,559 0	52,200 0	17,424 0	118,753 0	14,356 0	445,292 0	0 0
M KONTOS	(i) (ii)	300,944 0	68,900 0	29,434 0	171,949 0	14,521 0	585,748 0	0 0
R BEHLER	(i) (ii)	280,622 0	58,500 0	30,661 0	154,921 0	1,019 0	525,723 0	0 0
R BYRNE	(i) (ii)	250,194 0	53,600 0	27,140 0	105,999 0	13,238 0	450,171 0	0 0
J PROVIDAKES	(i) (ii)	253,385 0	57,200 0	27,032 0	136,964 0	14,499 0	489,080 0	0 0
G GAGNON	(i) (ii)	247,006 0	43,900 0	25,899 0	94,994 0	9,194 0	420,993 0	0 0
T O'CONNOR	(i) (ii)	546,159 0	0 0	0 0	16,445 0	12,992 0	575,596 0	0 0
J HARVARTH	(i) (ii)	450,882 0	0 0	0 0	14,637 0	12,106 0	477,625 0	0 0
D FINNEY	(i) (ii)	423,721 0	0 0	0 0	17,487 0	12,994 0	454,202 0	0 0
M MCKAIG	(i) (ii)	373,033 0	0 0	0 0	14,006 0	13,470 0	400,509 0	0 0
S BURLINGAME	(i) (ii)	367,692 0	0 0	0 0	14,210 0	944 0	382,846 0	0 0
V DEMARINES	(i) (ii)	69,247 0	0 0	113,126 0	0 0	0 0	182,373 0	113,126 0
M FAGA	(i) (ii)	52,557 0	0 0	1,573,543 0	0 0	0 0	1,626,100 0	1,573,543 0
AMOUNTS IN COLUMN F REPRESENT	(i) (ii)							
ONE-TIME DISTRIBUTIONS FROM A	(i) (ii)							
NONQUALIFIED DEFERRED	(i) (ii)							
COMPENSATION PLAN	(i) (ii)							

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

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.

Name of the organization THE MITRE CORPORATION

Employer identification number

04-2239742

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Total

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization
THE MITRE CORPORATION

Employer identification number
04-2239742

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A		Under MITRE's bylaws, the board's Executive Committee is authorized to exercise all powers vested in the Board of Trustees during the intervals between meetings of the board. Membership on the Executive Committee is drawn exclusively from the Board of Trustees.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		M Faga and R Fogleman - both serve on the board of another company.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 10		A DRAFT OF THE COMPLETED FORM 990 IS REVIEWED BY THE BOARD'S AUDIT COMMITTEE AND BY THE COMPANY'S CHIEF FINANCIAL OFFICER, ITS GENERAL COUNSEL AND ITS SENIOR TAX MANAGER. A DRAFT OF PART VI OF THE FORM IS REVIEWED BY THE BOARD'S TRUSTEESHIP COMMITTEE. A FINAL DRAFT OF THE FORM IS DISTRIBUTED TO ALL MEMBERS OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO ELECTRONIC FILING WITH THE IRS.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 12C		Trustees annually submit in writing formal disclosure of their affiliations and outside business interests, including substantial financial holdings. The disclosures are reviewed by the organization's general counsel and by the board's Trusteeship Committee. In the event that a potential for conflict is detected, the general counsel and/or Trusteeship Committee will seek to resolve the conflict directly with the trustee. The affected trustee may be asked to recuse him/herself from participation in discussions or decision making that may suggest a conflict. To provide complete transparency and to engage the board more directly in the assessment and resolution of potential conflicts or the appearance of conflict, trustee disclosures are circulated to all members of MITRE's governing body for their review and reference.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 15 A & B		Officer compensation is approved annually by the organization's governing board based on the recommendations of its Compensation Committee, which is comprised of five independent trustees. The committee reviews the total compensation and benefits packages of MITRE officers and recommends appropriate adjustments to the Board of Trustees in consultation with the MITRE Chief Executive Officer. Prior to making its recommendations, the committee considers and integrates market factors, as well as the reasonableness of actions in relation to the overall environment. The committee has discretion to retain the assistance of external consultants with respect to the market competitiveness of MITRE's Officer pay levels and policies. The Board of Trustees has sole discretion to finalize officer pay levels, considering the recommendations of the Compensation Committee, its external consultants, and any other factors they deem relevant. The board's Executive Committee evaluates CEO performance and coordinates with the board's Compensation Committee on a recommended CEO compensation package. Consistent with the process applicable to all officers, the full Board of Trustees reviews, discusses and votes whether to approve or modify the Compensation Committee's recommendations for CEO compensation. The CEO does not participate in the discussions or decision making pertinent to his compensation. The above-described process is performed annually. It was last applied to each officer in September-October 2009.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 19		MITRE makes its governing documents available to the public on request. MITRE does not make available to the general public its conflict of interest policy and financial statements.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 4		THE ORGANIZATION'S ARTICLES AND BYLAWS WERE AMENDED IN 2006. KEY CHANGES: (1) GOVERNANCE IS VESTED EXCLUSIVELY IN A SELF-PERPETUATING BOARD OF TRUSTEES. PREVIOUSLY, THE ORGANIZATION WAS A MEMBERSHIP ORGANIZATION, (2) A TRUSTEESHIP COMMITTEE (GOVERNANCE) WAS ADDED TO THE BOARD'S STANDING COMMITTEES, (3) MEMBERSHIP ON THE EXECUTIVE COMMITTEE IS PRESCRIBED, (4) MEMBERS OF THE AUDIT COMMITTEE AND COMPENSATION COMMITTEE MUST BE INDEPENDENT.

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D		OTHER CONTRACT SERVICES EXPENSES, \$4,030,000, REVENUE, \$4,589,000

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE B, PART I		THE MITRE CORPORATION RECEIVES CONTRIBUTIONS FROM A "U S GOVERNMENT CLASSIFIED SOURCE," THE IDENTITY OF WHICH CANNOT BE REVEALED AND FOR WHICH CONTRIBUTION INFORMATION CANNOT BE REPORTED ON PART I OF SCHEDULE B BECAUSE OF ELECTRONIC FILING PARAMETERS. ACCORDINGLY, BY WAY OF THIS ADDENDUM TO SCHEDULE B, THE ORGANIZATION IS ACKNOWLEDGING RECEIPT OF \$120,558,000 FROM THIS CONTRIBUTION SOURCE FOR THE REPORTING PERIOD.

Identifier	Return Reference	Explanation
STATEMENT ON REPORTING PERIOD		THE REPORTING PERIOD SHOWN ON THIS RETURN IS OCTOBER 1, 2008 - SEPTEMBER 30, 2009 HOWEVER, THE FINANCIAL INFORMATION REPORTED ON THIS RETURN REFLECTS A 52/53-WEEK PERIOD THAT BEGAN OCTOBER 6, 2008 AND ENDED OCTOBER 4, 2009, A PERIOD THAT COINCIDED WITH THE MITRE CORPORATION'S AUDITED FINANCIAL STATEMENT REPORTING PERIOD THE MITRE CORPORATION HAS REPORTED TO THE INTERNAL REVENUE SERVICE ON THIS 52/53-WEEK BASIS SINCE 1998 HOWEVER, CURRENT INTERNAL REVENUE SERVICE ELECTRONIC FILING SPECIFICATIONS DO NOT ALLOW THIS RETURN TO BE ELECTRONICALLY FILED SHOWING THE 52/53-WEEK DATES ACCORDINGLY, THE REPORTING PERIOD OF OCTOBER 1, 2008 - SEPTEMBER 30, 2009 APPEARS ON THE RETURN TO MEET ELECTRONIC FILING SPECIFICATIONS

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE J-1, COL (F)		PLEASE NOTE THAT THE AMOUNTS REPORTED IN COLUMN (F) OF SCHEDULE J-1 REFLECT ONE-TIME PAYMENTS OF COMPENSATION REPORTED IN PRIOR FORMS 990

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE MITRE CORPORATION

Employer identification number
04-2239742

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 Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
THE MITRE CORPORATION EMP BEN TRUST 7515 COLSHIRE DR TAX ADMIN MCLEAN, VA22102 04-3205946	VEBA	MA	501(C)(9)	N/A	NA

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q	Yes	
1r		No

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) THE MITRE CORPORATION EMP BEN TRUST	Q	3,039,000
(2)		
(3)		
(4)		
(5)		
(6)		

