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Department of the Treasury

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)

2009

OMB No 1545-0047

Open to Public

Internal F	Revenue	Service Fine C	organization may have to use	a copy of this return to satisfy s	state reporting	requirements	Inspection	
A Fo	the	2009 calendar ye	ar, or tax year beginning 07-0	1-2009 and ending 06-30-201	0	D Employer ide	ntification number	
		pplicable Please use IRS	C Name of organization Charles Stark Draper Laborator	,				
☐ Add —		label or	Doing Business As			04-250537 E Telephone nu		
Nan		type. See				(617) 258-1	.000	
∏ Inıtı ∏ Теп		Instruc-	Number and street (or P O box 555 Technology Square MS 34	r if mail is not delivered to street addre	ess) Room/suite	G Gross receipts		
— Ame			City or town, state or country,	and 7IP + 4				
_		n pending	Cambridge, MA 02139	and ZII 1 4				
			 ime and address of principal o	officer	H/a) To th		fo.,	
		Elizab	eth Mora	and a		is a group return ates?	TYes ▼ No	
			echnology Square MS 34 ridge, MA 02139		11/h) A		-do	
					1	II affiliates include o." attach a list	ed? Yes No (see instructions)	
T ax	-exem	npt status 🔽 501(c) (3) ◀ (insert no))(1) or	I	up exemption nui		
J W	ebsite	e: 🕨 www draper c	om					
		ganızatıon 🔽 Corpora	ation Trust Association Oth	ner 🕨	L Year of fo	rmation 1973 M	State of legal domicile MA	
Pai		Summary						
	1	•	he organization's mission or r plication of science and techr	nost significant activities iology in the national interest				
ည် ရ								
Governance								
<u> </u>	2	Check this box 🕨	f the organization disconti	nued its operations or disposed	of more than	25% of its net a	ssets	
	3		•	dy (Part VI, line 1a)			1	
Activities &	4	Number of indepe	ndent voting members of the	governing body (Part VI, line 1	b)	. 4	1	
ще	5	Total number of e	mployees (Part V , line 2a)			5	1,69	
	6	Total number of v	olunteers (estimate if necess	ary)		6		
đ.	7a	Total gross unrel	ated business revenue from P	art VIII, column (C), line 12		7a		
	b	Net unrelated bus	siness taxable income from Fo	orm 990-T, line 34		7b		
					Pric	or Year	Current Year	
a.	8	Contributions ar	nd grants (Part VIII, line 1h)				0	
an ne	9	Program service	e revenue (Part VIII, line 2g)		432,331,245	493,199,493		
Revenue	10		ome (Part VIII, column (A), lı		-22,249,528	4,746,836		
_	11		Part VIII, column (A), lines 5			8,378,806	8,193,596	
	12		add lines 8 through 11 (must	equal Part VIII, column (A), lın		418,460,523	506,139,925	
	13			umn (A), lines 1-3)			O	
	14	Benefits paid to	or for members (Part IX, colu	mn (A), line 4)			С	
ø	15	•	compensation, employee bene	fits (Part IX, column (A), lines		170 507 217	106 247 604	
Ехрепѕеѕ	160	10)	draising fees (Part IX, columi	2 (A.) Juno 110)		179,507,317	196,347,684	
æ ⊕	16a b		-					
ă	17	-	penses (Part IX, column (D), line 25	o) ►° 1a-11d, 11f-24f)		251,589,233	299,398,115	
	18			I Part IX, column (A), line 25)		431,096,550	495,745,799	
	19			n line 12		-12,636,027	10,394,126	
\$ ₹ 9 €					Beginnin	g of Current	End of Year	
Net Assets or Fund Balances		T				rear		
Ass Be	20		art X, line 16)			426,705,466	453,021,526	
5.5 5.5	21 22		(Part X, line 26) nd balances Subtract line 21			177,110,549 249,594,917	190,721,868	
	t II	Signature B		nom me 20		249,594,917	262,299,658	
		_		ned this return, including accompanying	schedules and s	tatements, and to tl	ne best of my knowledge	
		and belief, it is true,	, correct, and complete Declaration	of preparer (other than officer) is base	ed on all informat	on of which prepare	er has any knowledge	
Sign		*****			2011:	-02-04		
Here		Signature of office	cer		Date	02 04		
		Elizabeth Mora V	/ice President					
		Type or print nai	me and title					
		Preparer's			Check If	Preparer's identify		
Paid		signature Joyce	e Ripianzi		self- empolyed 🕨 🦵	(see instructions)		
Prepa	rer's		rs 👠 Moody Famiglietti & Andronic	•	ETN b			
Use C	nly	if self-employed), address, and ZIP + 4	P		— EIN ▶			
			Tewksbury, MA 01876			Phone no 🕨 (93	78) 557-5300	
Mavt	he IR	S discuss this ret		bove? (see instructions)			▼Yes 「No	

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To serve the national interest in applied research, engineering development, education, and technology transfer by helping 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.

2	Did the organization u the prior Form 990 or	, ,	ant program se	ervices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe thes	e new services on S	chedule O			
3	Did the organization c services?	• .	make significar	nt changes in how it cor	nducts, any program	┌ Yes ┌ No
	If "Yes," describe thes	e changes on Scheo	lule O			
4	Section 501(c)(3) and	i 501(c)(4) organıza	tions and secti		largest program services l re required to report the ai ervice reported	•
4a	(Code) (Expenses \$	363,699,482	ıncludıng grants of \$) (Revenue \$	376,788,550)
	Strategic Systems To help (MK6LE) efforts Draper h				ower life-cycle maintenance cos	ts through MK6 Life Extension
4b	(Code) (Expenses \$	23,132,911	ıncludıng grants of \$) (Revenue \$	24,328,225)
		nd Marine Corps Ťactical	Systems focuses D			tical needs of tactical forces in the n the domains of soldier systems,
4c	(Code) (Expenses \$	43,603,702	ıncludıng grants of \$) (Revenue \$	47,441,885)
				ed to improving US capabili t for first-of-a-kind systems		pecial operations Special Operations
4d	Other program service	ces (Describe in Sc	hedule O) See :	also Additional Data fo	r Description	
	(Expenses \$	3,652,010 in	cluding grants o	of\$) (Revenue \$	44,640,833)
4e	Total program service	e expenses►\$	434,088,10	15		
						Form 990 (2009)

Checklist of Required Sched

			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		No
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		
6	Did the organization maintain any donor advised funds or any similar funds or 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		N o
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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	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	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? <i>If</i> " <i>Yes,"</i> 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 U S? 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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νo
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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? 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		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance	art V	Statements	Regarding	Other IRS	Filings and	Tax (Compliance
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	Contained Regarding Conc. 1.0.1 miles and tax compliance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
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 on line 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 (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
Ь	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?	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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νο
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Νο
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		Νo
Ь	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			
а	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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(617) 258-1000

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 12	.		
b	Enter the number of voting members that are independent 11	.		
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		Νο
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	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		110
•	affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	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		163	
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15a	Yes	
U	If "Yes" to line a or b, describe the process in Schedule O (See instructions)	130	162	
	11 Tes to line a of b, describe the process in schedule o (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►CA, MA			
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 Own website. Another's website. 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 th	ne orga	nızatıor	ı -
	patricia mclaughlin			

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Nο

1b	Total .									F	(5,115,338	C	0	809,987
											1				

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -755
- Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Yes For any individual listed on line 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 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MRAC LLC PO Box 426093 Cambridge, MA 02142	Consulting Services	1,297,809
Goodwin Procter LLP 53 State Street Boston, MA 02109	Legal Services	1,253,751
JP Ryan LLC PO Box 1187 Manomet, MA 02345	Construction Mgmt	714,616
GFI Big Joe LLC 133 Pearl St Suite 300 Boston, MA 02110	Consulting Services	313,632
Cooperstown Environmental LLC 19 Dale St Andover, MA 01810	Environmental Consultant	291,007
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►17) who received more than	

5

Form 9	•	•						Page 9
Part \	<u>/1111</u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
## st	1a	Federated cam	paigns 1a					
ar our	b	Membership du	ies 1b					
કું.લ	С	Fundraising eve	ents 1c					
<u>≅</u> ,ਰ	d		zations 1d					
ans,	e	Government grant						
e et	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above					
き	g		ibutions included in					
Contributions, gifts, grants and other similar amounts	h		s 1a-1f	▶				
				Business Code				
Program Service Revenue	2a	Program Service R	evenu	541,700	493,199,493	493,199,493		
\$2 \$2	ь		_					
- Se	С							
<u>₹</u>	d							
E	e							
S 133	f	All other progra	am service revenue					
Ğ	g	Total. Add lines	s 2a-2f		493,199,493			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	F	1,033,406			1,033,406
	4		stment of tax-exempt bond	`	58,106			58,106
	5	Royalties	(ı) Real	(II) Personal	30,100			30,100
	6a	Gross Rents	8,681,294	(II) I CISCIIGI				
	ь	Less rental expenses	545,804					
	c	Rental income	8,135,490					
	d	or (loss) Net rental inco	me or (loss)		8,135,490			8,135,490
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	47,084,661	78,695				
	ь	Less cost or other basis and sales expenses	43,444,878	5,048				
	C	Gain or (loss)	3,639,783	73,647	2 742 420			2 742 420
	d 8a		rom fundraising	▶	3,713,430			3,713,430
Other Revenue		events (not inc \$ of contributions	=					
<u>.</u>			а					
Ě	Ь		penses b (loss) from fundraising	ovents 🛌				
7	9a	Gross income f	rom gaming activities	events F				
	ь		penses b					
	С	Net income or ((loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of inve					
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	d	All other resser						<u> </u>
	d e	All other reven	ue s 11a-11d					
		i otali Add IIIIe:		· · · · •				
	12	Total revenue.	See Instructions .	▶[506,139,925	493,199,493	0	12,940,432

	990 (2009)				Page 10
Part	Statement of Functional Expenses		-1		
A	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			D).	
Do no	ot include amounts reported on lines 6b, o, 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				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,420,118		5,420,118	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	137,469,760	124,126,224	13,343,536	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,715,327	11,053,482	1,661,845	
9	Other employee benefits	30,172,436	16,811,098	13,361,338	
10	Payroll taxes	10,570,043	8,361,533	2,208,510	
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,736,478		1,736,478	
c	Accounting	247,402		247,402	
d	Lobbying	8,436		8,436	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	412,603		412,603	
g	Other	12,418,105	8,835,438	3,582,667	
12	Advertising and promotion	120,214		120,214	
13	Office expenses	987,196	498,797	488,399	
14	Information technology	5,131,413	4,428,945	702,468	
15	Royalties	13,878		13,878	
16	Occupancy	6,498,992	2,273,713	4,225,279	
17	Travel	5,673,664	4,938,356	735,308	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	137,633	76,658	60,975	
20	Interest	4,294,965	166,865	4,128,100	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,821,231	15,352,510	3,468,721	
23	Insurance	750,785	61,251	689,534	
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	210,780,390	210,768,982	11,408	
b	O ther Indirect	14,742,900	10,129,850	4,613,050	
c	Direct M&S	14,609,468	14,524,792	84,676	
d	O ther Materials	1,582,413	1,350,533	231,880	
e	Postage and Shipping	310,087	247,111	62,976	
f	All other expenses	119,862	81,967	37,895	
25	Total functional expenses. Add lines 1 through 24f	495,745,799	434,088,105	61,657,694	0
26	Joint costs. Check here ► ☐ 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				000 (2000)

Pa	rt X	Balance Sheet					
					(A)		(B)
	I				Beginning of year		End of year
	1	Cash—non-interest-bearing	ı			1	
	2	Savings and temporary cash investments	•		39,481,761	2	31,328,956
	3	Pledges and grants receivable, net	•			3	
	4	Accounts receivable, net			17,288,381	4	23,916,603
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II		n 4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net			2,753,008	7	
Š	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			16,572,633	9	17,450,355
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	324,492,949			
	ь	Less accumulated depreciation	10b	130,589,071	185,742,731	10c	193,903,878
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			109,371,583	12	130,274,289
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			55,495,369	15	56,147,445
	16	Total assets. Add lines 1 through 15 (must equal line 34)			426,705,466	16	453,021,526
	17	Accounts payable and accrued expenses .			63,587,851	17	65,319,855
	18	Grants payable				18	
	19	Deferred revenue			8,233,147	19	8,809,098
	20	Tax-exempt bond liabilities	ı		79,029,054	20	79,077,553
68	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u> </u>		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			26,260,497	25	37,515,362
	26	Total liabilities. Add lines 17 through 25			177,110,549	26	190,721,868
<u></u>		Organizations that follow SFAS 117, check here 🕨 🗀 and com	plete	ines 27			
ψ̈		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets				27	
8	28	Temporarily restricted net assets				28	
돧	29	Permanently restricted net assets				29	
Fund		Organizations that do not follow SFAS 117, check here ▶	nd con	nplete			
ö		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			0		0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			0		0
	32	Retained earnings, endowment, accumulated income, or other for	unds		249,594,917	32	262,299,658
Ř	33	Total net assets or fund balances			249,594,917	33	262,299,658
	34	Total liabilities and net assets/fund balances			426,705,466	34	453,021,526

Part XI Financial 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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection

Name of the organization

Employer identification number

CHAIL	3 Julik	Diaper Laboratory	04-2505372									
Pai	rt I	Reason for Public Charity Status (All organizations must complete this pai		tions								
		zation is not a private foundation because it is (For lines 1 through 11, check only one box										
1	Ē	A church, convention of churches, or association of churches 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	۸)(iii).									
4	Γ	A medical research organization operated in conjunction with a hospital described in section hospital's name, city, and state		(iii).Ente	the							
5	Г	An organization operated for the benefit of a college or university owned or operated by a g	jovernmental uni	t describe	- d ın							
		section 170(b)(1)(A)(iv). (Complete Part II)										
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)((A)(v).									
7	<u>~</u>	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)	al unit or from th	e general	public							
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)										
9		An organization that normally receives (1) more than 331/3% of its support from contribu	tions, membersh	ıp fees, ar	ıd gros	5 S						
	•	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
		its support from gross investment income and unrelated business taxable income (less se	ction 511 tax) fr	om busine	sses							
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part I	•									
10	Г	An organization organized and operated exclusively to test for public safety. See section 5 0										
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 500 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	ons of, or to carr 09(a)(2) See sec 111h		a)(3).	Check						
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)	•	•	•							
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box		porting o	rganız	ation,						
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?		ı								
		(i) a person who directly or indirectly controls, either alone or together with persons descr	ribed in (II)	11-(:)	Yes	No						
		and (III) below, the governing body of the the supported organization?		11g(i)								
		(ii) a family member of a person described in (i) above?		11g(ii)								
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)								
h		Provide the following information about the supported organization(s)										

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	(vii) A mount of support?	
		ınstructions))	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.)

S	ection A. Public Support		<u> </u>	- , - , - , - , - , - , - , - , - , - ,	- 1			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	t						
	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	12,821,22	1,991,749	6,555,832	4,123,470	2	,783,982	30,276,254
	to the organization without charge	12.021.22	1 001 710	6 555 022	4 422 470		1 702 002	20.276.254
4	Total. Add lines 1 through 3	12,821,22	1,991,749	6,555,832	4,123,470		,783,982	30,276,254
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public Support. Subtract line 5						+	
0	from line 4							30,276,254
S	ection B. Total Support	•	•		•		•	
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
_	beginning in)			6,555,832				30,276,254
7	A mounts from line 4 Gross income from interest,	12,821,221	9,318,132	6,555,832	4,123,470	4	,783,982	30,276,254
8	dividends, payments received on							
	securities loans, rents, royalties	5,900,084	9,318,132	13,381,179	15,518,887	12	,940,432	57,058,714
	and income from similar							
	sources							
9	Net income from unrelated							
	business activities, whether or not the business is regularly							
	carried on							
10	Other income (Explain in Part							
	IV) Do not include gain or loss							
	from the sale of capital assets							
11	Total support (Add lines 7							87,334,968
12	through 10) Gross receipts from related activit	les etc (See inst	ructions)			12		
13	First Five Years If the Form 990 is	•	·	third fourth or fi	ofth tay year as a		3) organiz	zation
13	check this box and stop here	ior the organizati	on s mst, second	, tillia, loaitii, oi ii	iitii tax yeai as a	J O I (C)(.) organiz	▶ □
	<u> </u>							·
	ection C. Computation of Pu							
14	Public Support Percentage for 200	19 (line 6 column ((f) divided by line	11 column (f))		14		34 670 %
15	Public Support Percentage for 200	8 Schedule A, Pa	rt II, lıne 14			15		48 000 %
16a	33 1/3% support test-2009. If the				ine 14 is 33 1/3%	ormore	, check t	
	and stop here. The organization qu	•						₽V
b	33 1/3% support test—2008. If the box and stop here. The organization				a, and line 15 is .	3 3 1/3%	or more,	check this
17a	10%-facts-and-circumstances test	•		=	e 13.16a.or16h	and line	14	-1
	is 10% or more, and if the organiza							
	ın Part IV how the organization me			•		-	•	
	organization					. –		► □
b	10%-facts-and-circumstances test							
	15 is 10% or more, and if the orga Explain in Part IV how the organiza							
	supported organization	ation meets the T	acis and Circums	tances test ine	organization qual	iiies as i	a publicly	▶ □
18	Private Foundation If the organiza	tion did not check	a box on line 13	, 16a, 16b, 17a or	17b, check this	box and	see	•
	instructions		•	,	•			▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 04-2505372

Name: Charles Stark Draper Laboratory

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code)(Expenses \$ 3,652,010 including grants of \$) (Revenue \$ 44.640.833) space Systemsthe 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 APOLO 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 PLAYED THE WAY FOR DRAPER'S CONTINUED ROLE IN MODERN SPACE FLIGHT DRAPER'S SPACE PROGRAMS FOCUS ON THE NATION'S NEED FOR ADVANCED DEVELOPMENT OF AUTONOMOUS AND HIGHLY RELIABLE 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 LOWWEIGHT, LOW-POWER AVIONICS OTHER PROGRAMSEMPLOITING THE SYNERGY BETWEEN ENGINEERING AND THE LIFE SCIENCES, DRAPER IS WORKING ON SOME oF TODAY'S 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 SEIZURES, EARLY DETECTION OF THE INSET OF SEPSIS, PAINLESS METHODS OF MONITORING HYPOGLYCEMIA OR HYPERGLYCEMIA FOR DIABETICS, MEANS TO PREVENT HEARING LOSS FOR PATIENTS UNDERGOING CHEMOTHERAPY, TOOLS TO REMOVE VOCAL CORDS 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 TUBERCULOSIS. A DEVICE THAT WILL BE USED IN THIRD-WORLD COUNTRIES DRAPER IS ALSO SUPPORTING PHARMACEUTICAL AND BIOLOGICAL RESEARCHERS IN DETECTING DRUG TOXICITY TO PREVENT ILLNESSOR DEATH FROM NEW DRUGS, IMAGING SYSTEMS THAT WILL ACCELERATE THE DEVELOPMENT OF STEM CELLS, AND DEVELOPING A SENSOR SO SMALL IT CAN DETECT THE EFFECT OF NEW DRUGS INSIDE LIVING CELLS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average	Posi	((tion (ck a	II		(D) Reportable	(E) Reportable	(F) Estimated	
Wante and Title	hours per		hat a		y)			compensation from the	compensation from related	amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
William F Ballhaus Jr Director	4 00	X						33,000	0	0	
Delores M Etter Director	2 00	X						28,000	0	0	
John A Gordon CHAIRMAN	6 00	X						70,704	0	0	
Sherwin Greenblatt Director	2 00	Х						31,250	0	0	
Mırıam E John Dırector AS OF 10/07/09	4 00	Х						12,250	0	0	
Franklin C Miller Director AS OF 10/07/09	1 00	X						8,500	0	0	
George M Milne Jr Director	4 00	Х						31,137	0	0	
M Elisabeth Pate-Cornel Director AS OF 10/07/09	3 00	Χ						7,000	0	0	
C Bruce Tarter Director	3 00	X						24,875	0	0	
Peter B Teets Director	5 00	Χ						35,988	0	0	
Richard D White Director	4 00	X						31,816	0	0	
James D Shields President and CEO	40 00	X		Х				591,615	0	57,465	
Gordon B BATY DIRECTOR THRU 10/07/2009	0 00	X						0	0	0	
JOHN T MITCHELL DIRECTOR THRU 10/07/2009	0 00	X						0	0	0	
MALCOLM R O'NEILL DIRECTOR THRU 03/10/2009	0 00	Х						0	0	0	
John R Dowdle VP of Engineering	40 00			Х				336,333	0	55,262	
Elizabeth Mora VP of Fin & Admin, Treas	40 00			Χ				348,628	0	56,278	
Len Polizzotto VP of Strat Bus Dev & Ma	40 00			X				314,974	0	46,051	
Darryl G Sargent VP of Programs	40 00			Χ				334,880	0	51,217	
John W Stillwell VP of Strat Systems	40 00			Х				336,012	0	82,340	
Melinda J Brown Director of Legal	40 00			Χ				70,453	0	8,972	
Steven Ditullio Principal Director Techn	40 00				Х			261,804	0	45,015	
Paul Rosenstrach Program Dırector	40 00				X			230,702	0	64,839	
Paul R Blasche Principal Director Techn	40 00					X		279,156	0	64,260	
Philip J Hipol PMTS - Tech Specialist	40 00					Х		269,040	0	54,533	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	Average Posi			cka)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
John R Burns III Division Leader	40 00					Х	,	246,642	0	31,949	
Frank J Serna Engineering Director	40 00					Х		236,985	0	49,347	
Philip S Babcock IV Dir of Engineering Ops	40 00					X		236,384	0	45,645	
Eliezer G Gai Former VP of Engineering	0 00						х	1,536,284	0	61,930	
William S Elias II Former Dir of Legal	0 00						Х	170,926	0	34,884	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Subcontracts	210,780,390	210,768,982	11,408	
O ther Indirect	14,742,900	10,129,850	4,613,050	
Direct M&S	14,609,468	14,524,792	84,676	
O ther Materials	1,582,413	1,350,533	231,880	
Postage and Shipping	310,087	247,111	62,976	

DLN: 93493035003111

OMB No 1545-0047

Open to Public Inspection

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 ► Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

	rection 501(c)(4), (5), or (6) organizations. Complete Part III me of the organization arles Stark Draper Laboratory	Employer identification number							
		04-2505372							
ar	t I-A Complete if the organization is exempt under section 501(c) or is	a section 52	<u>7 org</u>	ganizatio	<u>n</u>				
1	Provide a description of the organization's direct and indirect political campaign activities in l	Part IV							
2	Political expenditures	►	\$						
3	V olunteer hours		_						
Par	t I-B Complete if the organization is exempt under section 501(c)(3).								
1	Enter the amount of any excise tax incurred by the organization under section 4955	►	\$ _						
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	\$ _						
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No				
4a	Was a correction made?			☐ Yes	∏ No				
ь	If "Yes," describe in Part IV								

art I-C	Complete if the organization is exempt under section 501(c) except section 501(c)(3).	
		_

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
4	Check If the filing organization belongs to a			
<u>B</u>	Check if the filing organization checked bo	x A and "limited control" provisions apply		T
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1 a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	8,436	
c	Total lobbying expenditures (add lines 1a and 1	b)	8,436	
d	Other exempt purpose expenditures		495,737,363	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	495,745,799	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	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		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
	Subtract line 1 f from line 1 c If zero or less ente			

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 2a through 2f on page 4.)

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

	Lobbying Expe	nditures During	4-Year Avera	aging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount			1,000,000	1,000,000	2,000,000
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000
c	Total lobbying expenditures			3,619	8,436	12,055
_d	Grassroots non-taxable amount			250,000	250,000	500,000
е 	Grassroots ceiling amount (150% of line 2d, column (e))					750,000
f	Grassroots lobbying expenditures					

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	(a))
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
2611	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

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DLN: 93493035003111

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

F Attacil to F	orni 330. F See separate instructions.			Inspec	
lame of the organization		Emp	loyer identificat	ion numbe	er
Charles Stark Draper Laboratory		04-:	2505372		
Part I Organizations Maintaining Donor A	dvised Funds or Other Similar			Comple	te ıf th
organization answered "Yes" to Form 99		1			
	(a) Donor advised funds		(b) Funds and ot	her accou	nts
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 adv funds are the organization's property, subject to the	_	lonor advi	sed	☐ Yes	☐ No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit				☐ Yes	┌ No
rt III Conservation Easements. Complete	if the organization answered "Yes	" to Forn	n 990, Part IV	, lıne 7.	
Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	Preservation of	a certifie	d historic struct	•	a
			Held at the	End of the	Year
Total number of conservation easements		2a			
Total acreage restricted by conservation easements		2b			
Number of conservation easements on a certified his	toric structure included in (a)	2c			
Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
Number of conservation easements modified, transfe			ie organization d	luring	
Number of states where property subject to conserv					
Does the organization have a written policy regardin enforcement of the conservation easements it holds		andling of	violations, and	┌ Yes	☐ No
Staff and volunteer hours devoted to monitoring, ins					
A mount of expenses incurred in monitoring, inspecti			g the year 🟲 \$_		
Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?				☐ Yes	☐ No
In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financ				
rt III Organizations Maintaining Collection Complete if the organization answered		s, or Ot	her Similar <i>F</i>	ssets.	
If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or rese	arch ın fu			е,
If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or researc			•	
(i) Revenues included in Form 990, Part VIII, line 1			► \$		
(ii) Assets included in Form 990, Part X			► \$		
If the organization received or held works of art, hist following amounts required to be reported under SFA		for finan			
Revenues included in Form 990. Part VIII. line 1			⊳ - \$		

b Assets included in Form 990, Part X

Pari	444 Organizations Maintaining Co	<u>llections of Ar</u>	t, His	tori	<u>cal Tre</u>	asures	, or Ot	he	<u>r Similar As</u>	sets (continu
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	ny of th	ne foll	owing th	at are a s	ıgnıfıcar	nt u	se of its collect	ion	
а	Public exhibition		d	Γ	Loan or	exchang	e progra	ms			
ь	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	w the y	/ further	the orgar	nization's	s ex	empt purpose	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Г Yes	┌ N
Par	t IV Escrow and Custodial Arrang						swered	"Y	es" to Form 9	90,	
	Part IV, line 9, or reported an an		•								
	Is the organization an agent, trustee, custod included on Form 990, Part X?					ons or ot	her asse	ts r		☐ Yes	┌ N
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ing ta	able						
_								_	An	nount	
C	Beginning balance						-	LC .			
d	Additions during the year						H	ld			
e	Distributions during the year						—	le			
f	Ending balance						_ 1	Lf			
2a	Did the organization include an amount on Fo		ne 21?							Yes	□ N
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	if the organizatio		Were Prior \		' to Forr (c)Two Yea			t IV, line 10. Three Years Back	(e) Four	Years Ba
la	Beginning of year balance	(a) carrent rear	(2)	,		(4)1110 100	no Back	()	Timee rears back	(e)i oui	rears ba
ь	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 yea		as								
а	Board designated or quasi-endowment 🕨	%									
Ь	Permanent endowment - %										
c	Term endowment ► %							_			
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	thata	ire held a	and admir	nistered	tor	the	Yes	No No
	(i) unrelated organizations								3a(_	1
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organization	·							31)	
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Buildings	s, and Equipme	ent. S							Τ	
	Description of investment				Cost or oth		ost or othes sis (other)		(c) Accumulated depreciation	(d) E	Book valu
1a	Land						32,984,4	187			32,984,4
b	Buildings		•				165,368,5	559	39,002,346	5 :	126,366,2
c	Leasehold improvements		•				5,451,3	391	2,041,482	2	3,409,9
d	Equipment		•				113,895,1	181	86,874,418	3	27,020,7
e	Other						6,793,3	331	2,670,825	5	4,122,5

193,903,878

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		of valuation year market value
Financial derivatives		Cost of elia-of-	year market value
Closely-held equity interests			
Other			
Investment in securities	130,274,289		F_
	130,274,289		
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value		of valuation year market value
		Cost of end of	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X, I			
(a) Descri			(b) Book value
Construction in Progress			1,231,676
MIscellaneous A/R			105,198
Unbilled Contract Costs and Fees			54,377,814
DEPOSITS			432,757
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		56,147,445
Part X Other Liabilities. See Form 990, Part			,,
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Accrued Post Retirement Benefits	37,515,362		
	, ,		
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	37,515,362		
	, - ₁ -		

Total revenue (Form 990, Part VIII, column (A), line 12)	1	506,139,925
		· · ·
Total expenses (Form 990, Part IX, column (A), line 25)	2	495,745,799
Excess or (deficit) for the year Subtract line 2 from line 1	3	10,394,126
Net unrealized gains (losses) on investments	4	11,949,026
Donated services and use of facilities	5	
Investment expenses	6	
Prior period adjustments	7	
Other (Describe in Part XIV)	8	-9,638,411
Total adjustments (net) Add lines 4 - 8	9	2,310,615
	10	12,704,741
	er Reti	ırn
Total revenue, gains, and other support per audited financial statements	1	518,359,551
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains on investments		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIV) 2d		
Add lines 2a through 2d	2e	11,949,026
Subtract line 2e from line 1	3	506,410,525
A mounts included on Form 990, Part VIII, line 12, but not on line 1		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Other (Describe in Part XIV)		
Add lines 4a and 4b	4c	-270,600
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	506,139,925
	per Re	
statements	1 1	505,654,810
A mounts included on line 1 but not on Form 990, Part IX, line 25		-
Donated services and use of facilities		
Prior year adjustments	1	
Other losses	1	
Other (Describe in Part XIV) 2d 9,638,411		
Add lines 2a through 2d	2e	9,638,411
Subtract line 2e from line 1	3	496,016,399
A mounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Other (Describe in Part XIV)		
Add lines 4a and 4b	4c	-270,600
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	495,745,799
Supplemental Information		
	Conated services and use of facilities (Investment expenses Proriperiod adjustments (Poscribe in Part XIV) Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statements With Revenue Provided Financial Statements. Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments. Amounts included on Form 990, Part VIII, line 12 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) Proriperar adjustments Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Amounts included on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 9	Sometiment expenses Sometiment Sometim

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

Ident if ier	Return Reference	Explanation
		Part xi line 8 - fas 158 pension & post retirement plan \$9,638,411 part XII line 4b royalties paid \$13,876 ntv eliminated income \$(114,995) unallowed interest income on financial statement \$(169,481) Total \$270,600 part XIII line 4b royalties paid \$13,876 ntv eliminated income \$(114,995) unallowed interest income on financial statement \$(169,481) Total \$270,600

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As Filed Data -

DLN: 93493035003111

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Totals ▶

SCHEDULE F (Form 990)

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

	ne of the organization					Employer ide	ntification number
CHe	arles Stark Draper Laborat	ory				04-2505372	2
Ρ		rmation on Ac 990, Part IV, lır		de the United States	s. Complete	e if the organ	nization answered
1	For grantmakers. Do assistance, the grant	es the organiza	ition maintain r or the grants or	ecords to substantiate assistance, and the se	lection crite	rıa used to a	ward
2	For grant makers. Descr United States	ibe in Part IV the	organization's pr	ocedures for monitoring th	ne use of gran	nt funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	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 sp	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures for region
Eur	ope			Travel Expenses	Research		219,350
Eur	ope			Purchases	Materials		1,183,357
Ası	a			Travel Expenses	Research		29,036
Ası	a			Purchases	Materials		22,820
Aus	tralia			Travel Expenses	Research		21,522
Aus	tralia			Purchases	Materials		17,782
Nor	th America			Travel Expenses	Research		16,782
Nor	th A merica			Purchases	Materials		129,653

1,640,302

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (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 n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	3 Enter total number of other organizations or entities							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Complete this part to pr	rovide the information required	ın Part I, line 2, and any addıtıonal ınformation.
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 Nature of Activities is not grant/assistance based but is purchases of materials and services in furtherance of Draper's exempt purpose

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493035003111

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	0017100	F Attach to Form 330. F See separate histractions.		
	he organization k Draper Laboratory		Employer identif	ication number
			04-2505372	
Part I	Questions Regarding C	ompensation		

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, Jine 1a Complete Part III to provide any regional regarding these tems 990, Part VII, Section A, Jine 1a, did the organization pay or accrue any compensation contingent on the revenues of Participate in, or receive payment from, a supplemental inequalified retirement plan? 40 During the year, did any person listed in Form 990, Part VII, Section A, Jine 1a, did the organization pay or accrue any compensation contingent on the revenues of Participate in Part III 5 For persons listed in Form 990, Part VII, Section A, Jine 1a, did the organization provide any non-fixed payments or inform 990, Part VIII, Section A, Jine 1a, did the organization provide any non-fixed payments or the initial contract the initial or any amounts reported in Form 990, Part VIII, Section A, Jine 1a, did the organization provide any non-fixed payments in the organization provide any non-fixed payments for provide any non-fixed payments in the organization provide any non-fixed payments in the organization provide any non-fixed payments in the organization provide any non-fixed payments in Form 990, Part VIII, Section A, Jine 1a, did the organization pay or accrue any compensation contingent on the revenues of Propersons listed in Form 990, Part VIII, Section A, Jine 1a, did the organization pay or accrue any compensation contingent on the revenues of Properson site or form 990, Part VIII, Section A, Jine 1a, did the organization pay or accrue any compensation contingent on the revenues of Properson site or form 990, Part VIII, Section A, Jine 1a, did the organization pay or accrue any compensation contingent on the net earnings of Propersons listed in form 990, Part VIII, Section A, Jine 1a, did the organization pay or accrue any compensation contingent on the net earnings of Propersons listed in form 990, Part VIII, Section A, Jine 1a, did the organization provide any non-fixed payments not descr				Yes	Νo					
Travel for companions	1a									
Tax idemnification and gross-up payments		First-class or charter travel Housing allowan	ce or residence for personal use							
Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain 1b 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 1a? 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 Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 1 Independent compensation consultant Compensation survey or study Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Complementation or receive payment from, an equity-based compensation arrangement? 5 Por persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5 Pressons 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? 1 If "Yes," to line 6 a 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 7 For person		▼ Travel for companions	siness use of personal residence							
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain 1b 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 1a? 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 1 Compensation committee 1 Independent compensation consultant 2 Compensation survey or study 3 Form 990 of other organizations 4 Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 1 If "ves" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 3 Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5 The organization? 6 A Physical Compensation on the net earnings of b Any related organization? 1 If "ves," to line 5a or 5b, 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 "ves," 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 "ves," describe in Part III 8 Were any		▼ Tax idemnification and gross-up payments	club dues or initiation fees							
rembursement orprovision of all the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2		Discretionary spending account Personal service	es (e g , maıd, chauffeur, chef)							
officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 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 Form 990 of other organizations Form 990 of other organizations Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, as supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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? 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 b Any related organization? 6b In "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 From 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," describe in Part III 9 If "Yes" to line 8	b		and the Dank TTT has a contain	Yes						
organization's CEO/Executive Director Check all that apply V Compensation committee Independent compensation consultant V Compensation survey or study Form 990 of other organizations V Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization 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 Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? If "Yes," to line 5a or 5b, describe in Part III 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? 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? 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 7 Propersons listed 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," describe in Part III 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," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumpti	2	· · · · · · · · · · · · · · · · · · ·	in an alternative the state of	Yes						
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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 accured 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 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	а	The organization?	6a		Νo					
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 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," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	b	b Any related organization?								
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 accured 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 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations		If "Yes," to line 6a or 6b, describe in Part III								
subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	7	7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	8	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe								
	9		procedure described in Regulations		No					

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)(1)-(111) 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 (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp								
(i) Base incentive reportable compensation reportable compensation Form 990 or Form 990-EZ	(A) Name	(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns	
See Additional Data Table		(i) Base compensation	ıncentive	(iii) Other reportable compensation		benefits	(B)(ı)-(D)	Form 990 or
	See Additional Data Table							

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
	1	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, Elizabeth Mora, John R. Dowdle and Len Polizzotto) 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.
	,	Eliezer Gai, former Vice President of Engineering, who retired during the tax year, received payment of approximately \$1,140,255 from the Supplemental Retirement Plan for Corporate Officers The purpose of this Plan is to assure that corporate officers receive a reasonable level of retirement compensation in relation to their level of compensation and length of service at the laboratory All officers are automatically enrolled in this plan and benefits are calculated as of the first day of the month coincident with or next following the Officer's Mandatory Retirement Date
	,	Key members of the technical, program, finance and administrative staff are eligible to participate in the corporate management incentive program (CMIP) Participants include, but are not limited to, the employees listed on Schedule J. Approximately 35-45 personnel may be eligible in a given year. The program is based on four metrics sponsor satisfaction, sponsored revenue growth and cost management, human capital management focused on retention and diversity and quality of the sponsored and independent research and development programs. All participant awards are reviewed by the president of the laboratory and reported to the board annually.

(A) Name

(F) Compensation

Software ID: Software Version:

EIN: 04-2505372

Name: Charles Stark Draper Laboratory

(C) Deferred

(D) Nontaxable

(E) Total of columns

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

(B) Breakdown of W-2 and/or 1099-MISC compensation

(A) Name		(b) Dreakdown of	- w-2 and/or 1099-M18	oc compensation	compensation	benefits (ט)	(B)(I)-(D)	reported in prior Form	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	Denents	(<i>b)</i> (()-(<i>b</i>)	990 or Form 990-EZ	
James D Shields	(I) (II)	455,921 0	103,137 0	32,557 0	24,815 0	32,650 0	649,080	0	
Gordon B BATY	(E)	0	0 0	0 0	0 0	0		0	
JOHN T MITCHELL	(I) (II)	0	0	0	0	0		0	
MALCOLM RO'NEILL	(I)	0	0 0	0 0	0 0	0		0	
John R Dowdle	(I)	290,670 0	42,182 0	3,481 0	27,780 0	27,482 0	391,595 0	0	
Elizabeth Mora	(I) (II)		45,928 0	2,361 0	44,963 0	11,315 0	404,906 0	0 0	
Len Polizzotto	(I) (II)	264,687 0	44,135 0	6,152 0	23,581 0	22,470 0	361,025 0	0	
Darryl G Sargent	(I) (II)		45,803 0	8,647 0	23,945 0	27,272 0	386,097 0	0	
John W Stillwell	(I) (II)		45,198 0	12,275 0	39,594 0	42,746 0	418,352 0	0	
Steven Ditullio	(I) (II)		34,305 0	0 0	23,344 0	21,671 0	306,819 0	0 0	
Paul Rosenstrach	(I) (II)	205,693 0	25,009 0	0 0	36,789 0	28,050 0	295,541 0	0	
Paul R Blasche	(I) (II)	239,082 0	37,273 0	2,801 0	38,442 0	25,818 0	343,416 0	0	
Philip J Hipol	(I) (II)		3,000 0	113,473 0	16,061 0	38,472 0	323,573 0	0 0	
John R Burns III	(i) (ii)		14,489 0	44 ,866 0	16,601 0	15,348 0	278,591 0	0	
Frank J Serna	(I) (II)	206,909 0	29,017 0	1,059 0	21,657 0	27,690 0	286,332 0	0	
Philip S Babcock IV	(I) (II)	209,945 0	26,439 0	0 0	21,814 0	23,831 0	282,029 0	0	
Eliezer G Gai	(ı) (ıı)		53,830 0	1,160,048 0	39,264 0	22,666 0	1,598,214 0	0 0	
William S Elias II	(I) (II)		17,498 0	440 0	15,854 0	19,030 0		0	

DLN: 93493035003111

Schedule K (Form 990)

Department of the Treasury

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Charles Stark Draper Laboratory 04-2505372 **Bond Issues** (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No No Massachusetts Development Refinancing \$72,800,000 SerIES Х 04-3431814 57583RB53 10-23-2008 000,000,08 Х **2000 BONDS** Proceeds C D Ε Α В Total proceeds of issue 78,997,809 Gross proceeds in reserve funds 2 5,877,809 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds 320,000 Working capital expenditures from proceeds Capital expenditures from proceeds 5,877,809 Year of substantial completion 8 2010 Yes No Yes Yes No Yes No Yes No No Were the bonds issued as part of a current refunding issue? Χ 9 Were the bonds issued as part of an advance refunding issue? Χ 10 Has the final allocation of proceeds been made? Χ 11 Does the organization maintain adequate books and records to support 12 Х the final allocation of proceeds? **Private Business Use** C D Е Α В Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?

which may result in private business use?

Are there any lease arrangements with respect to the financed property

Ε

Part III Private Business Use (Continued)

		Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
-	Are there any management or service contracts with respect to the										

В

C

D

- Are there any management or service contracts with respect to the financed property which may result in private business use?
- **3b** A re there any research agreements with respect to the financed property which may result in private business use?
- 3c 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 section 501(c)(3) organization or a state or local government ▶
- 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 section 501(c)(3) organization, or a state or local government
 ▶
- 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?

Part IV Arbitrage

Α		В		С		D		E	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

- Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?
- 2 Is the bond issue a variable rate issue?
- 3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?
- **b** Name of provider
- c Term of hedge
- 4a Were gross proceeds invested in a GIC?
- Name of provider
- 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?
- 6 Did the bond issue qualify for an exception to rebate?

DLN: 93493035003111

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

spaninent of the Treasury
ternal Revenue Service

Name	of	t he	orga	nizat	ion
Charles	Sta	ark D	raper	Labora	atory

Employer identification number

04-2505372

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(a) Name of disqualified person 1

(b) Description of transaction

(c) Corrected?

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.	\$

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(b) Loan to (a) Name of interested person and purpose

or from the organization?

Τо

From

(c)Original principal amount

(d)Balance due

(e) In default?

Approved by board or

(f)

(g)Written agreement?

committee?

Yes Yes No Yes No

Total	Total																•	\$
-------	-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	----

Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

Yes No

Vincent Vitto

Former CEO

100,623 Consulting Contract

Νo

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990

Employer identification number

04-2505372

Name of	the o	rganiza	at ion
Charles Sta	ark Dra	per Labo	oratory

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, Iine 6		See Response to Question 7a
Form 990, Part VI, Section A, line 7a		Membership consists of between 21 and 52 persons as determined by the members in office from time to time Membership is divided into three classes. Their terms of office are fixed so that the term of office of only those members in one class will expire at each annual meeting of the members. Membership is not assignable by operation of law or otherwise. Each member shall have one vote. Members may vote either in person or by proxy. When a duly formed quorum (as determined by law, the Articles of Incorporation or the bylaws) is present, any matter before a duly called meeting shall be decided by a vote of a majority of the members except where a larger vote is required by law, the Articles of Organization or the bylaws. Any election is determined by a plurality of votes cast except where required by law, the Articles or the bylaws. The members at each annual meeting fix the number of Directors (not less than 3 or more than 17) and elect the number of directors so fixed. All activities of the corporation are conducted under the direction of the duly elected board of directors.
Form 990, Part VI, Section B, line 11		MFA prepares the Form 990 using information provided by Draper Prior to providing the 990 to the governing body, the Director of Audit and Compliance performs an initial review the cfo and president then perform their own reviews of the document. A copy of the 990 is then made available to the Board of Directors via the Organizations intranet and a presentation is given to the audit committee. A final review is performed by the CFO and CEO, and then the Form 990 is signed and filed
Form 990, Part VI, Section B, line 12c		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.
Form 990, Part VI, Section B, Ine 15		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.
Form 990, Part VI, Section C, Iine 18		Draper publishes an annual report available to the public upon request. Draper also maintains a link on Governance on its wiebsite at www draper com
Form 990, Part VI, Section C, line 19		Draper publishes an annual report available to the public upon request. Draper also maintains a link on Governance on its wiebsite at www draper com
form 990, part XI, LINE 2C		the process has not changed from prior year

ldentifier	Return Reference	Explanation
TAX		THE ORGANIZATION FISCAL CALENDAR ENDS ON THE FRIDAY CLOSEST TO JUNE 30TH AND AS A RESULT A
YEAR		YEAR WILL CONTAIN EITHER 52 OR 53 WEEKS THIS TAX YEAR ENDED ON JULY 2, 2010 AND CONTAINED 53 WEEKS

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DLN: 93493035003111

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

(Form 990)

SCHEDULE R

Name of the organization Charles Stark Draper Laboratory Employer identification number

04-2505372

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity

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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity

Le

(c) Legal domicile (state or foreign country)

Exempt Code section

Public charity status (if section 501(c)(3))

Direct controlling entity

Part III	Identification of Related Organizations Taxable as a Partnership (Comp	lete if the organization answered "	'Yes" on Form 990, Part IV, line 3
	because it had one or more related organizations treated as a partnership during		

(a) Name, address, and EIN of related organization	(b) f Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(f Disproj alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral oi iaging tner?	
Navigator Technology							Yes	No		Yes	N	٥
Ventures	_		Draper Labs	_								
1 Broadway Unit 1300 Cambridge, MA02139 04-3527118	Investments	МА		Investment	-237,553	54,062		No			No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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 34 Cambridge, MA02139 56-6655561	Real Estate	МА	Draper Labs	Т			80 150 %

				D . T
Part V	Transactions With Related Organizations	(Complete if the organization answered '	"Yes" on Form 990,	Part IV, line 34, 35, or 36.)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No	
1 [Ouring 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	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No	
b	Gift, grant, or capital contribution to other organization(s)			No	
c	Gift, grant, or capital contribution from other organization(s)	1c		No	
d	d Loans or loan guarantees to or for other organization(s)				
e	Loans or loan guarantees by other organization(s)	1e		No	
f	Sale of assets to other organization(s)	1f		No	
g	Purchase of assets from other organization(s)	1g		No	
h	Exchange of assets	1h		No	
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No	
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No	
n	n Sharing of facilities, equipment, mailing lists, or other assets	1m		No	
n	Sharing of paid employees	1n		No	
0	Reimbursement paid to other organization for expenses	10	Yes		
p	Reimbursement paid by other organization for expenses	1р	Yes		
q	Other transfer of cash or property to other organization(s)	1q	Yes		
r	O ther transfer of cash or property from other organization(s)	1r		No	
	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 (b) Transaction Are type(a,r) Are type(a,r)		(c) t involv	ed	
1)[type(a-r) and type(a-r) Name of other organization		4	15 500	

	(a) Name of other organization	Transaction type(a-r)	(c) Amount involved
(1) Navigator Technology Ventures		Q	105,500
(2) One Hampshire Condo Trust		0	3,110,580
(3) One Hampshire Condo Trust		P	3,109,359

(5)

(4)

(6)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(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?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No