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DLN: 93493228020722

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011 D Employer identification number B Check if applicable The Aerospace Corporation 95-2102389 Address change Doing Business As Name change E Telephone number ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (310) 336-5000 Terminated **G** Gross receipts \$ 943,240,169 Amended return City or town, state or country, and ZIP + 4 Los Angeles, CA 90009 Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? 2310 E El Segundo Blvd ┌ Yes ┌ No **H(b)** Are all affiliates included? El Segundo, CA 90245 If "No," attach a list (see instructions) H(c) Group exemption number ▶ **▽** 501(c)(3) **▽** Tax-exempt status 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Website: ► www aero ord M State of legal domicile CA L Year of formation 1960 Summary Briefly describe the organization's mission or most significant activities Our purpose is to assist the government and other customers in conception, design, acquisition and operations of space systems Mission Working to improve effectiveness for space operations and end-user communities, contributing to acquisition success Activities & Governance and to 100% mission success 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 19 4 17 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 4,669 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . Total number of volunteers (estimate if necessary) . . . . 6 11,884 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . **7**a **b** Net unrelated business taxable income from Form 990-T, line 34 10,884 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 0 912,046,796 939,307,809 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 158,989 1,375,146 3,210,957 2,557,214 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 915,416,742 943,240,169 442,956 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . 13 433,699 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 693,834,945 730,824,838 5-10) Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 16a b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 206,267,549 201,875,454 18 900,536,193 933,143,248 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 14,880,549 10,096,921 Assets or de Balances **Beginning of Current End of Year** Year 540,601,788 20 466,135,088 Total assets (Part X. line 16) . . Total liabilities (Part X, line 26) . . . . . 767,540,965 21 669,591,186 22 Net assets or fund balances Subtract line 21 from line 20 -203,456,098 -226,939,177 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2012-08-14 Signature of officer Date Sign Here Ellen M Beatty VP, CFO, Treasurer Type or print name and title Check if self-Print/Type preparer's name Preparer's signature employed 🕨 Paid Firm's name 🕨

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .

Preparer

**Use Only** 

Firm's address

•

Firm's EIN

Phone no 🕨

	330 (2010)					rage
Par	Statement of Pr Check if Schedule O			<b>lishments</b> Jestion in this Part III		
1	Briefly describe the organiz	ation's mission	<u> </u>			
	ing to improve effectiveness				acquisition and operations of sp ntributing to acquisition succes	
2	Did the organization underta the prior Form 990 or 990-					Yes V No
	If "Yes," describe these nev	v services on Scl	nedule O			
3	Did the organization cease services?	conducting, or m	ake sıgnıfıcar • • • •	nt changes in how it co		Yes 🔽 No
	If "Yes," describe these cha	nges on Schedu	le O			
4		(c)(4) organizatio	ons and section	on 4947(a)(1) trusts a	largest program services by exire required to report the amour service reported	
4a	(Code )	(Expenses \$	792,135,626	ıncludıng grants of \$	442,956 ) (Revenue \$	843,714,083 )
	architect-engineer for space syst operation Progress is monitored laboratories Aerospace laborator	ems It assists with , alternatives and te y research is directed s and forecast of do	engineering task sts are analyzed I toward advanc mestic and foreig	s required to develop space, and problems are resolved ements in military space sy gn technologies. In fulfilling	rce Space Command The corporation systems, from initial concept and des d in cooperation with industrial contract stems, engineering feasibility studies of this architect-engineer role, Aerospace containment	sign to deployment and tors and government of new system concepts,
4b	(Code )	(Expenses \$	93,820,075	ıncluding grants of \$	) (Revenue \$	99,526,086 )
.5	Aerospace civil and commercial of	operation supports cu national and Homela	istomers in three	e primary areas NASA prog	rams, NOAA (National Oceanic and Atr rcial work enhances our mission assura	nospheric Administration)
4c	(Code )	(Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
	Other program services (I	Describe in Scho	dule O N			
TU	(Expenses \$		ding grants of	f\$	) (Revenue \$	)
4e	Total program service exp	enses <b>⊢</b> \$	885,955,70	1		

Part TV	Checklist of	Required	Schedules
4 1 2 2 2 2	CHECKHISE OF	reuun eu	<b>SCHEUUICS</b>

			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 (see instruction)?	2		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$ ? If "Yes," complete Schedule C, Part $III$	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part $V^{\square}$	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
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		No
b	Did the organization have aggregate revenues or expenses of more than $$10,000$ from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	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, Parts III and IV .	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 $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 $\textcircled{\textbf{5}}$	21		N o
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	Yes	
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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		No
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		N o
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	Yes	
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		No
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		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? <i>If</i> "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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	<b>Section 501(c)(3) organizations.</b> 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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	<b></b>
		F.	orm <b>990</b>	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 325			
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	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
<b>L</b>	year?	3a 3b	Yes Yes	1
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	163	No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	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		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		No
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νo
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
	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		No.
	Sponsoring organizations maintaining donor advised funds.			""
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
,	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No No
L)	TELLES, LIGS II NIEU A FOIDL 770 TO TEDOLI MESE DAVINENIS CIT. IVO. DIOVIDE AN EXDIANATION IN SCHENIIE U	, T+D ,	. '	י ועור)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI 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 at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			110
	year by the following			
а	The governing body?	8a	Yes	
b	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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
_		11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
<b>L</b>	taxable entity during the year?	16a		No
D	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18				
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Vupon request  Describe in Schedule Owhether (and if so, how), the organization makes its governing documents, conflict of			

- interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 Ellen M Beatty

2310 E El Segundo Blvd El Segundo, CA 90245

(310)336-5000

# <u>Part VIII</u> 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

- 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organ	nization nor any r	ensated any current officer, director, or trustee															
(A) Name and Title	(B) (C) A verage hours that apply) per					Name and Title Average hours	Position (check all that apply)  Highes Fig. 1. Stitt			Position (check all that apply)					( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	rompioyee  Individual trustee  Individual trustee  Individual trustee		organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)				from the organization and related organizations							
See Additional Data Table																	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage	(C) Position (check all						( <b>D)</b> Reportable	<b>(E)</b> Reportable	( Esti		
		hours	1			compensation	compensation	ı a	amount o	fother			
		per week		_			eng Hig		organization (W- organization	from related organizations		compens from t	:he
		(describe hours	Individual trustee or director	Institutional Truste		<u></u>	Highest compensat employee		2/1099-MISC)	(W- 2/1099- MISC)	l °	rganızatı relat	
		for	160 M	함	Office	9	88	Former		,		organiza	
		related organizations	₹ 	<u>  [</u>	8	employee	풀	<u>@</u>					
		in	j	ři st		ě	l sale						
		Schedule O)	n n	ψ.			l ed						
See A	dditional Data Table												
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											+		
1b	Sub-Total				٠.		<del>'</del>	<u> </u>			+		
С	Total from continuation sheets	to Part VII, Sec	tion A				<b>&gt;</b>						
d	Total (add lines 1b and 1c) .						•	Þ	11,235,892			4,6	524,766
2	Total number of individuals (incl \$100,000 in reportable compen						above	) who	received more tha	n			
												Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual								ated employee	3	Yes		
4	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 individual									4	Yes		
5	Did any person listed on line 1a services rendered to the organiz										5		No
	ation B. Indonesidant Con											•	

## 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
Techlink Systems Inc 49 Stevenson St Ste 200 San Francisco, CA 94105	Contract labor	1,837,363
Servicon Systems Inc 3965 Landmark Street Culver City, CA 90232	Cleaning services	1,298,295
Duke Construction Limited Partnership 75 Remittance Drive suite 3230 Chicago, IL 60675	Property development	8,129,807
Corpinfo Services 2050 S Westgate Ave Los Angeles, CA 90025	Desktop computer ser	3,686,864
Andrews International Inc P O Box 417326 Boston, MA 02241	Security services	3,434,630
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►167	who received more than	

		2010)				Pag	e <b>9</b>
Part V	••••	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
and other similar amounts	b c d	Federated campaigns					
and othe	g	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f	Business Code	0			
Program Service Revenue	2a b c	Contract income	541700	939,307,809	939,307,809		
rogram ser		All other program service revenue  Total. Add lines 2a-2f		939,307,809			
4	3	Investment income (including dividends, interest and other similar amounts)		1,375,146 0 287,224	1,375,146		
	b c	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(II) Personal	0			
7	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(II) O ther				
8	d 8a	Gain or (loss)  Net gain or (loss)		0			
	b	\$ of contributions reported on line 1c) See Part IV, line 18  a Less direct expenses b  Net income or (loss) from fundraising events		0			
	9a b c 10a	Gross income from gaming activities See Part IV, line 19 . a  Less direct expenses b  Net income or (loss) from gaming activities		0			
	b	returns and allowances .  a  Less cost of goods sold b  Net income or (loss) from sales of inventory   Miscellaneous Revenue	Business Code	0			
1	b c	Vending sales commissions Unrealized gain on invest Other income		11,884 92,355 2,165,751	92,355	11,884	
	е	Total revenue. See Instructions		2,269,990 943,240,169		11,884	

# Part IX Statement of Functional Expenses

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

A	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c			D).	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	442,956	442,956		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	14,468,316	9,158,103	5,310,213	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	531,224,964	513,452,183	17,772,781	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	107,348,776	101,036,866	6,311,910	
9	Other employee benefits	45,183,960	43,603,226	1,580,734	
10	Payroll taxes	32,598,822	31,365,015	1,233,807	
а	Fees for services (non-employees) Management	0			
b	Legal	1,098,729	188,456	910,273	
c	Accounting	690,255	118,393	571,862	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	1,342,956	230,346	1,112,610	
g	Other	736,837	126,383	610,454	
12	Advertising and promotion	472,992	414,831	58,161	
13	Office expenses	14,234,858	13,290,966	943,892	
14	Information technology	32,553,822	31,579,577	974,245	
15	Royalties	0			
16	Occupancy	29,852,745	28,949,998	902,747	
17	Travel	30,575,665	29,251,910	1,323,755	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	4,401,387	3,729,738	671,649	
20	Interest	6,565,164	6,565,164		
21	Payments to affiliates	0			<del></del>
22	Depreciation, depletion, and amortization	39,820,951	37,866,644	1,954,307	
23	Insurance	1,023,059	20,668	1,002,391	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Subscriptions/books	1,985,215	1,786,846	198,369	
b	Purchased labor	6,060,165	5,454,614	605,551	
c	Guard service	3,838,665	3,455,094	383,571	
d	Consultant fees	5,011,229	4,510,491	500,738	<del></del>
e	All other expenses	21,610,760	19,357,233	2,253,527	
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	933,143,248	885,955,701	47,187,547	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>990</b> (2010)

Part X Balance Sheet (A) (B) Beginning of year End of year 3.000 3,000 1 1 50.057.026 2 46.952.611 2 Savings and temporary cash investments . . . . . . . 0 3 3 45,600,109 54,974,409 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 170.000 5 116,000 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 0 6 0 7 0 8 8 Prepaid expenses and deferred charges . . . . . . 8,550,451 9 8,870,915 10a Land, buildings, and equipment cost or other basis Complete 765, 197, 112 Part VI of Schedule D 10a 10b 401,089,515 344.016,333 **10c** b Less accumulated depreciation . . . . . 364.107.597 11 0 11 0 12 12 Investments—other securities See Part IV, line 11 . . . . . . 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 Intangible assets . . . . . . . . . 17,738,169 15 65,577,256 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 466.135.088 16 540,601,788 91.081.186 **17** 17 101.416.299 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 107,700,000 23 146.716.666 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 470.810.000 25 519.408.000 Other liabilities Complete Part X of Schedule D . . . . . 767,540,965 26 669,591,186 26 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . -203,456,098 27 -226,939,177 Temporarily restricted net assets . . . . . 28 28 Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ŏ 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ž -203,456,098 -226,939,177 33 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 466, 135, 088 540.601.788

	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	_			
2	Total expenses (must equal Part IX, column (A), line 25)	2			43,248
3	Revenue less expenses Subtract line 2 from line 1	3		-	96,921
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-203,4	156,098
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-33,5	580,000
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		-226,9	39,177
Par	The Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII		•	୮	
1	Accounting method used to prepare the Form 990			Yes	No
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 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 its 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 in on a separate basis, consolidated basis, or both	ssued			
_	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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As Filed Data -

DLN: 93493228020722

OMB No 1545-0047

Inspection

### **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.

Name of the organization The Aerospace Corporation

**Employer identification number** 

95-2102389 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) 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 organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of suppor	on in your t?	(vi) Is the organizati col (i) orga in the U	(vii) A mount of support	
	instructions))	Yes	No	Yes	No	Yes	No		
Total									

# Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Fait III. II the	organization is	ans to quanty u	iluei tile tests i	isteu below, pi	case coi	Tiplete F	art III.)
	ection A. Public Support	_						
Cale	endar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2	010	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	789,606	838,601	867,878	912,047		939,308	4,347,440
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to							0
4	the organization without charge <b>Total.</b> Add lines 1 through 3	789,606	838,601	867,878	912,047		939,308	4,347,440
5	The portion of total contributions by each person (other than a governmental unit or publicly							
	supported organization) included or line 1 that exceeds 2% of the amount shown on line 11, column (f)	1						0
6	<b>Public Support.</b> Subtract line 5 from line 4	1						4,347,440
S	ection B. Total Support	•	•					
	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 20	10	(f) Total
7	A mounts from line 4	789,606	838,601	867,878	912,047		939,308	4,347,440
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	5,403	4,952	2,543	3,357		3,920	20,175
9	sources Net income from unrelated business activities, whether or not the business is regularly			14	13		12	39
10	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part	4,231						4,231
11	IV ) Total support (Add lines 7 through 10)							4,371,885
12	Gross receipts from related activiti	es, etc (See instr	ructions )	L	L	12		
13	First Five Years If the Form 990 is check this box and stop here		-	thırd, fourth, or f	ifth tax year as a			ation,
	ection C. Computation of Pul							
14 15	Public Support Percentage for 2010			11 column (f))		14		99 440 %
	Public Support Percentage for 2009					15		99 390 %
b	33 1/3% support test—2010. If the and stop here. The organization qua 33 1/3% support test—2009. If the box and stop here. The organization	alifies as a publicl organization did i n qualifies as a pu	y supported orgai not check the box blicly supported (	nization on line 13 or 16 organization	a, and line 15 is	33 1/3%	or more, o	<b>▶</b>  ▼
	10%-facts-and-circumstances test- is 10% or more, and if the organiza in Part IV how the organization mee organization	tion meets the "fa ets the "facts and	cts and circumst circumstances" f	ances" test, chec est The organiza	ck this box and <b>st</b> ation qualifies as	o <b>p here.</b> a publici	Explain y support	ed ▶┌
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets the	"facts and circui	mstances" test, o	heck this box an	d <b>stop he</b>	ere.	<b>▶</b> □
18	<b>Private Foundation</b> If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and	see	<b>-</b> , ▶□

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**▶**□

Part IV

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

Explanation

Information on Schedule A, Part II is in \$000

**Software ID:** 10000105 **Software Version:** 2010v3.2

**EIN:** 95-2102389

Name: The Aerospace Corporation

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

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours		tion ( that a	(che	′)			( <b>D)</b> Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation	
	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)	from the organization and related organizations	
W W Austin President & CEO	40 00	х		x				691,314	0	594,674	
W H Goodman	40 00			х				282,673	0	111,558	
Vice President W Giragos	40.00				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			250 402	0	F2 202	
Gen Mgr	40 00				Х			258,483	0	53,283	
W F Ballhaus Jr Pres & CEO	10 00						×	205,885	0	-24,329	
W C Krenz Vice President	40 00			Х				289,845	0	235,565	
V Vitto	2 00	Х						29,000	0	0	
Trustee S L Zacharius											
Gen Mgr	40 00				Х			264,686	0	151,090	
S K Rıde Trustee	2 0 0	×						36,500	0	0	
R S Walker Trustee	2 00	Х						31,500	0	0	
R R Razouk	40 00			Х				352,315	0	393,677	
Vice President R H Fisher											
Vice President	40 00			Х				393,668	0	222,308	
R F Johnson Vice President	40 00			Х				347,263	0	411,648	
R A Fulton Jr Trustee	2 00	х						34,500	0	0	
P B Teets Trustee	2 00	Х						56,500	0	0	
N F Gibbs	2 00	Х						36,000	0	0	
Trustee  M R Clinton Vice President	40 00			Х				288,013	0	90,621	
M Montelongo Trustee	2 00	Х						31,000	0	0	
M J Wheaton	40 00				Х			267,250	0	85,355	
Gen Mgr M J Holmes Proj Engr Sr	40 00					Х		285,055	0	44,718	
M De Ponte Vice President	40 00			×				345,025	0	330,403	
K P Chilton Trustee	2 00	Х						0	0	0	
K G Holden Gen Mgr	40 00				х			280,694	0	100,084	
K A Street Trustee	2 00	Х						34,500	0	0	
J W Ford Prin Dir	40 00				Х			210,154	0	84,879	
J R Wormington V P	40 00						х	1,556,900	0	-462,532	

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

Compensated Employees, and	Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) Average hours per	(C) Position (check all that apply)						( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated 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	
J M Drennan Vice President	40 00			х				355,249	0	270,988	
J L Michael Prin Dir	40 00					х		318,565	0	83,073	
J H Smith Trustee	2 00	х						22,500	0	0	
J E McLaughlin Trustee	2 00	Х						31,000	0	0	
J A Strada Gen Mgr	40 00					х		296,126	0	77,999	
H M Estes III Trustee	2 00	Х						33,500	0	0	
G P Pulliam Vice President	40 00			х				313,973	0	273,331	
G K Muellner Trustee	2 00	Х						0	0	0	
G J Louttit V P	10 00						х	133,294	0	11,269	
G D Galasso PR Engr/Scientist	40 00					Х		444,035	0	87,262	
G C Aufderhaar Gen Mgr	40 00				х			261,114	0	50,777	
F S Moorman Jr Trustee	2 00	Х						38,500	0	0	
E M Pate-Cornell Trustee	2 00	Х						25,500	0	0	
E M Beatty Assoc CFO	40 00				х			206,177	0	28,582	
D S Barbee Gen Mgr	40 00				х			254,398	0	45,800	
D J Gorney Vice President	40 00			х				412,667	0	378,837	
D E Wallis Vice President	40 00			х				318,370	0	351,096	
D E Hastings Trustee	2 00	Х						11,250	0	0	
D A Plunkett Gen Mgr	40 00					Х		285,480	0	50,864	
C M Lazar-Morrison Gen Mgr	40 00				х			227,468	0	129,671	
C J Steele Vice President	40 00			х				304,092	0	183,375	
B W Chau Vice President	40 00			х				312,911	0	178,840	
B M Barrett Trustee	2 00	Х						17,250	0	0	
A Wade Trustee	2 00	Х						3,750	0	0	

DLN: 93493228020722

OMB No 1545-0047

Department of the Treasury

**SCHEDULE D** (Form 990)

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

**Supplemental Financial Statements** 

Open to Public

ernai Revenue Service	attach to Form 990. ► See separate Instructions.		Inspec	LIOII			
Name of the organization The Aerospace Corporation	Employ	Employer identification number					
The retrospace corporation		95-210	02389_				
	Donor Advised Funds or Other Similar	Funds or	Accounts. Comple	te ıf the			
organization answered "Yes" to	(a) Donor advised funds	(b)	Funds and other accou	nte			
Total number at end of year	(a) Donor advised funds	(6)	Tulius and other accou	1105			
Aggregate contributions to (during year)							
Aggregate contributions to (during year)  Aggregate grants from (during year)							
Aggregate value at end of year							
	donor advisors in writing that the assets hold in de	nor advisor					
	donor advisors in writing that the assets held in do ject to the organization's exclusive legal control?	onor advise	☐ Yes	┌ No			
	onors, and donor advisors in writing that grant fund						
used only for charitable purposes and not conferring impermissible private benefit	for the benefit of the donor or donor advisor, or for	any other p	urpose <b>T Yes</b>	┌ No			
	Complete if the organization answered "Yes"	to Form 9	90. Part IV. line 7.	,			
	ld by the organization (check all that apply)	10 1 01111 3	30/14/11/7 mic 71				
Preservation of land for public use (e		an historica	lly importantly land are	а			
Protection of natural habitat	Preservation of a	a certified h	istoric structure				
Preservation of open space							
Complete lines 2a-2d if the organization	held a qualified conservation contribution in the for	m of a cons	ervation				
easement on the last day of the tax year							
			Held at the End of the	Year			
	Total number of conservation easements						
<b>b</b> Total acreage restricted by conservation	2b		22				
	• •						
d Number of conservation easements include		1					
	ied, transferred, released, extinguished, or termina	ted by the c	organization during				
the taxable year 🗠							
Number of states where property subject	to conservation easement is located ►						
Does the organization have a written police enforcement of the conservation easement	y regarding the periodic monitoring, inspection, haits it holds?	indling of vio	olations, and <b>Yes</b>	┌ No			
Staff and volunteer hours devoted to moni	toring, inspecting and enforcing conservation ease	ements durii	ng the year ►				
Amount of expenses incurred in monitorin	g, inspecting, and enforcing conservation easemer	nts during th	ne year 🕨 \$				
Does each conservation easement report $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	ed on line 2(d) above satisfy the requirements of s	ection	┌ Yes	√ No			
•	n reports conservation easements in its revenue a the text of the footnote to the organization's financi	•	•				
art IIII Organizations Maintaining	Collections of Art, Historical Treasures nswered "Yes" to Form 990, Part IV, line 8.	, or Othe	r Similar Assets.				
a If the organization elected, as permitted u art, historical treasures, or other similar a	inder SFAS 116, not to report in its revenue statentissets held for public exhibition, education or reseable to its financial statements that describes these	arch in furth		е,			
	inder SFAS 116, to report in its revenue statement ts held for public exhibition, education, or research these items		-				
(i) Revenues included in Form 990, Part V		<b>►</b> \$					
(ii) Assets included in Form 990, Part X	<b>►</b> \$						
·	of art, historical treasures, or other similar assets under SFAS 116 relating to these items	for financia					
Revenues included in Form 990, Part VII.	-		<b>►</b> \$				

Assets included in Form 990, Part X

2611	Organizations maintaining Collections of Art,	HIS	tor	Ca	rreasures,	or Othi	er Similar	ASSE	its (co	<u>ntinuea)</u>
3	Using the organization's accession and other records, check any items (check all that apply)	of th	ne fo	lov	ng that are a sıg	nıfıcant	use of its co	llection	า	
a	Public exhibition	d	Γ	L	an or exchange	program	s			
b	Scholarly research	e	Γ	C	ther					
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain Part XIV	hov	w the	y f	rther the organiz	atıon's e	exempt purp	ose in		
5	During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as p						mılar	Г	Yes	┌ No
Pai	<b>TEXT</b> Escrow and Custodial Arrangements. Complet Part IV, line 9, or reported an amount on Form 990					vered "	Yes" to Foi	m 990	),	
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part $X^{2}$	ıary	ford	on	rıbutıons or othe	rassets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV and complete the fo	llow	ving t	ab	2		T	Amou	ınt	
С	Beginning balance					1c		Aiilot		
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
		212							Yes	□ No
2a 	Did the organization include an amount on Form 990, Part X, line	21,						'	162	) NO
	If "Yes," explain the arrangement in Part XIV <b>rt V Endowment Funds.</b> Complete if the organization	ans	.wer	ed	"Yes" to Form	990 Pa	rt IV line	10		
Г С	(a)Current Year		)Prior				Three Years E		)Four Ye	ars Back
1a	Beginning of year balance									
b	Contributions									
c	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year end balance held as									
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c	Term endowment ▶									
За	Are there endowment funds not in the possession of the organizat	ion	that	are	held and adminis	tered fo	r the			
	organization by							2-(:)	Yes	No
	(i) unrelated organizations		•	•				3a(i) 3a(ii)		
b	(ii) related organizations							3b		
4	Describe in Part XIV the intended uses of the organization's endo									
Pai	t VI Investments—Land, Buildings, and Equipmen	t. S	ee l	or	n 990, Part X,	line 10				
	Description of investment					t or other (other)	(c) Accumu depreciat		( <b>d</b> ) Boo	k value
1a	Land				6	4,262,988			64	1,262,988
ь	Buildings					5,948,834		20,536		3,028,298
	Leasehold improvements					5,259,474	<u> </u>	8,115		,601,359
	Equipment					8,619,984	<u> </u>	-+		7,899,143
e	Other				10	1,105,832	68,79	0,023	32	2,315,809
	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column	1 (B)	). line	= 10	(c).)			-		1,107,597

Part VII Investments—Other Securities. Securities Security or category	e Form 990, Part X, line 13		d of columbian
(including name of security)	( <b>b)</b> Book value		d of valuation -year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>F</b>		
Part VIII Investments—Program Related. S	See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
(a) Description of investment type	(b) book value	Cost or end-of-	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<b>b</b>		
Part IX Other Assets. See Form 990, Part X,			
(a) Desc			(b) Book value
(1) Restricted Cash - Loan Sinking Fund			891,405
(2) Restricted Cash - Loan Proceeds			49,292,616
(3) Prepaid Loan Issuance			970,328
(4) Prepaid Land Infrastructure			756,883
(5) Investments held in trust account			13,409,525
(6) Employee receivable and other			256,499
Total. (Column (b) should equal Form 990, Part X, col.(B) line			65,577,256
Part X Other Liabilities. See Form 990, Part	l'		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Corporate officers retirement	43,229,000		
Aerospace Benefit Equalization Plan	1,885,000		
Accrued rent liabilities	4,825,000		
Accrued postretirement benefit	69,504,000		
Accrued pension cost	399,965,000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	<b>5</b> 19,408,000		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	943,240,169
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	933,143,248
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,096,921
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-33,580,000
9	Total adjustments (net) Add lines 4 - 8	9	-33,580,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-23,483,079
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	943,240,169
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	943,240,169
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	943,240,169
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	933,143,248
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	933,143,248
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	933,143,248

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	Footnote from financial statements regarding liability for uncertain tax positions. The Corporation adopted the provisions of FASB ASC 740, Income Taxes, on October 1, 2009. ASC 740 clarifies the accounting for uncertainties in income taxes. There was no financial effect to the Corporation as a result of the adoption of ASC 740.
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	A erospace Employees' Retirement Plan equity change \$ - 33580000
Part II, Line 9	Part II, Line 9 Organization Reporting of conservation easements	The Company was required by Fairfax County, VA to maintain the stream restoration area part of the conservation easement and has a 10 year maintenance contract in place. Annual maintenance began in 2010 with an estimated annual cost of \$10,000. The forest area will be monitored at least annually. The conservation easement is on land being developed in Chantilly, Virginia for use as a Corporate owned facility to replace current leased facilities in the local area. In connection with development of the land, stream restoration and drainage control was constructed to meet national building and local codes. In addition 21.87 acres of forest has been set aside and not available for future development. Currently the audited Financial Statements reflect the land cost and development cost to date in the Balance Sheet. The revenue and expense statement includes approximately \$10,000 of cost related to the conservation easement. Completion of the site with the initial building occupancy is planned for November 2014.

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. 
▶ Attach to Form 990

OMB No 1545-0047

2010

DLN: 93493228020722

Open to Public Inspection

Employer identification number

The Aerospace Corporation						95-2102389					
1 Does the organization maintain the selection criteria used to a	records to substantı ward the grants or as	ate the amount of the sıstance?					√ Yes				
Part II  Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.											
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance				

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Corporate Study & Assignments	27	442,956			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Additional Supplemental Information		The corporation maintains a corporate study assistance program and awards fellowships to qualified individuals who will contribute to the technical and business expertise of the corporation. Fellowships are normally awarded to regular full or part-time employees currently in good standing who have a minimum of two years employment with the corporation. The Aerospace Institute administers the Corporate Study Assistance Program. The number of fellowship awards each year depends on the availability of resources and the merit of the applications received. The Aerospace Institute advises management and employees on program guidelines, enrolls qualified candidates in the program, authorizes payments to universities and part-time fellows, and monitors compliance with this practice. A fellow in the Corporate Study Assistance Program Submits appropriate receipts for actual incurred expenses, such as tuition, books, and mandatory fees to The Aerospace Institute for payment Submits an official transcript to The Aerospace Institute within 60 days of the completion of each academic term Reimburses the corporation for applicable tuition and textbook costs if the participant drops a course, receives a Bminus or less in any course, or receives less than satisfactory for dissertation research Full-Time students receiving a stipend Expend 20 or 24 hours of effort per workweek during the academic year and up to 40 hours during school recess and vacation periods. Pay is based on the employee's scheduled workweek. Annual reviews reflect both work and academic performance.

DLN: 93493228020722

OMB No 1545-0047

**Schedule J** (Form 990)

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

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

The Aerospace Corporation

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

95-2102389

Pa	Tt Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	▼ Travel for companions Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments			
	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     ▼ Written employment contract			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	Form 990 of other organizations  A pproval 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			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No

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

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

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

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							

### Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Sch J, Part III, Additional Information	A dditional Information	Part 1, Line 1a - Relevant Information Regarding Compensation BenefitsThe corporate officers travel using y-up fares available from airlines that provide for upgrade to business or first class Y-up fares are nonrefundable coach fares that cost less than full fares coach, but provide a guaranteed upgrade to business or first class Travel is authorized on an exception basis for the spouse of officers at various times during the year to attend corporate events. All spouse travel is included in income Tax indemnification and gross-up payments are provided to all employees that have relocation expenses to cover the taxable portion of the relocation. Such gross-up is included in income Part I, Line 4b - Participate in, or receive payment from, a supplemental nonqualified retirement plan Current and former corporate officers participate in a 457 (f) nonqualified, deferred compensation plan (the Plan). The Plan includes provisions for a significant risk of forfeiture if a participant leaves the company before certain defined target dates are reached. Participants vest in some or all of the deferred compensation upon reaching the target dates. Amounts are reported as taxable income to the individual when vested Increases in actuarial values during the Plan year are reported on Schedule J, Part II, column C, and Schedule J-1, Part I column C of this return. Increases in actuarial values result from changes in discount rates used to calculate present values of future payments from the Plan, changes in other actuarial assumptions such as mortality assumptions, and increases associated with a formula based on the participant's earnings for the prior year. These changes in value will not be available or taxable to the participant until they have vested in the Plan In the year a participant vests in the Plan, the vested amount is reported as taxable income on Schedule J, Part II, column B (III) of this return and is included in the amounts reported on Form 990, Part VII, column D and Schedule J-2, Part I, column D J R Worming
Sch J, Part I, Line 1a	Part I, Line  1a Relevant information in regards to selections on 1a	

Schedule J (Form 990) 2010

 Software ID:
 10000105

 Software Version:
 2010v3.2

 EIN:
 95-2102389

Name: The Aerospace Corporation

Form 990, Schedule J, P	Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
(A) Name			W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
W W A ustin (i)		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
W W A ustin	(I) (II)	420,888	234,156	36,270	566,812	27,862	1,285,988	
W H Goodman	(ı) (ıı)	228,427	31,808	22,438	93,150	18,408	394,231	
W Gıragos	(ı) (ıı)	212,885	21,245	24,353	38,425	14,858	311,766	
W F Ballhaus Jr	(ı) (ıı)	92,985		112,900	-31,366	7,037	181,556	
W C Krenz	(I) (II)	225,309	34,015	30,521	206,522	29,043	525,410	
S L Zacharius	(I) (II)	212,626	29,118	22,942	119,967	31,123	415,776	
R R Razouk	(I) (II)	279,989	40,880	31,446	363,908	29,769	745,992	
R H Fisher	(I) (II)	318,970	44,997	29,701	218,206	4,102	615,976	
R F Johnson	(I) (II)	273,535	40,494	33,234	386,912	24,736	758,911	
M R Clinton	(I) (II)	250,880	10,000	27,133	58,796	31,825	378,634	
M J Wheaton	(I) (II)	225,213	29,100	12,937	54,417	30,938	352,605	
M J Holmes	(ı) (ıı)	156,703	3,000	125,352	25,463	19,255	329,773	
M De Ponte	(ı) (ıı)	270,507	40,943	33,575	301,134	29,269	675,428	
K G Holden	(I) (II)	242,489	26,668	11,537	73,167	26,917	380,778	
J W Ford	(I) (II)	175,532	10,000	24,622	56,047	28,832	295,033	
J R Wormington	(I)	258,431	34,763	1,263,706	-469,255	6,723	1,094,368	592,346
J M Drennan	(I) (II)	276,259	43,996	34,994	264,551	6,437	626,237	
J L Michael	(I) (II)	200,440		118,125	59,609	23,464	401,638	
J A Strada	(ı) (ıı)	241,055	30,746	24,325	46,451	31,548	374,125	
G P Pulliam	(ı) (ıı)	240,369	40,899	32,705	260,466	12,865	587,304	
G J Louttit	(I) (II)	47,938	46,600	38,756	401	10,868	144,563	
G D Galasso	(I) (II)	174,210	90,967	178,858	66,124	21,138	531,297	
G C Aufderhaar	(ı) (ıı)	216,493	21,559	23,062	41,791	8,986	311,891	
E M Beatty	(ı) (ıı)	189,370		16,807	20,659	7,923	234,759	
D S Barbee	(ı) (ıı)	229,555	24,300	543	26,698	19,102	300,198	
D J Gorney	(I) (II)	329,493	53,661	29,513	357,776	21,061	791,504	
D E Wallis	(ı) (ıı)	271,474	36,466	10,430	321,727	29,369	669,466	
D A Plunkett	(I) (II)	240,249	21,476	23,755	37,438	13,426	336,344	
C M Lazar-Morrison	(I) (II)	185,384	19,182	22,902	105,123	24,548	357,139	
C J Steele	(I) (II)	233,938	37,189	32,965	154,660	28,715	487,467	
B W Chau	(I) (II)	250,450	36,774	25,687	150,113	28,727	491,751	

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As Filed Data -

DLN: 93493228020722

Employer identification number

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

## **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.

**2010** 

Open to Public Inspection

The Aerospace Corporation							١	5-21023	R <b>Q</b>		
Part I Excess Benefit Train Complete if the organization							organı	zations d	nly).	uno 40h	
1 (a) Name of disq		res on ron	11 990, F			of transaction				(c) rrected?	
									Yes	No	
2 Enter the amount of tax impos section 4958	ed on t	he orgar • •		agers or	disqualified perso		_	ear under	\$ —		
3 Enter the amount of tax, if any	, on line	e 2, abo	ve, reimburs	ed by th	e organization .			•	\$		
Part II Loans to and/or Complete if the organi					Part IV June 26	or Forn	n 000-E	7 Dart V	lina 29	3	
(a) Name of interested person and purpose	(b) Lo	oan to m the zation?	(c)Orig	ınal	(d)Balance due	(e) ]	(e) In default?		ed d or tee?	(g)Writ	
	То	From				Yes	No	Yes	No	Yes	No
(1) W M Austin relocation loan oursuant to IRC Sec 7282		Х	3	00,000	116,000		No	Yes		Yes	
							-				
							+	+			
Гotal				<b>▶</b> \$	116,000		1				
Part III Grants or Assistan Complete if the orga						, line 2	27.				
(a) Name of interested pers			<b>)</b> Relationsh	ıp betwe	en interested per ganization			nount of gı	ant or ty	/pe of assı	stance

Part IV 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	(c) A mount of transaction	(d) Description of transaction	(e) Sharing organizatio revenues	
	organization			Yes	No
(1) M Montelongo	trustee	220,000	food service vendor		Νo
(2) K D Wheaton	employee	119,034	compensation		Νo
(3) E D Aufderhaar	employee	77,226	compensation		No

### **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
		Part IV Line 1 - E D Aufderhaar is a family member of G C Aufderhaar (key employee)Part IV Line 2 - K D Wheaton is a family member of M L Wheaton (key employee)Part IV Line 3 - M Montelongo is a trustee and an officer for a food service vendor used by the Corporation See Schedule O, Form 990, Part VI, Sec A, Line 1a/b for additional comments

Schedule L (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493228020722

2010

OMB No 1545-0047

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Name of the organization

Name of the organization
The Aerospace Corporation

95-2102389

ldeı	ntifier	Return Reference	Explanation
		Form 990, Schedule A, Section A & B	Amounts used are rounded to the nearest thousand as the software does not support the full amount

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Sec A, Line 1a/b	The President of the Corporation is a member of the Board of Trustees, ex officio, with full voting power during her term of office as President. The President is not independent as she is compensated as an officer. The President excuses herself from votes which may result in a conflict of interest. One of the members of the Board of Trustees is an officer for a food service vendor used by the Corporation. The vendor operates two cafeterias for the Corporation. The vendor is given exclusive rights to operate the two cafeterias. The vendor pays for all the food and labor associated with delivering the meals. Aerospace employees, Air Force employees, and other visitors that eat at the cafeterias pay the vendor for their meals. The vendor keeps any profits made. The vendor does not pay for the use of building space or equipment, which is paid for by the Corporation. The Corporation pays the vendor to cater company sponsored business meals on the Corporation premises. During the reporting period, the Corporation paid the vendor \$220,000 for catering services, which is reported on Schedule L. Part IV. The contract with the food service vendor was entered into in 2008 prior to the election of the Trustee and without his knowledge or control. The Corporation entered into the transaction for food services for its own benefit and the benefit of its employees after a competitive bidding process which included six other vendors. The contract was created in the ordinary course of business on the same terms as offered to the public. The trustee excuses himself from votes which may result in a conflict of interest.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Line 12b	Trustees, officers and key employees are required to annually disclose interests that could give rise to conflicts of interest. The office of General Counsel sends a questionaire to all trustees and reviews all disclosure forms and advises management on any conflicts of interest. The CFO sends out questionaires to all officers and key employees. The CFO reviews all disclosure forms and advises senior management of any conflict that should be reported on Form 990 Officers and key employees also participate in the monitoring noted under 12c.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The Form 990, 990T governing documents, conflict of interest policy and audited financial statements are available upon request to the CFO, Vice President and Treasurer Requests can be in person at any of our operating offices, by mail, facsimile or electronic mail. The documents are available for inspection at our corporate office @ 2310 E ☐ Segundo Blvd in ☐ Segundo, California Copies will be made upon request or electronic media will be provided at no cost to the requestor for the last three years.

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Aerospace Corporation plays a critical role in assuring mission success for National Security Space programs, which are a \$50 billion enterprise on an annual basis. Aerospace's senior executives are highly experienced leaders in their technical fields with enormous accountability in performing this vital mission assurance role. Their compensation is reviewed and approved annually by the corporation's Board of Trustees, whose members include leaders with experience in government, the military, and private industry. The Compensation and Personnel Committee (the "Committee") of the Board of Trustees (the "Board") discharges the Board's responsibilities relating to compensation of the chief executive and other executive officers, including approving, individually, the compensation of each such officer. The Committee reviews and recommends to the Board compensation plans, pension and benefit programs for employees generally, and to review all modifications to such plans other than such modifications specifically delegated by the Board to management from time to time. The Board of Trustees has established an annual bonus and incentive compensation plan for corporate officers and general managers based on corporate and individual goals established at the beginning of each fiscal year. At the end of each fiscal year, the Committee reviews corporate and individual performance and recommends to the Board the amount of bonus and incentive compensation, if any, to be paid for the prior year's performance. Bonus payments must be approved by the Board. These amounts are included in Bonus & incentive compensation on Schedule J, Part II and Schedule J-1, Part II, column (B)(II). The Committee reviews the Board of Trustees compensation The Committee meets not less frequently than twice each year to coincide with the annual and semannual meetings of the Board and at other times to coincide with regular meetings of the board. The Committee may request that members of management or outside consultants and advisors of the Commi

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The corporation complies with the Department of Defense (DoD) Mandatory Disclosure Rules, including required disclosures to the DoD Inspector General, for (1) violations of federal criminal laws relating to fraud, conflicts of interest, bribery, and gratuities, (2) violations of the False Claims Act, and (3) misconduct in connection with the award, performance, or close out of government contracts Employees must certify that they have read, understand, and will comply with the corporate practice as a condition of employment by signing a Certification of Compliance annually Employees also certify to the corporation that he/she has no holdings or relationships that might constitute or appear to constitute a conflict of interest by responding to an on-line Conflict of Interest Certification Employees must list the business and financial interest and relationships for those organizations identified on the corporation's Conflict of Interest Listing Such certification is required annually or whenever a change in the individual's business or financial interest or relationships makes it appropriate Employees may not retain any holdings in any organization with which he/she works on a day-to-day basis The Office of the General Counsel issues, periodically, a list of organizations that includes principal associate contractors of the Air Force Space and Missile Systems Center and other U.S. Government organizations that interface with the company on a regular basis. This list is not all-inclusive, but helps to identify areas of possible conflict of interest The Office of the General Counsel reviews all disclosure forms and advises management on any conflicts of interest Management, after a disclosure review, decides either that some action must be taken or that no conflict exists and no further action is required. Management may determine that certain actions are required, such as a change in work assignment, divestiture in a conflicting interest, or the establishment of a "blind trust" Management's decisions in those mat

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Form 990, Form 990T and all related schedules are completed by Aerospace's finance department and are reviewed in detail by the Vice President, Chief Financial Officer, and Treasurer (CFO) who signs the Form 990 and Form 990T Prior to filing the Form 990, the CFO reviews in detail the completed Form 990 with the Senior Vice President, Operations and Support Group and with the President and Chief Executive Officer (CEO) of the Corporation After the review with the CEO, the CFO reviews the Form 990 in detail with the Audit Committee of the Board The Chair of the Audit Committee reports on his review of the Form 990 to the Board of Trustees