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DLN: 93493030009613

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

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

Internal Revenue Service Inspection calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 A For the 2011 D Employer identification number **B** Check if applicable CHARLES STARK DRAPER LABORATORY INC 04-2505372 Address change E Telephone number Doing Business As Name change (617) 258-1000 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 561,613,836 555 TECHNOLOGY SQUARE MS 34 Terminated City or town, state or country, and ZIP + 4 CAMBRIDGE, MA 02139 Amended return Application pending Name and address of principal officer Is this a group return for **ELIZABETH MORA** 555 TECHNOLOGY SQUARE MS 34 CAMBRIDGE, MA 02139 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **▽** 501(c)(3) **▽** 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► WWW DRAPER COM K Form of organization Corporation Trust Association L Year of formation 1973 M State of legal domicile MA Part I Summary Briefly describe the organization's mission or most significant activities PIONEER IN THE APPLICATION OF SCIENCE AND TECHNOLOGY IN THE NATIONAL INTEREST Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 15 Number of independent voting members of the governing body (Part VI, line 1b) . 14 4 5 1,760 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 0 Total number of volunteers (estimate if necessary) 6 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 6,944,976 8 Contributions and grants (Part VIII, line 1h) . 7,288,039 506,190,928 9 Program service revenue (Part VIII, line 2g) . 520,983,129 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,068,515 4,628,913 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,570,080 9,560,432 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 543,566,700 527,668,312 13 0 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3)... 0 0 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 200,582,461 207,336,452 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0 338,577,785 308,421,701 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 539,160,246 515,758,153 19 Revenue less expenses Subtract line 18 from line 12 . 4,406,454 11,910,159 (Assets or delatables) **Beginning of Current End of Year** Year 479,582,451 496.845.745 20 Total assets (Part X, line 16) . . . Met./ 21 Total liabilities (Part X, line 26) 176,710,000 214,776,803 22 Net assets or fund balances Subtract line 21 from line 20 302,872,451 282,068,942 Part II 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. ***** 2013-01-18 Signature of officer Sign Here ELIZABETH MORA VICE PRESIDENT Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's JOYCE RIPIANZI (see instructions) P00548581 Paid employed 🕨 🧧 Preparer's MOODY FAMIGLIETTI & ANDRONICO LLP Firm's name (or yours EIN • 04-3077056 if self-employed), address, and ZIP + 4 **Use Only**

1 HIGHWOOD DRIVE

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

TEWKSBURY, MA 01876

Phone no (978) 557-5300

Par	Statement of Program Check if Schedule O contain				.
1	Briefly describe the organization's	mission			
TRAI THEI ENG:	ERVE THE NATIONAL INTEREST INSFER BY HELPING OUR SPONSOLE REPOBLEMS DEMONSTRATING TO THE RESERVE	RS CLARIFY THEIR R THOSE SOLUTIONS TIONING OUR PROD	EQUIREMENTS AND P THROUGH THE DESIGN UCTS AND PROCESS	CONCEPTUALIZE INNO GN AND DEVELOPMENT ES TO INDUSTRY FOR F	VATIVE SOLUTIONS TO OF FIELDABLE PRODUCTION, AND
2	Did the organization undertake any the prior Form 990 or 990-EZ? .	significant program s	ervices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new service	es on Schedule O			
3	Did the organization cease conduct services?	ing, or make significa	nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes or	n Schedule O			
4	Describe the organization's program expenses Section 501(c)(3) and 5 grants and allocations to others, th	01(c)(4) organization	s and section 4947(a)	(1) trusts are required to	report the amount of
4a	(Code) (Expense	s \$ 340,478,239	ıncludıng grants of \$) (Revenue	\$ 364,056,685)
	STRATEGIC SYSTEMS TO HELP THE NAVY' THROUGH MK6 LIFE EXTENSION (MK6LE)				CYCLE MAINTENANCE COSTS
	(Code) (Expense	s \$ 37,118,559	including grants of \$) (Revenue	\$ 39,116,694)
	TACTICAL SYSTEMS THE TACTICAL SYSTE OF TACTICAL FORCES IN THE ARMY, NAV AND AWARENESS IN THE DOMAINS OF SO	Y, AIR FORCE, AND MARIN	E CORPS TACTICAL SYSTEM	IS FOCUSES DRAPER'S CAPABI	LITIES IN AUTONOMY, ACCURACY,
	(Code) (Expense	s \$ 61,854,035	including grants of \$) (Revenue	\$ 68,038,914)
	SPECIAL OPERATIONS DRAPER'S SPECIAL OPERATIONS DEVESPONSORS	OPERATIONS DIRECTORAT	E IS DEDICATED TO IMPRO	VING US CAPABILITIES IN REL	JABLE INTELLIGENCE AND SPECIAL
	(Code) (Expense	s \$ 29,368,879	ıncludıng grants of \$) (Revenue	\$ 34,978,635)
	SPACE SYSTEMSTHE ENGINEERS AT THE ITHE GUIDANCE, NAVIGATION AND CONTR APPLICATIONS OF THE INTEGRATED CIRC PAVED THE WAY FOR DRAPER'S CONTINU DEVELOPMENT OF AUTONOMOUS AND HIG NEEDS OF HUMAN SPACE EXPLORATION, OF ADVANCED GN&C TECHNOLOGIES, INC AVIONICS OTHER PROGRAMSEMPLOITING CRITICAL HEALTHCARE PROBLEMS AND P. INNOVATIVE DIAGNOSTICS AND THERAPIE ADDRESS TRAUMATIC BRAIN INJURY, MA ENVIRONMENTAL PATHOGENS AND TOXIN ONSET OF SEPSIS, PAINLESS METHODS OUNDERGOING CHEMOTHERAPY, TOOLS TO REMOVE DISEASED ORGANS WITHOUT BRACTIVE TUBERCULOSIS, A DEVICE THAT WESSEARCHERS IN DETECTING DRUG TOX OF STEM CELLS, AND DEVELOPING A SENSO	MIT INSTRUMENTATION LAI OL SYSTEM FOR THE APOL OUT DRAPER'S ENGINEERI DED ROLE IN MODERN SPACE OF STEMS OF STEMS OF SPACE SCIENCE, AND MILT CLUDING HIGH PERFORMAI THE SYNERGY BETWEEN E ARTNERING WITH LEADING OF STOR CLINICAL AND DEFE SSIVE INTERNAL HEMORRH S FOR HEALTHCARE AT HO OF MONITORING HYPOGLYCI O REMOVE VOCAL CORDS T LEAKING THE SKIN TWO PR VILL BE USED IN THIRD-WO ICITY TO PREVENT ILLNESS	BORATORY, WHICH LATER E LO PROGRAM, INCLUDING T ING ACCOMPLISHMENTS, IN- CE FLIGHT DRAPER'S SPACE BRAPER IS LEVERAGING OUR TARY SPACE APPLICATIONS NCE, HIGH RELIABILITY, SIG INGINEERING AND THE LIFE MEDICAL AND RESEARCH I ENSE NEEDS UNDER CONTR LAGING, DETECTION OF INFI DME, DRAPER IS WORKING EMIA OR HYPERGLYCEMIA F UMORS WHILE MINIMIZING LOGRAMS ARE INVESTIGATIN DRID COUNTRIES DRAPER ENDOR DEATH FROM NEW DRU	HE APOLLO'S GUIDANCE COMP- PART, ENABLED THE SUCCESS PROGRAMS FOCUS ON THE NA WORLD-CLASS EXPERTISE IN FUTURE VEHICLES AND MISSI NIFICANT AUTONOMY, AND LO' SCIENCES, DRAPER IS WORK: INSTITUTIONS AND PHARMACE ACT TO THE MILITARY, DRAPEI ECTIOUS PATHOGENS LIKE MAI ON DETECTION OF EPILEPTIC: OR DIABETICS, MEANS TO PRE SPEECH LOSS, AND DEVELOPI IG MEANS TO DEVELOP VERY L IS ALSO SUPPORTING PHARMA IGS, IMAGING SYSTEMS THAT V	WERE RESPONSIBLE FOR DESIGNING UTER- ONE OF THE FIRST OF THE APOLLO MISSIONS, AND ATION'S NEED FOR ADVANCED GN&C TO ADDRESS THE FUTURE ONS WILL REQUIRE COMBINATIONS WWEIGHT, LOW-POWER ING ON SOME OF TODAY'S MOST UTICAL ORGANIZATIONS TO DEVELOP R IS DEVELOPING TECHNOLOGIES TO LARIA, AND RAPID DIAGNOSIS OF SEIZURES, EARLY DETECTION OF THE VENT HEARING LOSS FOR PATIENTS NG SURGICAL INSTRUMENTS TO OW-COST BUT RAPID DETECTION OF CEUTICAL AND BIOLOGICAL
	Other program services (Describ	e in Schedule O)			
	(Expenses \$ 29,368,87	•	of\$) (Revenue \$	34,978,635)
	Total program service expenses►	468,819,71	12		

art IV	Checklis	t of	Required	Schedules

			V	N-
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	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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 for which 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		No
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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	Yes	
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	
е	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		No
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		No
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	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III 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? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "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? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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	21		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		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
C	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
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? If "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		No
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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	rm 99 0	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V	<u> </u>	-1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the	3a		No
ь	year?	3b		No_
	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 or securities account)?	4a		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		No
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		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5с 6а		No No
_	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
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 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	,		
	required?	7g		
п	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
i	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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Instruction focal and constal contributions unallyded on Part VIII. Inc. 12			
	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			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI

Se	ction 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		No
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	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
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		103	
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			ı
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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	
ь	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 taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶CA , MA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website.			

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 PATRICIA MCLAUGHLIN 555 TECHNOLOGY SQUARE MS 34

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations	
(1) WILLIAM F BALLHAUS JR DIRECTOR	4 00	х						32,125	0	0	
(2) DELORES M ETTER DIRECTOR	3 00	х						39,657	0	0	
(3) JOHN A GORDON CHAIRMAN	8 00	х		Х				72,660	0	0	
(4) SHERWIN GREENBLATT DIRECTOR	4 00	х						24,015	0	0	
(5) MIRIAM E JOHN DIRECTOR	3 00	х						34,750	0	0	
(6) FRANKLIN C MILLER DIRECTOR	3 00	х						36,666	0	0	
(7) GEORGE M MILNE JR DIRECTOR	4 00	х						40,162	0	0	
(8) M ELISABETH PATE-CORNELL DIRECTOR	3 00	х						23,000	0	0	
(9) C BRUCE TARTER THRU 10511 DIRECTOR	4 00	х						23,377	0	0	
(10) PETER B TEETS DIRECTOR	3 00	х						36,891	0	0	
(11) RICHARD D WHITE DIRECTOR	4 00	х						34,182	0	0	
(12) JAMES D SHIELDS PRESIDENT AND CEO	40 00	х		Х				607,468	0	50,613	
(13) FRANK H AKERS JR DIRECTOR	3 00	х						28,750	0	0	
(14) DANIEL E HASTINGS DIRECTOR	3 00	х						36,204	0	0	
(15) RICHARD T ROCA DIRECTOR	3 00	х						11,482	0	0	
(16) JOHN R DOWDLE VP OF ENGINEERING	40 00			х				349,111	0	42,915	
(17) ELIZABETH MORA CFO & TREASURER	40 00			х				370,717	0	35,401	

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

(A) Name and Title	(B) A verage hours per week (describe hours	Average Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
(18) LEN POLIZZOTTO VP OF STRAT BUS DEV & MARK	40 00			х				329,149	0	49,958
(19) DARRYL G SARGENT VP OF PROGRAMS	40 00			х				348,893	0	42,637
(20) JOHN W STILLWELL VP OF STRAT SYSTEMS	40 00			х				359,103	0	61,660
(21) MELINDA J BROWN DIR OF LEGAL & SECRETARY	40 00			х				217,526	0	22,293
(22) STEVEN DITULLIO PRINCIPAL DIRECTOR TECHNIC	40 00				х			289,886	0	42,402
(23) PAUL ROSENSTRACH PROGRAM DIRECTOR	40 00				х			249,326	0	47,511
(24) JACK BARRY PRINCIPAL DIR ADMINISTRATION	40 00				х			231,819	0	43,100
(25) PAUL R BLASCHE PRINCIPAL DIRECTOR TECHNIC	40 00					Х		289,673	0	49,531
(26) WILLIAM L O'CONNOR PROGRAM DIRECTOR	40 00					Х		253,457	0	39,533
(27) NEIL ADAMS PROGRAM DIRECTOR	40 00					х		249,160	0	51,706
(28) FRANK J SERNA ENGINEERING DIRECTOR	40 00					х		252,667	0	50,753
(29) PHILIP S BABCOCK IV DIR OF ENGINEERING OPS	40 00					х		244,868	0	44,099
1b Sub-Total							-			
c Total from continuation sheets	to Part VII, Sect	ion A		•	•		-		_	
d Total (add lines 1b and 1c) .							-	5,116,744	0	674,112

\$100,000 of reportable compensation from the organization -838

			Yes	NO				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No				
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 receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If</i> "Yes," complete Schedule J for such person	5		No				

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MRAC LLC	CONSULTING SERVICES	2,292,565
GOODWIN PROCTER LLP 53 STATE STREET BOSTON, MA 02109	LEGAL SERVICES	963,633
PATRICK CORRIGAN AND ASSOCIATES 71 KING STREET NASHUA, NH 03060	CONSTRUCTION	320,898
ROPES & GRAY LLP 800 BOYLSTON STREET BOSTON, MA 02199	LEGAL SERVICES	302,382
COOPERSTOWN ENVIRONMENTAL LLC 19 DALE ST STE 202 ANDOVER, MA 01810	ENVIRONMENTAL CONSULTANT	275,674
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

\$100,000 of compensation from the organization \blacktriangleright 11

Form 99			-					Page 9
Part \	<u>/1111</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
#\$ #	1a	Federated cam	paigns 1a					
ă O	b	Membership du	ies 1b					
ts, €	С		ents 1c					
<u>#</u> _#	d		zations 1d					
A. E.	e	Government grant						
	f	sımılar amounts no		497,036				
<u> </u>	g		ibutions included in					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ _ Total. Add lines	s 1a-1f	▶	7,288,039			
				Business Code				
Program Service Revenue	2a	PROGRAM SERVIC	E REVENU	541700	506,190,928	506,190,928		
Pe	ь							
92 <u>-</u>	С							
. Ser.	d							
Ē	e							
Ď	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		506,190,928			
	3		ome (including dividen	_	1,542,067			1,542,067
	4		ar amounts) stment of tax-exempt bond	F	1,542,007			1,342,007
	5				736,766			736,766
		•	(ı) Real	(II) Personal				
	6a	Gross rents	12,293,637					
	b	Less rental expenses	3,469,971					
	С	Rental income or (loss)	8,823,666					
	d	Net rental inco	me or (loss)		8,823,666			8,823,666
	7a	Gross amount	(ı) Securities 33,539,205	(II) Other 23,194				
	/ a	from sales of assets other	35,555,255					
	Ь	than inventory Less cost or	30,416,919	58,634				
	"	other basis and sales expenses	00,120,025	55,55				
	С	Gain or (loss)	3,122,286	-35,440				
	d	Net gain or (los		▶	3,086,846			3,086,846
eune	8a	events (not inc \$	rom fundraising luding s reported on line 1c)					
Other Revenue		See Part IV, lir	ne 18 a					
ŧ	b c		penses b (loss) from fundraising	events				
-	9a	Gross income f	rom gaming activities ne 19					
	b c		penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	b c		oods sold b (loss) from sales of inv	entory ►				
		Miscellaneous	· · · ·	Business Code				
	11a							
	b							
	c	A.II						
	d e	All other reven Total. Add lines	ue s 11a-11d					
		. Jean Add IIIIe:		· · · · • [
	12	Total revenue.	See Instructions .	▶	527,668,312	506,190,928	0	14,189,345

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do no	heck if Schedule O contains a response to any question in this Part IX ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		·		·
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,379,039		4,379,039	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	149,565,587	134,274,642	15,290,945	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,183,882	11,653,210	1,530,672	
9	Other employee benefits	29,885,296	26,463,646	3,421,650	
10	Payroll taxes	10,322,648	8,616,827	1,705,821	
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,849,352		1,849,352	
c	Accounting	335,883		335,883	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	411,813		411,813	
g	Other	11,910,066	9,101,994	2,808,072	
12	Advertising and promotion	64,694		64,694	
13	Office expenses	1,150,038	1,014,389	135,649	
14	Information technology	5,789,989	4,610,939	1,179,050	
15	Royalties	156,252	156,252		
16	Occupancy	7,008,599	2,583,726	4,424,873	
17	Travel	5,910,329	5,237,652	672,677	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	178,986	93,463	85,523	
20	Interest	4,272,697	-197,981	4,470,678	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,371,531	13,622,212	4,749,319	
23	Insurance	781,146	59,665	721,481	
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)				
a	SUBCONTRACTS	212,670,022	212,249,786	420,236	
ь	OTHER INDIRECT	20,045,334	22,514,682	-2,469,348	
С	OTHER MATERIALS	15,714,445	15,320,113	394,332	
d	OTHER EQUIPMENT	1,261,732	1,007,001	254,731	
e					
f	All other expenses	538,793	437,494	101,299	
25	Total functional expenses. Add lines 1 through 24f	515,758,153	468,819,712	46,938,441	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 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 35,602,978 46.898.012 2 2 Savings and temporary cash investments 3 3 27.928.252 32.090.927 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 17,210,731 9 13.652.256 Prepaid expenses and deferred charges 10a 341,331,638 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 159,500,217 b Less accumulated depreciation 187,803,516 **10c** 181,831,421 11 11 162,212,018 12 167,556,950 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 48,824,956 15 54,816,179 15 479,582,451 496,845,745 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 61,176,169 17 69,705,107 17 Accounts payable and accrued expenses . 18 18 19 9,362,941 19 11,416,534 20 79.128.791 20 79.182.924 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 27,042,099 25 54,472,238 D 26 176,710,000 26 214,776,803 **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 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ▽ and complete lines 30 through 34. ö 0 0 30 Capital stock or trust principal, or current funds 30 Assets 0 31 31 Paid-in or capital surplus, or land, building or equipment fund 302,872,451 282,068,942 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 302.872.451 33 282.068.942 34 Total liabilities and net assets/fund balances 479.582.451 34 496.845.745

	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		527 <i>6</i>	568,312
2	Total expenses (must equal Part IX, column (A), line 25)	2			758,153
3	Revenue less expenses Subtract line 2 from line 1	3		11,9	910,159
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		302,8	372,45
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-32,7	713,668
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		282,0	068,942
Pai	The triang of the triangle of the triangle of			৮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		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 Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	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 the Single Audit Act and OMB Circular A-133?	ne	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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DLN: 93493030009613

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Employer identification number

CHARLES STARK DRAPER LABORATORY INC 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 section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II 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 organizat col (i) lis your gove docume	the zation in Did you notify the organization in col (i) of your support?		ion in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

S	ection A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20)11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,522,02	8 1,986,426	3,734,351	6,944,976	7	,288,039	21,475,820
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge	6,555,83.	2 4,123,470	14,781,224	3,736,752	3	,630,186	32,827,464
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	8,077,86	6,109,896	18,515,575	10,681,728	10	,918,225	54,303,284
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							54,303,284
S	ection B. Total Support	•						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	A mounts from line 4	8,077,860	6,109,896	18,515,575	10,681,728	10,	918,225	54,303,284
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	13,381,179	15,518,887	12,940,432	15,638,595	14,	189,345	71,668,438
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							125,971,722
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12		
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here							
	ection C. Computation of Pu			11 (5)		1		
14	Public Support Percentage for 201	-		11 column (f))		14		43 110 %
15	Public Support Percentage for 201 33 1/3% support test—2011. If the	•		v on line 12 and	ling 14 ig 22 1/20/	15	chock t	40 900 %
b	and stop here. The organization qu 33 1/3% support test—2010. If the box and stop here. The organization	alifies as a public e organization dic n qualifies as a p	cly supported orga I not check the bo oublicly supported	nization x on line 13 or 16 organization	Sa, and line 15 is	33 1/3% (or more,	▶ ▽
17a	10%-facts-and-circumstances test is 10% or more, and if the organization me organization me organization	ation meets the "	facts and circums	tances" test, che	ck this box and st	op here.	Explain	ted ▶ ┌
b	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization	nızatıon meets th	ne "facts and circu	mstances" test,	check this box an	d stop he	ere.	, ▶ ⊏
18	Private Foundation If the organiza instructions	tion did not checl	k a box on line 13,	. 16a, 16b, 17a o	r 17b, check this	box and s	see	- 1

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
	Explanation							

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493030009613

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

Section 527 organizations Complete Part I-A only

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the o	organiza	tion	
CHARLES STARK	DRAPER	LABORATORY	INC

Employer identification number

04-2505372

Part I-A	Complete if	the organization i	<u>s exempt under se</u>	ction 501(c) o	or is a section 527	⁷ organization.

- in opposition to candidates for public office in Part IV 2 Political expenditures
- 3
- Volunteer hours

Part I-B	Complete if	the organization	is exempt under	r section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?

b If "Yes," describe in Part IV

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

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

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

section 4911 tax for this year?

┌ Yes ┌ No

chedule C (Fo	orm 990 or 990-EZ) 2011	Page
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 576 under section 501(h)).	8 (election
Check 「	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's nare expenses, and share of excess lobbying expenditures)	ne, address, EII

	Check if the filing organization checked box	A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	(b) Affiliated Group Totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisla	itive body (direct lobbying)	6,091	
C	Total lobbying expenditures (add lines 1a and 1b)	6,091	
d	O ther exempt purpose expenditures		515,752,062	
e	Total exempt purpose expenditures (add lines 1c	: and 1d)	515,758,153	
f	Lobbying nontaxable amount Enter the amount fi	1,000,000		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of line	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ente	er -0 -	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

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

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total			
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000			
_ c	Total lobbying expenditures	3,619	8,436	20,011	6,091	38,157			
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000			
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000			
f	Grassroots lobbying expenditures								

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)	(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493030009613

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

itema	al Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspect	tion
	me of the organi	ization ER LABORATORY INC		Employer identifica	tion numbe	er
CH	ARLES STARK DRAPE	ER LABORATORY INC		04-2505372		
Pa			dvised Funds or Other Similar Fu		. Comple	te if the
	organiz	zation answered "Yes" to Form 99		(L) Fd	. 4 1	
1	Total number a	t and afver	(a) Donor advised funds	(b) Funds and o	otner accou	nts
1 2		tributions to (during year)				
2 3	33 3	nts from (during year)				
4		ue at end of year				
5		,	L	or advised		
	funds are the o	organization's property, subject to the	organization's exclusive legal control?		☐ Yes	┌ No
6			donor advisors in writing that grant funds efit of the donor or donor advisor, or for an			
		ermissible private benefit		, caner purpose	☐ Yes	┌ No
Pa	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" to	o Form 990, Part I	/, line 7.	
1		conservation easements held by the or				
		ion of land for public use (e g , recreati n of natural habitat		historically importan ertified historic struc	· ·	а
	_	ion of open space	j Preservation of a c	ertined historic struc	ture	
_	·					
2		s 2a–2d if the organization held a quali he last day of the tax year	fied conservation contribution in the form	of a conservation		
		,,	Γ	Held at the	End of the	Year
а	Total number o	of conservation easements		2a		
b	Total acreage	restricted by conservation easements		2b		
c	Number of con	servation easements on a certified his	toric structure included in (a)	2c		
d	Number of con	servation easements included in (c) ac	equired after 8/17/06	2d		
3	Number of con	servation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization	during	
	the taxable yea	ar -				
4	Number of stat	tes where property subject to conserva	ation easement is located 🕨			
5			the periodic monitoring, inspection, hand	— Iling of violations, and	i	
		f the conservation easements it holds?		·····g ··· ·····, ····	☐ Yes	┌ No
6	Staff and volun	iteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year l	<u> </u>	
7	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year		
	► \$					
8		nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes	┌ No
In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that des						
)ar		on's accounting for conservation easen	ns of Art, Historical Treasures, o	or Other Similar	Accete	
		ete if the organization answered "		or other omina	ASSCES.	
1a	art, historical t	treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it	:h in furtherance of pu		е,
b	If the organiza	tion elected, as permitted under SFAS	116, to report in its revenue statement a public exhibition, education, or research ir	nd balance sheet wor		
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		► \$		
	(ii) Assets Inc	luded in Form 990, Part X		► \$		
2		•	orical treasures, or other similar assets fo	r financial gain, provi	de the	
		ints required to be reported under SFA				
а	Revenues inclu	uded in Form 990, Part VIII, line 1		► \$		

Assets included in Form 990, Part X

FCIL	••• Organizations Maintaining Co	llections of Art	., nis	tori	cai irea	isures, or c	otne	r Similar Ass	<u>ets (cc</u>	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing tha	t are a signific	ant u	se of its collection	on	
а	Public exhibition		d	Γ	Loan or	exchange prog	rams			
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ıın hov	w they	/ further t	he organizatio	n's ex	kempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						ed "Y	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontributio	ns or other as:	sets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able	Г		Ame		
_						-	4 -	Amo	unt	
c d	Beginning balance					-	1c 1d			
	Additions during the year									
e f	Distributions during the year					-	1e			
f	Ending balance					L	1f	<u> </u>		
2a	Did the organization include an amount on Fo		e 21?					I	Yes	│ No
	If "Yes," explain the arrangement in Part XIV					L. F 000		± TV 1 40		
Рa	rt V Endowment Funds. Complete	f the organizatio)Prior \		to Form 990 :)Two Years Back			e)Four Y	ears Back
1a	Beginning of year balance	(a)curient real	(6)	<i>)</i> 1 1101	icai (c	zyrwo rears back	1 (4)	Tillee Tears back	C) Our 1	Cars back
 b	Contributions									
c	Investment earnings or losses						T			
d	Grants or scholarships						+			
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held	as		•					
а	Board designated or quasi-endowment									
b	Permanent endowment 🕨									
С	Term endowment ►									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation t	that a	re held ar	nd administere	d for	the		
	organization by								Yes	No
	(i) unrelated organizations			•			•	3a(i)		
	(ii) related organizations							3a(ii	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•					•	<u>3b</u>		<u> </u>
	t VI Land, Buildings, and Equipme									
Ċ	Land, Buildings, and Equipme	int. See rollings	70, га				Al	(-)		
	Description of property				Cost or othe (investmen			(c) Accumulated depreciation	(d) Bo	ok value
1a	and		•			32,984	1,487		3	2,984,487
	Buildings					170,209	9,197	54,728,995	11	5,480,202
b										
	_easehold improvements		•			7,762	2,823	2,983,186		4,779,637
c	Leasehold improvements					7,762 126,139		2,983,186 100,790,042		4,779,637 5,349,524
c d e (•	 				126,139 4,235			2	4,779,637 5,349,524 3,237,571

Part VII Investments—Other Securities. See	orm 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b)Book value		of valuation year market value
(1)Financial derivatives		Cost of end of	year market value
(2)Closely-held equity interests			
(3)Other (A) CASH AND MONEY MARKET MUTUAL FUNDS	695,488		F
(B) U S INVESTMENT-GRADE FIXED INCOME FUNDS	59,120,870		F_
(C)US LARGE CAP EQUITY HOLDINGS	43,215,040		F
(D) U S SMALL CAP MUTUAL FUND	20,410,088		F_
(E) U S TREASURY AND FIXED INCOME HOLDINGS	10,042,271		F
(F) GLOBAL EQUITY FUNDS	33,516,075		F
(G) INSURANCE CONTRACTS AND OTHER	403,537		F_
(H) OTHER INVESTMENTS	153,581		C
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	167,556,950		
Part VIII Investments—Program Related. See (a) Description of investment type	(b) Book value	(c) Method	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) Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descrip			(b) Book value
(1) CONSTRUCTION IN PROGRESS			7,013,854
(2) MISCELLANEOUS A/R			516,273
(3) UNBILLED CONTRACT COSTS AND FEES			46,829,863
(4) DEPOSITS			456,189
			_
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X			54,816,179
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	(=)		
ACCRUED POST RETIREMENT BENEFITS	54,472,238		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	54,472,238		

-61	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	527,668,312
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	515,758,153
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,910,159
4	Net unrealized gains (losses) on investments	4	-1,572,698
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-31,140,970
9	Total adjustments (net) Add lines 4 - 8	9	-32,713,668
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-20,803,509
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	
1	Total revenue, gains, and other support per audited financial statements	1	494,386,579
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 2a through 2d	2e	-32,713,669
3	Subtract line 2e from line 1	3	527,100,248
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 411,813		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	568,065
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	527,668,313
•	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	515,190,088
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) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	515,190,088
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 411,813		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	568,065
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	515,758,153
	* XIV Supplemental Information		
Con	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and 4 , P	art IV ,	, lines 1b and 2b,

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 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 XI, LINE 8 - OTHER ADJUSTMENTS		FAS 158 PENSION & POST RETIREMENT PLAN
PART XII, LINE 2D - OTHER ADJUSTMENTS		FAS 158 PENSION & POST RETIREMENT PLAN -31,140,970
PART XII, LINE 4B - OTHER ADJUSTMENTS		ROYALTIES PAID 156,252
PART XIII, LINE 4B - OTHER ADJUSTMENTS		ROYALTIES PAID 156,252
		PART XI LINE 8 - FAS 158 PENSION & POST RETIREMENT PLAN \$(31,140,969) PART XII LINE 4B ROYALTIES PAID \$156,252 PART XIII LINE 4B ROYALTIES PAID \$156,525

Additional Data

Software ID: Software Version:

EIN: 04-2505372

Name: CHARLES STARK DRAPER LABORATORY INC

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
CASH AND MONEY MARKET MUTUAL FUNDS	695,488	F
U S INVESTMENT-GRADE FIXED INCOME FUNDS	59,120,870	F
U S LARGE CAP EQUITY HOLDINGS	43,215,040	F
U S SMALL CAP MUTUAL FUND	20,410,088	F
U S TREASURY AND FIXED INCOME HOLDINGS	10,042,271	F
GLOBAL EQUITY FUNDS	33,516,075	F
INSURANCE CONTRACTS AND OTHER	403,537	F
OTHER INVESTMENTS	153,581	C

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493030009613

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

	ne of the organization	ODV INC				Employer identii	rication number
. H A	RLES STARK DRAPER LABORAT	ORYING				04-2505372	
Pa	General Informatio "Yes" to Form 990, Pa			he United States. C	omplete	e if the organiza	ition answered
1	For grantmakers. Does the			ls to substantiate the	amount	of the grants o	r
	assistance, the grantees' elig	gibility for the	grants or assı	stance, and the select	ion crite	rıa used to awaı	rd
	the grants or assistance?						│ Yes │ No
2	For grantmakers. Describe in Pa United States	rt V the organiz	zatıon's procedu	res for monitoring the us	e of gran	t funds outside the	e
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program sp	vity listed in (d) is a n service, describe ecific type of ice(s) in region	(f) Total expenditures for region/investments in region
	EUROPE	0	0	TRAVEL EXPENSES	RESEAR	СН	336,34
	EUROPE	0	0	PURCHASES	MATERI	ALS	885,67
	ASIA	0	0	TRAVEL EXPENSES	RESEAR	ксн	55,53
	ASIA	0	0	PURCHASES	MATERI	ALS	1,11
	AUSTRALIA	0	0	PURCHASES	MATERI	ALS	3,91
	NORTH AMERICA	0	0	TRAVEL EXPENSES	RESEAR	ксн	29,82
	NORTH AMERICA	0	0	PURCHASES	MATERI	ALS	77,40
3	Sub-total	0	C				1,389,81
1	Total from continuation sheets						

1,389,810

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earre 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Part V	Supplemental	Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ınformatıon.		
Identifier	ReturnReference	Explanation
ROCEDURE FOR MONITORING RANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 NATURE OF ACTIVITIES IS NOT GRANT/ASSISTANCE BASED BUT IS PURCHASES OF MATERIALS AND SERVICES IN FURTHERANCE OF DRAPER'S EXEMPT PURPOSE
		Schedule F (Form 990) 2011

Compensation Information

DLN: 93493030009613

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization CHARLES STARK DRAPER LABORATORY INC **Employer identification number**

04-2505372

Pa	TEL Questions Regarding Compensation	on						
					Yes	Νo		
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II							
	▼ First-class or charter travel	Г	Housing allowance or residence for personal use					
	▼ Travel for companions	Γ	Payments for business use of personal residence					
	▼ Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees					
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			İ		
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b	Yes			
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes			
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all		y					
	Compensation committee	 	Written employment contract					
	Independent compensation consultant Form 990 of other organizations	<u>ন</u>	Compensation survey or study Approval by the board or compensation committee					
	Form 990 of other organizations	10	Approval by the board of compensation committee					
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	, Section A, line 1a with respect to the filing organization					
а	Receive a severance payment or change-of-contro	l paymen	t?	4a		No		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?							
c	c Participate in, or receive payment from, an equity-based compensation arrangement?							
	If "Yes" to any of lines 4a-c, list the persons and p							
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	olete lines 5-9.					
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	did the organization pay or accrue any					
а	The organization?			5a	Yes			
b	Any related organization?			5b		No		
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any					
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 Apayments not described in lines 5 and 6? If "Yes,"			7		No		
8	Were any amounts reported in Form 990, Part VII,	paid or a	ccured pursuant to a contract that was					
	subject to the initial contract exception described					1		
	ın Part III			8		Νo		
9	9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?							

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(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	
(1) JAMES D SHIELDS	(ı) (ıı)	490,628 0	84,378 0	32,462	24,905	25,708 0	658,081		
(2) JOHN R DOWDLE	(ı) (ıı)	297,174 0	39,501 0	12,436	24,488	18,427 0	392,026		
(3) ELIZABETH MORA	(ı) (ıı)	311,966 0	42,836 0	15,915	24,266	11,135 0	406,118		
(4) LEN POLIZZOTTO	(ı) (ıı)	284,243 0	39,538 0	5,368	24,324	25,634 0	379,107		
(5) DARRYL G SARGENT	(ı) (ıı)	301,945 0	34,767 0	12,181	24,298	18,339 0	391,530		
(6) JOHN W STILLWELL	(ı) (ıı)	286,726 0	41,266 0	31,111	24,488	37,172 0	420,763		
(7) MELINDA J BROWN	(ı) (ıı)	178,511 0	24,436 0	14,579	19,389	2,90 4 0	239,819		
(8) STEVEN DITULLIO	(ı) (ıı)	236,533	35,459 0	17,894	24,626	17,776 0	332,288		
(9) PAUL ROSENSTRACH	(ı) (ıı)	205,220	20,869	23,237	23,826	23,685 0	296,837		
(10) JACK BARRY	(ı) (ıı)	189,179 0	27,565 0	15,075	24,194	18,906 0	274,919		
(11) PAUL R BLASCHE	(ı) (ıı)	228,650 0	31,943 0	29,080	24,410	25,121 0	339,204		
(12) WILLIAM L O'CONNOR	(ı) (ıı)	209,997 0	29,370 0	14,090	22,798 0	16,735 0	292,990		
(13) NEIL ADAMS	(ı) (ıı)	203,305	24,894 0	20,961	23,435	28,271 0	300,866		
(14) FRANK J SERNA	(ı) (ıı)	214,610 0	25,181 0	. 12,876	23,639	27,114 0	303,420		
(15) PHILIP S BABCOCK IV	(ı) (ıı)	202,469	23,630	18,769	22,955	21,144 0	288,967		

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
	1A	FIRST CLASS TRAVEL FOR BOARD MEMBERS, OFFICERS, AT THEIR CHOOSING, HAS BEEN A STANDING POLICY SINCE 1996 TAX INDEMNIFICATION AND GROSS UP PAYMENTS EXIST UNDER OUR NEW HIRE/EMPLOYEE RELOCATION POLICY WHERE CERTAIN COSTS MIGHT BE CHARACTERIZED AS TAXABLE INCOME, THE LABORATORY WILL REIMBURSE THE EMPLOYEE FOR ANY TAX EFFECT ASSOCIATED WITH THE MOVE GROSS UP PAYMENTS ALSO EXIST FOR SENIOR MANAGEMENT UPON TAKING LUMP SUM DISTRIBUTIONS FROM THEIR RETIREMENT PLANS THE GROSS UP IS INTENDED TO ENSURE THAT, SHOULD THE EMPLOYEE PURCHASE AN ANNUITY, THAT ANNUITY WILL PROVIDE THE EQUIVALENT OF A PENSION PAYMENT PART II (C) DISCLOSED OFFICERS (JAMES D SHIELDS, JOHN W STILLWELL, DARRYL G SARGENT, ELIZABETH MORA, JOHN R DOWDLE AND LEN POLIZZOTTO) PARTICIPATE IN A DEFINED BENEFIT PENSION PLAN IN ADDITION TO A SUPPLEMENTAL RETIREMENT PLAN ACCRUED EARNINGS CANNOT BE DETERMINED DUE TO A NUMBER OF FACTORS AND ASSIGNING A CORRESPONDING DOLLAR FIGURE WAS NOT DEEMED TO BE ACTUARIALLY OR FISCALLY PRACTICAL
	5	KEY MEMBERS OF THE TECHNICAL, PROGRAM, FINANCE AND ADMINISTRATIVE STAFF ARE ELIGIBLE TO PARTICIPATE IN THE CORPORATE MANAGEMENT INCENTIVE PROGRAM (CMIP) PARTICIPANTS INCLUDE, BUT ARE NOT LIMITED TO, THE EMPLOYEES LISTED ON SCHEDULE J APPROXIMATELY 35-45 PERSONNEL MAY BE ELIGIBLE IN A GIVEN YEAR THE PROGRAM IS BASED ON FOUR METRICS SPONSOR SATISFACTION, SPONSORED REVENUE GROWTH AND COST MANAGEMENT, HUMAN CAPITAL MANAGEMENT FOCUSED ON RETENTION AND DIVERSITY AND QUALITY OF THE SPONSORED AND INDEPENDENT RESEARCH AND DEVELOPMENT PROGRAMS ALL PARTICIPANT AWARDS ARE REVIEWED BY THE PRESIDENT OF THE LABORATORY AND REPORTED TO THE BOARD ANNUALLY

Schedule J (Form 990) 2011

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

DLN: 93493030009613

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

СНА	ARLES STARK DRAPER LABORA	TORY INC							0	4-2505	372			
Part I Bond Issues														
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f) Description) Description of Purpose		g) Defeased		On alf of suer		Pool ncing
									Yes	No	Yes	No	Yes	No
A	MASSACHUSETTS DEVELOPMENT	04-3431814	57583RB53	10-23-2008	80,000		EFINANCING \$ ERIES 2000 BO			Х		Х		X
Pa	Proceeds													
					Α			В		С		D		
1	A mount of bonds retired													
2	A mount of bonds defeased													
3	Total proceeds of issue				7	8,997,8	309							
4	Gross proceeds in reserve fund					5,877,809								
5	Capitalized interest from proce	eeds												
6	Proceeds in refunding escrow													
7	Issuance costs from proceeds		320,000											
8	Credit enhancement from proc	eeds												
9	Working capital expenditures f	rom proceeds												
10	Capital expenditures from proc	ceeds			5,877,809									
11	Other spent proceeds													
12	Other unspent proceeds													
13	Year of substantial completion	1			2010									
					Yes	No	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as part	of a current refundir	ng issue?		Х									
15	Were the bonds issued as part	of an advance refun	ding issue?			X								
16	Has the final allocation of proc	eeds been made?				Х								
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?													
Pai	rt IIII Private Business U	se												
					Yes			В	С				D	
						No	Yes	No	Yes	_	No	Yes	_	No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Part IIII Private E	Business Use	(Continued)
---------------------	--------------	-------------

Par	Part III Private Business Use (Continued)										
			Α		В		С		D		
	,	Yes	No	Yes	No	Yes	No	Yes	No		
3a	Are there any management or service contracts that may result in private business use?	Х									
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		x								
c	Are there any research agreements that may result in private business use of bond-financed property?		х								
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 010 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	3 130 %									
6	Total of lines 4 and 5		3 140 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		×								
Do-	4 TV Aubituage										

Part IV Arbitrage

		A	·	В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		×						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		×						
b	Name of provider				l.				<u> </u>
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х						
ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		Х						
6	Did the bond issue qualify for an exception to rebate?		×						

Part V Procedures To Undertake Corrective Action

Part VI Supplemental Information

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

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493030009613

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

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.

Open to Public **Inspection**

	f the organization STARK DRAPER LABORATORY INC	С							mployer ic 4-25053		tion numbe	er	
Part I	Excess Benefit Tran							organı	zations c	nly).	4.0.1		
Complete if the organization answered "Yes" on Form 1 (a) Name of disqualified person						(b) Desc				Part V, II	(c) Corrected?		
_	• • • • • • • • • • • • • • • • • • • •					(2)		01 (1411)	4001011		Yes	No	
sec	er the amount of tax imposition 4958 er the amount of tax, if any	• • , on line	• 2, abo	· · · ve, reımburs	• • ed by th				🟲	* —— * ——			
	Complete if the organiz	ation a	nswered	d "Yes" on F	orm 990	, Part IV, line 26	, or For	n 990-E		, line 38	a		
(a) Nam	e of interested person and purpose	or fro	oan to m the zation?	(c)Original principal amoun		(d)Balance due	(e) I defau		(f) Approved by board or committee?		(g) Writt		
		То	From				Yes	No	Yes	No	Yes	No	
										<u> </u>			
Γotal .					▶ \$.							
Part II	Grants or Assistar Complete if the orga						'. line 2	27.					
(b)Relationsh					np betwe	en interested per ganization			ount of gr	ant or ty	pe of assis	tance	
			\perp										
			+										

Part IV	Business	Transactions	Involvina	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	organı	arıng of zatıon's nues?
	organization			Yes	No
(1) VINCENT VITTO	FORMER CEO	100,000	CONSULTING CONTRACT		No
				1	

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

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As Filed Data -

DLN: 93493030009613

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.

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization CHARLES STARK DRAPER LABORATORY INC	Employer identification number
	04-2505372

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	SEE RESPONSE TO QUESTION 7A

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R
(Form 990) | Related Or

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2011

DLN: 93493030009613

Open to Public

Department of the Treasury Internal Revenue Service

Internal Revenue S	ervice					<u> </u>	ispectio	n
Name of the CHARLES STAR	organization K DRAPER LABORATORY INC				Employer ic 04-250533	lentification number		
Part I	Identification of Disregarded Entities (Comple	te if the organization	on answered "Yes"	' on Form 990, Pa		7.2		
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II	Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		ıf the organızatıon	answered "Yes"	on Form 990, P	art IV, line 34 becau	se it had	one
	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)		Section 5 cont	g) 12(b)(13 rolled nization
							Yes	No
For Privacy	Act and Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No 50)135Y		Schedule R (Form 990	2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or ging	(k) Percentage ownership
							Yes	No		Yes	No	i

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ONE HAMPSHIRE CONDO TRUST C/O 555 TECH SQ MS 34 CAMBRIDGE, MA 02139 56-6655561	REAL ESTATE	МА	THE CHARLES STARK DRAPER LABORATORY INC	Т			80 150 %

Schedule R (Form 990) 2011		P a	ge 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	.a		No
b Gift, grant, or capital contribution to related organization(s)	.b		No
c Gift, grant, or capital contribution from related organization(s)	lc		No
d Loans or loan guarantees to or for related organization(s)	.d		No
e Loans or loan guarantees by related organization(s)	.е		No
f Sale of assets to related organization(s)	f		No
	.g	\dashv	No
• · · · · · · · · · · · · · · · · · · ·	.h	\dashv	No
	Li		No
j Lease of facilities, equipment, or other assets from related organization(s)	lj		No
k Performance of services or membership or fundraising solicitations for related organization(s)	.k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	u		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	lm		No
n Sharing of paid employees with related organization(s)	.n		No
la de la companya de	-	Yes	
p Reimbursement paid by related organization(s) for expenses	.p	Yes	
q Other transfer of cash or property to related organization(s)	.q	\longrightarrow	No
	lr		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ONE HAMPSHIRE CONDO TRUST	0	1,613,935	
(2) ONE HAMPSHIRE CONDO TRUST	Р	1,682,644	
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

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DLN: 93493030009613

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury nternal Revenue Service (99)	•	See separate	inst ruct ions	. ► Attach	to your	tax re	et urn.		Attachment Sequence No 179
Name(s) shown on return CHARLES STARK DRAPE	R I A BORATOR)	' INC	Business	or activity to w	hich th	s forn	n relates]	Identifying number
CHARLES STARR BRATE	READORATOR	1140	FORM 99	0 PAGE 10				0	04-2505372
	To Expense (•	
	ou have any li	sted propert	y, complet	te Part V befo	re you	ı con	nplete Part I.		1
1 Maximum amount (see	e instructions)					•		1	500,000
2 Total cost of section 1	179 property plac	ed in service	(see instruc	tions) .				2	
3 Threshold cost of sect	tion 179 property	/ before reduc	tion in limita	ition (see instr	uctions) .		3	2,000,000
4 Reduction in limitation	Subtract line 3	from line 2 If	zero or less	, enter -0-				4	
5 Dollar limitation for tax	x year Subtract	line 4 from line	e 1 Ifzero o	r less, enter - ()- Ifm	arried	filing		
separately, see instru	ctions							5	
									1
6 (a)	Description of pi	operty		(b) Cost (bu		use	(c) Elected	cost	
(-/				onl	у)		(0) 2:00:00		4
									4
									4
7 Listed property Enter					•	7			4
8 Total elected cost of s		-		mn (c), lines 6	and 7	•		8	
9 Tentative deduction E	nter the smaller	of line 5 or lin	e8		-			. 9	
10 Carryover of disallowe	d deduction from	ı lıne 13 of you	ır 2010 Fori	m 4562 .				. 10	
11 Business income limitation	Enter the smaller of	business income	(not less than	zero) or line 5 (se	e instruc	tions)		11	
12 Section 179 expense	deduction Add I	nes 9 and 10,	but do not e	enter more than	n line 1	1 .		12	
13 Carryover of disallowe	d deduction to 2	012 Add lines	9 and 10, le	ess line 12	.▶	13			
Note: Do not use Part					se Par		l		
							: include listed	proper	ty) (See instructions)
14 Special depreciation a									
tax year (see instructi			•				_	14	
15 Property subject to se	ction 168(f)(1)	election .						15	
16 Other depreciation (in	cluding ACRS)							. 16	18,371,531
	preciation (I	Do not ınclu	de listed p	roperty.) (Se	e ınstr	uctio	ns.)		, ,
	•			ction A			•		
17 MACRS deductions for	r assets placed ı	n service in ta	x years beg	ınnıng before 2	011			17	
18 If you are electing	to group any a	ssets placed	ın service	during the ta	ax yea	r into	one or more	• 🗀	•
general asset accou									
Section B-Ass	ets Placed in	Service D	uring 201	1 Tax Year	Using	the	General De	preci	ation System
		(c) Bas							•
(a) Classification of	(b) Month and			(d) Recovery			(42.14)		(g)Depreciation
property	year placed in service	(business/in use		period	(e) Co	nvent	ion (f) Met	hod	deduction
	Service	only—see ins							
19a 3-year property									
b 5-year property									
c 7-year property									
d 10-year property									
e 15-year property									
f 20-year property									
g 25-year property				25 yrs			S/L		
h Residential rental				27 5 yrs	№	I M	S/L		
property				27 5 yrs	ν.	IM	S/L		
i Nonresidential real				39 yrs	-	I M	S/L		
property						I M	S/L		
	on C—Assets Plac	ced in Service	During 2011	Tax Year Using	the A	terna		on Syst	t em
20a Class life	4		-	1.2	-		S/L		
b 12-year	1		-	12 yrs	 .	4.54	S/L		
c 40-year Part IV Summai	ry (soo moteria	tions)		40 yrs	N	1M	S/L		
21 Listed property Enter	ry (see instruc							21	
,					· />	الدي		-	
22 Total. Add amounts from and on the appropriate								e 22	18,371,531
23 For assets shown above	•		•	·			<u> </u>	-	1
portion of the basis at				• • •		23			

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See i	the i	instruc	tions	for li	mits 1	or pa	sseng	er au	tomoŁ	iles.)
24a Do you have evider	nce to support	the business/inv	estment u	ise claime	d? ┌ Yes	Γ _{No}		2	4b If "\	∕es," ıs	the ev	ıdence	written?	Гүе	sГN)
(a) (b) Business/ (d) Type of property (list vehicles first) Type of property (list vehicles first) Cost or use percentage			rother	(busines	(e) deprecia ss/investr e only)		(f) Recover period	overy Method/			(h) Depreciation/ deduction			(i) Elected section 179 cost		
25 Special depreciation allo 50% in a qualified busi	· · · · · · · · · · · · · · · · · · ·		erty placed	in service (during the	tax year	and u	used moi	e than	25						
26 Property used more	e than 50%	ın a qualıfıed	business	use												
		%									+			-		
		%									+			+		
27 Property used 50%	orless in a		iness us	e										_		
		%							S/L - S/L -		_			4		
		%							S/L -							
28 Add amounts in co	olumn (h), lır	nes 25 throug	ıh 27 En	ter here a	and on lu	ne 21, _l	oage	1 .	28	8						
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1					•		29				
			ction B													
Complete this section If you provided vehicles to														se vehic	les	
					a)	(1		1	(c)		(c			2)		f)
year (do not inclu-			_	Vehi	cle 1	Vehi	cle 2	. V	ehicle	3	Vehi	cle 4	Vehi	cle 5	Vehi	icle 6
31 Total commuting i	mıles drıven	during the ye	ar .													
32 Total other persor	nal(noncomm	nuting) miles	drıven													
33 Total miles driven through 32	during the y		s 30													
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Ye	s 1	No.	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle us owner or related p		y by a more th	nan 5%													
36 Is another vehicle			e? .													
Section	on C—Que	stions for	Emplo	ers W	ho Pro	vide \	/ehi	icles	or U	se by	/ The	ir En	nploy	ees	ı	
Answer these questio 5% owners or related				eption to	comple	ting Se	ction	B for v	ehicle	s use	d by e	mploy	ees wh	o are	not mo	re tha
37 Do you maintain a employees? .		cy statement											our •	<u> </u>	es	No
38 Do you maintain a	written polic	cy statement	that prof	nibits per	sonal us	e of vel	nicle	s, exce	pt con	nmutır	ng, by					
employees? See t						ers, dire	ector	s, or 1	% or m	nore o	wners		• •	-	-+	
39 Do you treat all us						•	٠. ٠	•	• .	•	. •		•	-		
40 Do you provide movehicles, and reta				oyees, ol	btain info	ormatio •	n froi	m your • •	emplo •	yees .	about •	the us	e of the	e		
41 Do you meet the r	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstrı	uction	s)					
Note: If your answ	ver to 37, 38	, 39, 40, or 4	1 is "Ye	s," do no	t comple	te Sect	ion E	3 for the	cove	red ve	hicles	5				
Part VI Amo	rtization															
(a) Description of c	costs	(b) Date amortization begins	n	(A mort a mo	ızable			(d) Code ection		(e) mortiz period ercen	ation d or			(f) rtızatı hıs ye		
42 A mortization of co	sts that her		ur 2011	tax vear	(see ins	truction	ns)		<u> </u>	3.3011	30					
		, ==,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	,	,	1	,									
						-+			\dashv							
43 Amortization of co	sts that beg	jan before you	ur 2011 t	ax year		-			•		43					
44 Total. Add amoun	_	•		•	ere to re	port				Ì	44					

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

(A) Name and Title	(B) Average hours per week		ition that a	•	у)	Highest		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	Week		Institutional Trustee	Officei	Key employee	iest compensated iovee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
WILLIAM L O'CONNOR PROGRAM DIRECTOR	40 00					х		253,457	0	39,533
NEIL ADAMS PROGRAM DIRECTOR	40 00					Х		249,160	0	51,706
FRANK J SERNA ENGINEERING DIRECTOR	40 00					Х		252,667	0	50,753
PHILIP S BABCOCK IV DIR OF ENGINEERING OPS	40 00					Х		244,868	0	44,099

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

Compensated Employees, and I	independe	ent Co	ntr	acto	ors					
(A) Name and Title	(B) Average hours		(tion that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
WILLIAM F BALLHAUS JR DIRECTOR	4 00	Х						32,125	0	0
DELORES M ETTER DIRECTOR	3 00	Х						39,657	0	0
JOHN A GORDON CHAIRMAN	8 00	Х		х				72,660	0	0
SHERWIN GREENBLATT DIRECTOR	4 00	Х						24,015	0	0
MIRIAM E JOHN DIRECTOR	3 00	Х						34,750	0	0
FRANKLIN C MILLER DIRECTOR	3 00	Х						36,666	0	0
GEORGE M MILNE JR DIRECTOR	4 00	Х						40,162	0	0
M ELISABETH PATE-CORNELL DIRECTOR	3 00	Х						23,000	0	0
C BRUCE TARTER THRU 10511 DIRECTOR	4 00	Х						23,377	0	0
PETER B TEETS DIRECTOR	3 00	Х						36,891	0	0
RICHARD D WHITE DIRECTOR	4 00	Х						34,182	0	0
JAMES D SHIELDS PRESIDENT AND CEO	40 00	Х		х				607,468	0	50,613
FRANK H AKERS JR DIRECTOR	3 00	Х						28,750	0	0
DANIEL E HASTINGS DIRECTOR	3 00	Х						36,204	0	0
RICHARD T ROCA DIRECTOR	3 00	Х						11,482	0	0
JOHN R DOWDLE VP OF ENGINEERING	40 00			Х				349,111	0	42,915
ELIZABETH MORA CFO & TREASURER	40 00			Х				370,717	0	35,401
LEN POLIZZOTTO VP OF STRAT BUS DEV & MARK	40 00			х				329,149	0	49,958
DARRYL G SARGENT VP OF PROGRAMS	40 00			Х				348,893	0	42,637
JOHN W STILLWELL VP OF STRAT SYSTEMS	40 00			Х				359,103	0	61,660
MELINDA J BROWN DIR OF LEGAL & SECRETARY	40 00			Х				217,526	0	22,293
STEVEN DITULLIO PRINCIPAL DIRECTOR TECHNIC	40 00				Х			289,886	0	42,402
PAUL ROSENSTRACH PROGRAM DIRECTOR	40 00				Х			249,326	0	47,511
JACK BARRY PRINCIPAL DIR ADMINISTRATION	40 00				Х			231,819	0	43,100
PAUL R BLASCHE PRINCIPAL DIRECTOR TECHNIC	40 00					х		289,673	0	49,531

Additional Data

Software ID: Software Version:

EIN: 04-2505372

Name: CHARLES STARK DRAPER LABORATORY INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

) (Expenses \$ 29,368,879 including grants of \$) (Revenue \$ (Code 34,978,635) SPACE SYSTEMSTHE ENGINEERS AT THE MIT INSTRUMENTATION LABORATORY, WHICH LATER BECAME DRAPER LABORATORY, WERE RESPONSIBLE FOR DESIGNING THE GUIDANCE, NAVIGATION AND CONTROL SYSTEM FOR THE APOLLO PROGRAM, INCLUDING THE APOLLO'S GUIDANCE COMPUTER- ONE OF THE FIRST APPLICATIONS OF THE INTEGRATED CIRCUIT DRAPER'S ENGINEERING ACCOMPLISHMENTS, IN-PART, ENABLED THE SUCCESS OF THE APOLLO MISSIONS, AND PAVED THE WAY FOR DRAPER'S CONTINUED ROLE IN MODERN SPACE FLIGHT DRAPER'S SPACE PROGRAMS FOCUS ON THE NATION'S NEED FOR ADVANCED DEVELOPMENT OF AUTONOMOUS AND HIGHLY RELIABLE SYSTEMS. DRAPER IS LEVERAGING OUR WORLD-CLASS EXPERTISE IN GN&C TO ADDRESS THE FUTURE NEEDS OF HUMAN SPACE EXPLORATION, SPACE SCIENCE, AND MILITARY SPACE APPLICATIONS FUTURE VEHICLES AND MISSIONS WILL REQUIRE COMBINATIONS OF ADVANCED GN&C TECHNOLOGIES, INCLUDING HIGH PERFORMANCE, HIGH RELIABILITY, SIGNIFICANT AUTONOMY, AND LOWWEIGHT, LOW-POWER AVIONICS OTHER PROGRAMSEMPLOITING THE SYNERGY BETWEEN ENGINEERING AND THE LIFE SCIENCES, DRAPER IS WORKING ON SOME OF TODAY'S MOST CRITICAL HEALTHCARE PROBLEMS AND PARTNERING WITH LEADING MEDICAL AND RESEARCH INSTITUTIONS AND PHARMACEUTICAL ORGANIZATIONS TO DEVELOP INNOVATIVE DIAGNOSTICS AND THERAPIES FOR CLINICAL AND DEFENSE NEEDS UNDER CONTRACT TO THE MILITARY, DRAPER IS DEVELOPING TECHNOLOGIES TO ADDRESS TRAUMATIC BRAIN INJURY, MASSIVE INTERNAL HEMORRHAGING, DETECTION OF INFECTIOUS PATHOGENS LIKE MALARIA. AND RAPID DIAGNOSIS OF ENVIRONMENTAL PATHOGENS AND TOXINS FOR HEALTHCARE AT HOME, DRAPER IS WORKING ON DETECTION OF EPILEPTIC SEIZURES, EARLY DETECTION OF THE ONSET OF SEPSIS, PAINLESS METHODS OF MONITORING HYPOGLYCEMIA OR HYPERGLYCEMIA FOR DIABETICS. MEANS TO PREVENT HEARING LOSS FOR PATIENTS UNDERGOING CHEMOTHERAPY, TOOLS TO REMOVE VOCAL CORDS TUMORS WHILE MINIMIZING SPEECH LOSS, AND DEVELOPING SURGICAL INSTRUMENTS TO REMOVE DISEASED ORGANS WITHOUT BREAKING THE SKIN TWO PROGRAMS ARE INVESTIGATING MEANS TO DEVELOP VERY LOW-COST BUT RAPID DETECTION OF ACTIVE TUBERCULOSIS, A DEVICE THAT WILL BE USED IN THIRD-WORLD COUNTRIES DRAPER IS ALSO SUPPORTING PHARMACEUTICAL AND BIOLOGICAL RESEARCHERS IN DETECTING DRUG TOXICITY TO PREVENT ILLNESSOR DEATH FROM NEW DRUGS, IMAGING SYSTEMS THAT WILL ACCELERATE THE DEVELOPMENT OF STEM CELLS, AND DEVELOPING A SENSOR SO SMALL IT CAN DETECT THE EFFECT OF NEW DRUGS INSIDE LIVING CELLS

Identifier	Return Reference	Explanation
	TAX YEAR	THE ORGANIZATION FISCAL CALENDAR ENDS ON THE FRIDAY CLOSEST TO JUNE 30TH AND AS A RESULT A YEAR WILL CONTAIN EITHER 52 OR 53 WEEKS THIS TAX YEAR ENDED ON JUNE 29, 2012 AND CONTAINED 52 WEEKS

	Identifier	Return Reference	Explanation
I		FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,572,698 FAS 158 PENSION & POST RETIREMENT PLAN -31,140,970 TOTAL TO FORM 990, PART XI, LINE 5 -32,713,668

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	DRAPER PUBLISHES AN ANNUAL REPORT AVAILABLE TO THE PUBLIC UPON REQUEST DRAPER ALSO MAINTAINS A LINK ON GOVERNANCE ON ITS WEBSITE AT WWW DRAPER COM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	DRAPER PUBLISHES AN ANNUAL REPORT AVAILABLE TO THE PUBLIC UPON REQUEST DRAPER ALSO MAINTAINS A LINK ON GOVERNANCE ON ITS WEBSITE AT WWW DRAPER COM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	DRAPER MAINTAINS TWO FULL TIME PERSONNEL WHO ARE RESPONSIBLE FOR COMPILATION, ANALYSIS AND MANAGEMENT OF THE COMPENSATION BUDGET PROCESS THEY PARTICIPATE IN NATIONAL AND LOCAL SURVEYS THAT INCLUDE A BROAD RANGE OF PARTICIPATING COMPANIES THE RESULTING DATA PROVIDE INFORMATION RELATED TO MARKET RATES, SALARY RANGES, COMPENSATION BUDGET PLANNING, BENEFITS INFORMATION, AND GENERAL WORK LIFE POLICIES AND PRACTICES PERTINENT SURVEY INFORMATION IS ANALYZED, REVIEWED AND UTILIZED WHEN ASSESSING APPROPRIATE WAGES, GRADING FOR BENCHMARK POSITIONS THE COMPENSATION BUDGET AS A WHOLE IS PRESENTED TO THE BOARD FOR REVIEW AND APPROVAL AND INCLUDES A PRESENTATION ON HEADCOUNT, UPCOMING RESEARCH ACTIVITIES AND SPONSOR AWARDS BOTH IN PROCESS AND ANTICIPATED THE COMPENSATION COMMITTEE ALSO VOTES TO APPROVE THE COMPENSATION OF THE CEO AND OFFICERS BASED ON THEIR SURVEYS WHICH INCLUDES THIRD PARTY SURVEYS OF LABORATORIES THROUGHOUT THE COUNTRY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	DRAPER SENDS AN ANNUAL DISCLOSURE REQUEST TO EACH BOARD MEMBER WITH AN EXTENSIVE SET OF QUESTIONS PERTAINING TO RELATIONSHIPS AND FINANCIAL INTERESTS WITH THE LABORATORY AND THE BOARD MEMBERS BASED ON DATA PROVIDED BY DIRECTORS AND OFFICERS, LABORATORY MAINTAINS A MATRIX OF BOARD POSITIONS, AFFILIATIONS AND ORGANIZATIONS WITH WHOM THE DIRECTORS MAY HAVE A RELATIONSHIP REQUIRING DISCLOSURE COMPLIANCE, AND LEGAL IF NEEDED, REVIEWS DISCLOSURES FOR POTENTIAL RELATIONSHIPS MEETING DISCLOSURE REQUIREMENTS OUTSIDE TAX FIRM PERSONNEL MAY ALSO BE CONSULTED

ldentifier	Return Reference	Explanation
	PART VI, SECTION B, LINE 11	MFA PREPARES THE FORM 990 USING INFORMATION PROVIDED BY DRAPER PRIOR TO PROVIDING THE 990 TO THE GOVERNING BODY, THE DIRECTOR OF AUDIT AND COMPLIANCE PERFORMS AN INITIAL REVIEW THE CFO AND PRESIDENT THEN PERFORM THEIR OWN REVIEWS OF THE DOCUMENT A COPY OF THE 990 IS THEN MADE AVAILABLE TO THE BOARD OF DIRECTORS VIA THE ORGANZATIONS INTRANET AND A PRESENTATION IS GIVEN TO THE AUDIT COMMITTEE. A FINAL REVIEW IS PERFORMED BY THE CFO AND CEO, AND THEN THE FORM 990 IS SIGNED AND FILED

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERSHIP CONSISTS OF BETWEEN 21 AND 52 PERSONS AS DETERMINED BY THE MEMBERS IN OFFICE FROM TIME TO TIME. MEMBERSHIP IS DIVIDED INTO THREE CLASSES. THEIR TERMS OF OFFICE ARE FIXED SO THAT THE TERM OF OFFICE OF ONLY THOSE MEMBERS IN ONE CLASS WILL EXPIRE AT EACH ANNUAL MEETING OF THE MEMBERS. MEMBERSHIP IS NOT ASSIGNABLE BY OPERATION OF LAW OR OTHERWISE. EACH MEMBER SHALL HAVE ONE VOTE. MEMBERS MAY VOTE EITHER IN PERSON OR BY PROXY. WHEN A DULY FORMED QUORUM (AS DETERMINED BY LAW, THE ARTICLES OF INCORPORATION OR THE BYLAWS) IS PRESENT, ANY MATTER BEFORE A DULY CALLED MEETING SHALL BE DECIDED BY A VOTE OF A MAJORITY OF THE MEMBERS EXCEPT WHERE A LARGER VOTE IS REQUIRED BY LAW, THE ARTICLES OF ORGANIZATION OR THE BYLAWS. ANY ELECTION IS DETERMINED BY A PLURALITY OF VOTES CAST EXCEPT WHERE REQUIRED BY LAW, THE ARTICLES OR THE BYLAWS. THE MEMBERS AT EACH ANNUAL MEETING FIX THE NUMBER OF DIRECTORS (NOT LESS THAN 3 OR MORE THAN 17) AND ELECT THE NUMBER OF DIRECTORS SO FIXED. ALL ACTIVITIES OF THE CORPORATION ARE CONDUCTED UNDER THE DIRECTION OF THE DULY ELECTED BOARD OF DIRECTORS.