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DLN: 93493217015456

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

	r the 201	14 cale	ndar year, or tax year beginning	g 10-01-2014 , and ending 09-30-2	015		
	eck if appli		C Name of organization The Aerospace Corporation	<u> </u>		D Employer	identification number
☐ Add	dress chang	ge	The Aerospace Corporation	95-2102	2389		
Г _{Nai}	me change	≘ -	Doing business as			_	
┌ Inıt	ıal return					E Telephone	numher
Fin-			Number and street (or P O box if m PO Box 92957	naıl ıs not delivered to street address) Room	/suite	, i	
•	urn/termina					(310)33	36-5000
_	ended retu olication pe		City or town, state or province, coul Los Angeles, CA 90009	ntry, and ZIP or foreign postal code		G Gross rece	ıpts \$ 917,112,000
	•	Ĺ	F Name and address of prir	ncinal officer	U(a) I		
			E M Beatty	neipar officer		this a group re [.] pordinates?	turn for
			2310 E El Segundo Blvd El Segundo, CA 90245				
			Er oogundo, er voe ro		1	e all subordinat luded?	tes
I Ta	x-exempt	status	▼ 501(c)(3)	(insert no)			list (see instructions)
J W	ebsite: 🕨	► www	aero org		H(c) Gr	oup exemption	number ►
K Forr	n of organ	uzation	Corporation Trust Associatio	on Other ►		formation 1960	M State of legal domicile CA
		Sumr		oner P	L icai oi	Tollifiation 1300	PI State of legal dofficile. CA
	_		-	on or most significant activities			
				and other customers in conception,			
01	1		systems Mission Working to it on success and to 100% mission	mprove effectiveness for space opera on success	ations and end	-user commun	nities, contributing to
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Ē	—						
Governance	2 Ch	ack thi	us hov 🖳 if the organization di	scontinued its operations or dispose	d of more than	25% of its no	t accete
		eck till	3 box Fig. If the organization di	scontinued its operations of dispose	a or more than	125 /0 01163 116	
Activities &	3 Nui	mber o	f voting members of the govern	ung body (Part VI, line 1a)			3 18
Ĕ	4 Nu	mber o	f independent voting members	of the governing body (Part VI, line 1	lb)	[4 16
ਓ	5 Tot	tal num	nber of individuals employed in	calendar year 2014 (Part V, line 2a)			5 4,239
∢	6 Tot	tal num	nber of volunteers (estimate if n	necessary)			6
	7a Total unrelated business revenue from Part VIII, column (C), line 12						7a 5,011
	b Net	t unrel	ated business taxable income f	rom Form 990-T, line 34		:	7b 4,011
					P	rior Year	Current Year
gı.				ne 1h)			0
H.				ine 2g)		881,907,000	
Revenue	1			n (A), lines 3, 4, and 7d)		11,000	
				lines 5, 6d, 8c, 9c, 10c, and 11e)		2,397,739	9 441,000
				(must equal Part VIII, column (A),	line	884,315,739	917,112,000
							71,112,000
	1					203,37	
	14 B		and similar amounts paid (Part	IX, column (A), lines 1-3)		203,37	7 267,865
	1	3enefit	and sımılar amounts paıd (Part s paıd to or for members (Part I	IX, column (A), lines 1-3)		-	7 267,865
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) (Revenue \$

(Expenses \$ including grants of \$

Total program service expenses ►

886,342,884

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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^{\square}	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, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
С	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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f CD}$	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 and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		

Par	t IV Checklist of Required Schedules (continued)				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes		
23	3 Did the organization answer "Yes" to Part VII, Section A, line 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				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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				
		28a		No	
	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 direct or indirect 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		Νo	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	32		No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No	
b	If 'Yes' to line 35a, 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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes		

FQ	Check if Schedule O contains a response or note to any line in this Part V			_
	Check it Schedule O contains a response of note to any line in this Part V	-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 332			<u> </u>
	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			1
	gaming (gambling) winnings to prize winners?	1 c	Yes	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35	105	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	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
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	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).	.	V	
	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 7b	Yes Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	70	165	
	file Form 8282?	7 c		No
a	11 Yes, indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

►Ellen M Beatty 2310 E El Segundo Blvd

El Segundo, CA 90245 (310) 336-5000

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 or note to any line in this Part VI			
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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	3		No
4	supervision of officers, directors or trustees, or key employees to a management company or other person? 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 No
6	Did the organization have members or stockholders?	6		No
	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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F	evenu	ıe Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	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		
l1a	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 this Form 990			
L2a	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	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L 5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	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	ection C. Disclosure			
L 7	List the States with which a copy of this Form 990 is required to be filed▶			
L8	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 V Upon request Other (explain in Schedule O)			
L9	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 during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record			

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					1	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	۰		
c	Total from continuation sheets to Part VII, Section A	►		
d	Total (add lines 1b and 1c)	Þ	13,113,204	6,811,647

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►2,627

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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
Andrews International Inc P O Box 417326 Boston, MA 02241	Security Services	4,978,361
Corpinfo Services 2050 S Westgate Avenue Los Angeles, CA 90025	Desktop Computer Ser	4,548,859
Equinix Inc - #774252 4252 SOLUTIONS CENTER CHICAGO, IL 60677	Data Center Mgmt	2,097,232
Global Technology Resources Inc P O Box 912591 Denver, CO 802912591	CISCO Hardware Supt	1,975,984
Techlink Systems Inc One Post Street Suite 300 San Francisco, CA 94104	Contract Labor	1,775,799
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►105

Part V	/##1	Statement of Revenue				
		Check if Schedule O contains a response or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w 92	1a	Federated campaigns 1a				
ons, Giffs, Grants Similar Amounts	ь	Membership dues 1b				
9 E	c	Fundraising events 1c	_			
Ž Š	d	Related organizations 1d	_			
Contributions, Gifts, Grants and Other Similar Amounts			_			
ns,	e	Government grants (contributions) 1e	_			
er S	f	All other contributions, gifts, grants, and 1f similar amounts not included above	_			
tributio Other	g	Noncash contributions included in lines		İ		i
Conti and (h	1a-1f \$ Total. Add lines 1a-1f	_			
<u>ರಹ</u>	h		•			
an		Business Cod	 			
Program Serwoe Revenue	2a .	Contract income 541	700 916,670,000	916,670,000		
<u>2</u> 2	b					
Š	C					
Š	d					
Ē	e _	All other program service revenue				
Ş	f					
	g	Total. Add lines 2a−2f	916,670,000			
	3	Investment income (including dividends, interest, and other similar amounts)	1,000	1,000		
	4	Income from investment of tax-exempt bond proceeds	- 0			
	5	Royalties	221,000	221,000		
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	C	Rental income or (loss)				
	d	Net rental income or (loss)	0			
		(i) Securities (ii) Other				
	7a	Gross amount from sales of				
		assets other than inventory				
	b	Less cost or other basis and				
	_c	sales expenses Gain or (loss)				
	d	Net gain or (loss)	. 0			
	8a	Gross income from fundraising				
ше		events (not including				
Other Revenue		\$ of contributions reported on line 1c)				
Ψ.		See Part IV, line 18				
호	Ь	Less direct expenses b				
₹	c	Net income or (loss) from fundraising events	. 0			
	9a	Gross income from gaming activities				
		See Part IV, line 19				
	Ь	Less direct expenses b				
	l	Net income or (loss) from gaming activities				
	l	Gross sales of inventory, less				
		returns and allowances .				
	ь	Less cost of goods sold b	<u> </u>			
		Net income or (loss) from sales of inventory				
	Ť	Miscellaneous Revenue Business Cod				
	11a	O ther income	38,989	38,989		
	ь	Unrealized gain on invest	176,000	176,000		
	c	Vending sales commissions	5,011		5,011	
		All other revenue				
	е	Total. Add lines 11a-11d	220,000			
	12	Total revenue. See Instructions	917 112 000	917 106 989	5.011	

Part IX Statement of Functional Expenses

section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations mu	st complete column (A)
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	Check if Schedule O contains a response or note to any line in this	I I			· · · · ·
	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) Fund <i>r</i> aising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	267,865	267,865		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	16,997,009	10,810,117	6,186,892	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	532,776,977	516,173,813	16,603,164	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	92,137,415	87,801,873	4,335,542	
9	Other employee benefits	44,716,093	43,244,077	1,472,016	
10	Payroll taxes	32,603,494	31,450,945	1,152,549	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	1,962,099	294,852	1,667,247	
С	Accounting	712,145	107,017	605,128	
d	Lobbying	0	1		
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	67,568	10,154	57,414	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,719,172	258,345		
12	Advertising and promotion	492,661	475,443	17,218	
13	Office expenses	13,071,547	12,232,947	838,600	
14	Information technology	29,730,724	28,487,015	1,243,709	
15	Royalties	0			
16 	Occupancy	32,149,831	31,401,403	748,428	
17 18	Travel	25,809,267	23,943,591	1,865,676	
19	Conferences, conventions, and meetings	2,987,823	2,477,484	510,339	
20	Interest	8,669,000	8,669,000	310,333	
21	Payments to affiliates	0	0,003,000		
 22	Depreciation, depletion, and amortization	43,608,508	41,583,364	2,025,144	
23	Insurance	1,060,433	12,352	1,048,081	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	All other expenses	32,574,579	29,746,085	2,828,494	
b	Purchased labor	7,597,520	7,111,958	485,562	
c	Consultant fees	5,423,487	5,051,342	372,145	
d	Guard service	5,181,783	4,731,842	449,941	
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	932,317,000	886,342,884	45,974,116	(
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	0
	2	Savings and temporary cash investments	37,213,070	2	51,368,144
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	54,837,207	4	59,454,920
	5	Loans and other receivables from current and former officers, directors, trustees, ke employees, and highest compensated employees Complete Part II of Schedule L		5	0
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employer and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	·s	6	0
Se	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	-		9,350,875		8.876.957
	9 10a	Prepaid expenses and deferred charges	9,330,873	9	0,010,931
		Complete Part VI of Schedule D 992,786,00			500 000 400
	b	Less accumulated depreciation	509,713,864		508,923,120
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	27,042,109	15	22,823,859
	16	Total assets. Add lines 1 through 15 (must equal line 34)	638,157,125	16	651,447,000
	17	Accounts payable and accrued expenses	93,923,730	17	100,399,738
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ø.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
ilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabilit		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	167,166,666	23	162,183,333
	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			
		D	528,138,000	25	609,442,200
	26	Total liabilities. Add lines 17 through 25	789,228,396	26	872,025,271
ě		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	-151,071,271	27	-220,578,271
- E	28	Temporarily restricted net assets		28	
Ξ	29	Permanently restricted net assets		29	
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
ets Ets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
봈	33	Total net assets or fund balances	-151,071,271	33	-220,578,271
Ŋĕţ					
	34	Total liabilities and net assets/fund balances	638,157,125	34	651,447,000

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				. ৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		917,1	.12,000
2	Total expenses (must equal Part IX, column (A), line 25)	2		932,3	317,000
3	Revenue less expenses Subtract line 2 from line 1	3		-15,7	205,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			71,271
5	Net unrealized gains (losses) on investments	5			<u> </u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-54,	302,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			578,271
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: 14000265 **Software Version:** 2014v6.0

EIN: 95-2102389

Name: The Aerospace Corporation

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

Form 990, Part VII - Compensation Compensated Employees, and Inde					-	<i>-</i> 5, .	,			
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				inless fficer tee)		(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
(1) B M Barrett Trustee	2 00	х						60,250	0	0
(1) C A Blanchard	2 00	х						16,500	0	0
Trustee (2) K P Chilton	2 00	х						37,750	0	0
Trustee (3) D M DiCarlo	2 00	х						37,750	0	0
Trustee (4) M B Donley	2 00	х						41,750	0	0
Trustee (5) B J Dunbar	2 00	х						33,250	0	0
Trustee (6) K R Hall	2 00	х						36,250	0	0
Trustee (7) D E Hastings	2 00	х						34,250	0	0
Trustee (8) T W Jonas	2 00	х						35,750	0	0
Trustee (9) J E McLaughlin	2 00	х						26,250	0	0
Trustee (10) M Montelongo	2 00	Х						39,750	0	0
Trustee (11) G K Muellner	2 00	х						38,750	0	0
Trustee (12) J H Smith	2 00	х						38,250	0	0
Trustee (13) A K Street	2 00	Х						45,000	0	0
Trustee (14) W L Shelton	0 00	X						0	0	0
Trustee (15) A C Wade	0 00	X						41,250	0	0
Trustee (16) R S Walker	0 00	X						37,500	0	0
Trustee (17) W M Austin	0 00 40 00	X		X				800,007	0	1,234,209
President & CEO (18) C L Gustafson	0 00 40 00			X				296,546	0	140,031
Vice President (19) E M Swallow	0 00 40 00			X				0	0	0
Vice President (20) E M Beatty	0 00 40 00									
Vice President (21) B W Chau	0 00 40 00			X				331,252	0	123,852
Vice President (22) M R Clinton	0 00 40 00			X			_	333,135	0	311,355
Vice President (23) G A Davis	0 00			X				362,553	0	161,723
Vice President (24) M De Ponte	0 00			Х				290,562	0	102,351
Vice President	0 00			Х				381,192	0	587,114

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

Compensated Employees, and Inde	pendent Cor	ntracto	rs					I	1	1
(A) Name and Title	(B) Average hours per week (list any hours	Posit more th perso and a	ion (nan o n is b	ne b oth ctor/	ox, u an of trus	ınless fficer tee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-M13C)	organization and related organizations
(26) R H Fisher	40 00			x				434,578	0	455,877
Vice President	0 00							+5+,570	Ů	455,077
(1) W H Goodman	40 00			x				345,228	0	233,664
Vice President	0 00							3.13,223		200,001
(2) D J Gorney	40 00			x				458,671	0	740,367
Vice President	0 00							100,012		
(3) M M Hills	40 00			X				306,806	0	134,747
Vice President	0 00								-	
(4) R F Johnson	40 00			X				371,247	0	230,410
Vice President	0 00									
(5) R L Kendall	40 00			X				315,466	0	199,769
Vice President	0 00								-	
(6) W C Krenz	40 00			X				337,016	0	445,490
Vice President	0 00							,		,
(7) H J Mitchell	40 00			х				328,452	0	143,476
Vice President	0 00							,		,
(8) R R Razouk	40 00			Х				387,274	0	551,532
Vice President	0 00							·		·
(9) C J Steele	40 00			х				422,454	0	326,151
Vice President	0 00									
(10) S L Zacharius	40 00			х				307,802	0	268,254
Vice President	0 00									
(11) M A Brosmer	40 00				Х			293,538	0	179,460
Gen Mgr (12) J W Ford	0 00									
					Х			218,126	0	83,355
Prin Dir (13) C M Lazar-Morrison	0 00 40 00	-								
					Х			262,676	0	197,009
Gen Mgr (14) D A Reynard	0 00 40 00									
					Х			84,907	0	5,961
Gen Mgr (15) S K Steele	0 00 40 00									
	0 00				Х			216,286	0	60,448
Exec Dir (16) V C Boles	40 00	 								
Con Mar	0 00					X		280,983	0	234,450
Gen Mgr (17) F R Hoots	40 00									
Aerospace Fellow	0 00					X		412,677	0	71,017
(18) A M Kabe	40 00									
Prın Dır	0 00					X		326,721	0	226,290
(19) D A Lewis	40 00									
Prın Dır	0 00					×		286,751	0	213,481
(20) T Lomheim	40 00									
Aerospace Fellow	0 00					×		288,960	0	218,678
(21) J M Drennan	0 00									
Former Vice President	0 00						X	3,031,088	0	-1,068,874
·	1 2 2 2 2 2				-			ı		1

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DLN: 93493217015456

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		he organization ce Corporation					Employer identifica	ation number	
THE A	ciospac	e Corporation					95-2102389		
Pa	rt I	Reason for Publi	ic Charity S	itatus (All organiza	itions must co	mplete this i		ons.	
		zation is not a private f							
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n section 170(b)(1)(A)(i).		
2		A school described in	•			•			
3	Ĺ.	A hospital or a cooper				tion 170(b)(1	(A)(iii).		
4	, 	A medical research or) Enter the	
•	'	hospital's name, city,		stated in Conjunction v	vicii a nospitai a	iescribed iii se		J. Linter the	
5	Г	An organization opera		nefit of a college or uni	versity owned o	r operated by	a governmental unit d	escribed in	
		section 170(b)(1)(A)	(iv). (Complet	e Part II)	·		_		
6	Г	A federal, state, or loc			described in se	ection 170(b)(:	L)(A)(v).		
7	Ī	An organization that n						ieneral nublic	
•	,	described in section 1	•	•	• •	om a governm	ancar anne or morn the g	, cherai public	
8	Γ	A community trust de	scribed in sec l	ion 170(b)(1)(A)(vi)	(Complete Par	tII)			
9	Γ	An organization that n	ormally receiv	es (1) more than 33:	1/3% of its supp	ort from contri	butions, membership	fees, and gross	
		receipts from activitie	s related to it:	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of	
		its support from gross	ınvestment ır	ncome and unrelated b	usiness taxable	e income (less	section 511 tax) from	n businesses	
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)		
10	Г	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ety See sectio	n 509(a)(4).		
11	Г	An organization organ	ized and opera	ited exclusively for the	e benefit of, to r	erform the fun	ctions of, or to carry o	ut the purposes of	
	·	one or more publicly s							
	_	the box in lines 11a th	_			_		· -	
а	ı	Type I. A supporting of							
		supported organizatio organization You mus			-	ty of the direct	ors or trustees of the	supporting	
b	Г	Type II. A supporting				with its suppo	rted organization(s). I	ov having control or	
_	•	management of the su							
	_	must complete Part I							
C		Type III functionally	_		•			grated with, its	
	_	supported organizatio							
d	ļ	Type III non-function not functionally integr							
		(see instructions) Yo					emene and an accentiv	eness requirement	
е	Γ	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally							
_		integrated, or Type III non-functionally integrated supporting organization							
f		Enter the number of supported organizations							
g		Provide the following i	nformation abo	out the supported orga	inization(s)				
	(i)N:	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganization	(v) A mount of	(vi) A mount of	
		organization	(,	organization	listed in your		monetary support	other support (see	
				(described on lines	docume	ent?	(see instructions)	ınstructıons)	
			1-9 above or IRC section (see instructions))						
				macractions))	Yes	No			
	•								

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (d) 2013 (c) 2012 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 939,308 903,443 868,562 881,907 916,670 4,509,890 include any "unusual grants ") 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 939,308 903,443 868,562 881,907 916,670 4,509,890 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 4,509,890 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 939,308 903,443 868,562 881,907 916,670 4,509,890 Amounts from line 4 Gross income from interest, dividends, payments received on 3,920 2,744 2,043 2,399 4,370 15,476 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or 12 12 10 48 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 through 4,525,414 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 99 660 % Public support percentage for 2013 Schedule A, Part II, line 14 15 99 680 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 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 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	За		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
0	Minimum Assat Amount (add line 7 to line 6)	Q		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year							
1 Amounts paid to supported organizations to accom								
2 A mounts paid to perform activity that directly furthe excess of income from activity								
3 Administrative expenses paid to accomplish exemp	3 Administrative expenses paid to accomplish exempt purposes of supported organizations							
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval rec	nured)							
6 Other distributions (describe in Part VI) See instru	ICTIONS							
7 Total annual distributions. Add lines 1 through 6								
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide						
9 Distributable amount for 2014 from Section C, line	6							
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014					
1 Distributable amount for 2014 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2014								
a From 2009								
b From 2010								
c From 2011								
d From 2012								
e From 2013								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
 h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2014 from Section D, line 7 \$								
Applied to underdistributions of prior years								
b Applied to 2014 distributable amount			1					
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2015. Add lines 31 and 4c								
8 Breakdown of line 7								
a From 2010								
b From 2011								
c From 2012								
d From 2013								

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Support Schedule Additional Supplemental Information	Information on Schedule A, Part II is in \$000

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493217015456

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	ne of the organization		E	mployer identification numb	er
ı he	Aerospace Corporation		٩	5-2102389	
Pa	rt I Organizations Maintaining Donor Adv				te if the
	organization answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds		(b) Funds and other acco	unts
	Total number at end of year	(a) Donor advised funds		(b) I dilas alla otilei acco	unts
	Aggregate value of contributions to (during year)				
	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor advisor	ers in writing that the assets hold	ın donor a	dysod	
	funds are the organization's property, subject to the or	ganızatıon's exclusive legal contr	rol?	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?				┌ No
a i	t II Conservation Easements. Complete if	the organization answered "Y	Yes" to Fo	orm 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)	n of a certı	fied historic structure	
	easement on the last day of the tax year	quamica conservation continuati			- W
	Total number of conservation easements			Held at the End of the	
	Total acreage restricted by conservation easements		2a	•	22
	Number of conservation easements on a certified histo	ric structure included in (2)	26		
	Number of conservation easements included in (c) acq historic structure listed in the National Register	` '	2c		1
	Number of conservation easements modified, transferr	ed released extinguished or term	minated by	the organization during	
	Number of states where property subject to conservati				
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?			✓ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspect. •	cting, and enforcing conservation	easement	s during the year	
	A mount of expenses incurred in monitoring, inspecting \$ \blue{F} \\$, and enforcing conservation ease	ements dui	ring the year	
	Does each conservation easement reported on line 2(c and section $170(h)(4)(B)(II)^{2}$	d) above satisfy the requirements	of section	170(h)(4)(B)(ı)	✓ No
	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's fin nts	nancıal sta	tements that describes	
ľ	Complete if the organization answered "Y			Other Similar Assets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, educa	ation, or re	search in furtherance of pub	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to these	ts held for public exhibition, educa			lic
	(i) Revenue included in Form 990, Part VIII, line 1			► \$	
	(ii) Assets included in Form 990, Part X			▶ \$	
	If the organization received or held works of art, historic following amounts required to be reported under SFAS				
	Revenue included in Form 990, Part VIII, line 1			► \$	
)	Assets included in Form 990, Part X			▶ \$	

Part	Organizations Maintaining Collection	ns of Art, His	stori	cal 1	Γreas	ures, or Oth	ner	Similar As	sets (contin	ued)
3	Using the organization's acquisition, accession, and collection items (check all that apply)	other records, c	heck -	·		-		significant use	e of its		
а	Public exhibition	d	Г	Loa	norex	change progra	ns				
b	Scholarly research	e	Γ	Oth	er						
c	Preservation for future generations										
4	Provide a description of the organization's collections Part XIII	s and explain ho	w the	y furt	her the	organızatıon's	exe	empt purpose	ın		
5	During the year, did the organization solicit or receive assets to be sold to raise funds rather than to be mai						ımı	lar	┌ Yes	Г	No
Par	Escrow and Custodial Arrangement Part IV, line 9, or reported an amount o	s. Complete ıf	the	orga	nızatıd		"Ye	s" to Form 9	990,		
1a	Is the organization an agent, trustee, custodian or ot included on Form 990, Part X?					or other asset	s n	ot	┌ Yes		No
ь	If "Yes," explain the arrangement in Part XIII and co	mplete the follo	wing	table							
								1A	nount		
С	Beginning balance					1	с				
d	Additions during the year					10	d				
e	Distributions during the year					10	e				
f	Ending balance					1:	f				
2a	Did the organization include an amount on Form 990,	Part X, line 21,	for e	scrow	orcus	todial account	lıat	oility?	┌ Yes		No
b	If "Yes," explain the arrangement in Part XIII Check	here if the expl	anatı	on ha	s been	provided in Pa	rt X	III		Γ	
Pai	t V Endowment Funds. Complete if the or										
		rent year (b)Prior	year	b (c)	Two years back ((d) ⊤	hree years back	(e)Four	years l	back
1a	Beginning of year balance										
b	Contributions				+						
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current year	end balance (li	ne 1g	, colu	mn (a)) held as					
а	Board designated or quasi-endowment ►										
b	Permanent endowment 🕨										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal	100%									
3a	Are there endowment funds not in the possession of \boldsymbol{t}	he organization:	that	are he	eld and	administered f	or t	he			
	organization by								Ye:	s No	<u> </u>
	(i) unrelated organizations		• •	•			•	3a		+	_
ь	(ii) related organizations			· · dule R	? .				b	+	_
4	Describe in Part XIII the intended uses of the organi	<u>=</u>			· -		-	· · · <u></u>	<u>- </u>		_
Par	Land, Buildings, and Equipment. Coi 11a. See Form 990, Part X, line 10.				on ans	swered 'Yes'	to F	orm 990, Pa	art IV,	line	
	Description of property				r other stment)	(b) Cost or othe basis (other)	r	(c) Accumulated depreciation	(d) E	Book va	ilue
1a l	and		\vdash			55,343,02	24		1	55,343	 3,024
	Buildings					415,116,41	_	95,238,33	5 :	319,878	
	easehold improvements					46,691,70	+	40,368,25	_		, 3,451
	quipment					345,382,88	$\overline{}$	260,115,55	+	85,267	-
	Other					130,251,97	_	88,140,74		42,111	
	. Add lines 1a through 1e (Column (d) must equal Forn		umn (B), Iın	e 10(c)	.)	٠.	•	1	508,923	3,120
								Schedule I	D (Form	990)	2014

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		-
Other		
		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related.		」 n answered 'Yes' to Form 990. Part IV. line 11c
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
		1
		1
		_
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. Complete if the organization		
(a) Des	cription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		on a company of ₩
Part X Other Liabilities. Complete if the or	ganization answered 'Yes' to	o Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.	(b) Book value	
Form 990, Part X, line 25. 1 (a) Description of liability		
Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes Accrued pension cost		
Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes Accrued pension cost Accrued postretirement benefit	(b) Book value 508,385,000	
Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes Accrued pension cost	(b) Book value 508,385,000 46,783,000	
Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes Accrued pension cost Accrued postretirement benefit Accrued rent liabilities	(b) Book value 508,385,000 46,783,000 3,084,200	
Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes Accrued pension cost Accrued postretirement benefit Accrued rent liabilities Aerospace Benefit Equalization Plan	(b) Book value 508,385,000 46,783,000 3,084,200 3,345,000	
Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes Accrued pension cost Accrued postretirement benefit Accrued rent liabilities Aerospace Benefit Equalization Plan	(b) Book value 508,385,000 46,783,000 3,084,200 3,345,000	
Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes Accrued pension cost Accrued postretirement benefit Accrued rent liabilities Aerospace Benefit Equalization Plan	(b) Book value 508,385,000 46,783,000 3,084,200 3,345,000	
Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes Accrued pension cost Accrued postretirement benefit Accrued rent liabilities Aerospace Benefit Equalization Plan	(b) Book value 508,385,000 46,783,000 3,084,200 3,345,000	
Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes Accrued pension cost Accrued postretirement benefit Accrued rent liabilities Aerospace Benefit Equalization Plan	(b) Book value 508,385,000 46,783,000 3,084,200 3,345,000	
Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes Accrued pension cost Accrued postretirement benefit Accrued rent liabilities Aerospace Benefit Equalization Plan	(b) Book value 508,385,000 46,783,000 3,084,200 3,345,000	

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue the organization answered 'Yes' to Form 990, Part IV, line 12a.	per R	eturn Complete If
1	Total revenue, gains, and other support per audited financial statements	1	917,112,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	_	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	917,112,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		,
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	917,112,000
	Reconciliation of Expenses per Audited Financial Statements With Expense	_	
	ıf the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	932,317,000
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 XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	932,317,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	932,317,000
Part	XIII Supplemental Information		
Part	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to mation		de any additional
	Return Reference Explanation		
	The Company was required by Fairfax County, VA to maintain the stream conservation easements on servation easement and has a 10 year maintenance contract in place in 2010 with an estimated annual cost of \$10,000. The forest area will be annually. The conservation easement is on land developed in Chantilly, Vowned facility to replace current leased facilities in the local area. In continuous constructed to me codes. In addition 21.87 acres of forest has been set aside and not avain Currently the audited Financial Statements reflect the land cost and developed in Chantilly, Vowned facility to replace current leased facilities in the local area. In continuous constructed to me codes. In addition 21.87 acres of forest has been set aside and not avain to the conservation easement. Completion of the site with the initial buil August 2014.	e Anno e mon 'irginia nnectio et nati lable fo elopmo tely \$1	ual maintenance began itored at least for use as a Corporate in with development of onal building and local or future development ent cost to date in the .0,000 of cost related

Jenedale 2 (1 31111 33 3) 23 13		i age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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(Form 990)

DLN: 93493217015456

OMB No 1545-0047

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

Department of the Treasury						0	pen to Public		
Department of the Treasury Internal Revenue Service		► Informatio		rm 990) and its instruct	ione is at www.ire.gov.	/form000			Inspection
Name of the organization		F IIII OIII IACIO	ii about Schedule 1 (Fo	onin 990) and its instruct	ions is at <u>www.iis.gov/</u>	<u>101111990</u> .	Employer identification number		
The Aerospace Corpora	ation						95-21023		Jii iidiiibei
Part I General	Information	on Grants and	l Assistance				95-21023		
the selection crit Describe in Part Part II Grants a	eria used to awa IV the organizat Ind Other As	ord the grants or assistance to Doi	sistance? r monitoring the use o	grants or assistance, the		pplete if the organi	zation answ	ered "Ye	F Yes F №
(a) Name and addre organization or government		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descri non-cash as		(h) Purpose of gran or assistance

Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Corporate Study & Assignments	28	267,865			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					
Return Reference	Explanation				
A dditional Supplemental Information	The corporation maintains a corporate study assistance program and awards fellowships to qualified individuals who will contribute to the technical and business expertise of the corporation. Fellowships are normally awarded to regular full or part-time employees currently in good standing who have a minimum of two years employment with the corporation. The Aerospace Institute administers the Corporate Study Assistance Program. The number of fellowship awards each year depends on the availability of resources and the merit of the applications received. The Aerospace Institute advises management and employees on program guidelines, enrolls qualified candidates in the program, authorizes payments to universities and part-time fellows, and monitors compliance with this practice. A fellow in the Corporate Study Assistance Program Submits appropriate receipts for actual incurred expenses, such as tuition, books, and mandatory fees to The Aerospace Institute for payment Submits an official transcript to The Aerospace Institute within 60 days of the completion of each academic term Reimburses the corporation for applicable tuition and textbook costs if the participant drops a course, receives a B-minus or less in any course, or receives less than satisfactory for dissertation research Full-Time students receiving a stipend Expend 20 or 24 hours of effort per workweek during the academic year and up to 40 hours during school recess and vacation periods. Pay is based on the employee's scheduled workweek. Annual reviews reflect both work and academic performance.				

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DLN: 93493217015456

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization The Aerospace Corporation

Employer identification number

95-2102389 Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence 굣 Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee $\overline{\mathbf{v}}$ Written employment contract ~ 굣 Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? Νo

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a Relevant information in regards to selections on 1a	
	Part 1, Line 1a - Relevant Information Regarding Compensation Benefits Two first class travel tickets were purchased during the year in the amount of \$3,423. These two tickets were purchased to meet schedule requirements and no other seats were available. Travel is authorized on an exception basis for the spouse of officers at various times during the year to attend corporate events. All spouse travel is included in income Tax indemnification and gross-up payments are provided to all employees that have relocation expenses to cover the taxable portion of the relocation. Such gross-up is included in income Part I, Line 4b - Participate in, or receive payment from, a supplemental non-qualified retirement plan Current and former corporate officers participate in a 457(f) non-qualified, deferred compensation plan (the Plan). The Plan includes provisions for a significant risk of forfeiture if a participant leaves the company before certain defined target dates are reached. Participants vest in some or all of the deferred compensation upon reaching the target dates. Amounts are reported as taxable income to the individual when vested Increases in actuarial values during the Plan year are reported on Schedule J, Part II, column C, of this return. Increases in actuarial values result from changes in discount rates used to calculate present values of future payments from the Plan, changes in other actuarial assumptions such as mortality assumptions, and increases associated with a formula based on the participant's earnings for the prior year. These changes in value will not be available or taxable to the participant until they have vested in the Plan In the year a participant vests in the Plan, the vested amount is reported as taxable income on Schedule J, Part II, column B(III), of this return and is included in the amounts reported on Form 990, Part VII, column f, and are included in amounts reported on Form 990 and that are included in the vested amount, are reported on Schedule J, Part II, column F, and are includ

Schedule J (Form 990) 2014

Software ID: 14000265 **Software Version:** 2014v6.0

EIN: 95-2102389

Name: The Aerospace Corporation

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

Form 990, Schedule 3, 1	'art 11 -	Officers, Direc	tors, Trustees, Ke	ey Employees, and	1 Highest Compens	sated Employees	,	!
(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	-	(i) Base mpensation	(ii) Bonus & incentive	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred in prior Form 990
A M Kabe, Prin Dir	(I) (II)	325,268		1,453	206,009	20,281	553,011	
B W Chau, Vice President	(I) (II)	262,941	36,450	33,744	280,344	31,011	644,490	
C J Steele, Vice President	(I) (II)	268,060	118,338	36,056	310,659	15,492	748,605	
C L Gustafson, Vice President	(I) (II)	247,876	24,896	23,774	131,189	8,842	436,577	
C M Lazar-Morrison, Gen Mgr	(I) (II)	215,799	22,273	24,604	171,873	25,136	459,685	
D A Lewis, Prin Dir	(I) (II)	257,423	5,000	24,328	205,400	8,081	500,232	
D J Gorney, Vice President	(I) (II)	374,189	50,829	33,653	721,252	19,115	1,199,038	
E M Beatty, Vice President	(I) (II)	260,451	36,635	34,166	117,436	6,416	455,104	
F R Hoots, Aerospace Fellow	(I) (II)	241,626	500	170,551	33,964	37,053	483,694	
G A Davis, Vice President	(I) (II)	240,953	24,250	25,359	97,182	5,169	392,913	
H J Mitchell, Vice President	(I) (II)	257,767	35,195	35,490	126,699	16,777	471,928	
J M Drennan, Former Vice President	(I) (II)	153,791	42,157	2,835,140	-1,071,743	2,869	1,962,214	1,559,065
J W Ford, Prin Dir	(I) (II)	187,025	4,500	26,601	53,739	29,616	301,481	
M A Brosmer, Gen Mgr	(I) (II)	265,627	26,623	1,288	149,709	29,751	472,998	
M De Ponte, Vice President	(I) (II)	301,750	41,069	38,373	572,787	14,327	968,306	
M M Hills, Vice President	(I) (II)	252,818	28,836	25,152	118,912	15,835	441,553	
M R Clinton, Vice President	(I) (II)	293,309	39,932	29,312	127,982	33,741	524,276	
R F Johnson, Vice President	(I) (II)	294,067	39,217	37,963	201,923	28,487	601,657	
R H Fisher, Vice President	(I) (II)	353,777	46,032	34,769	449,490	6,387	890,455	
R L Kendall, Vice President	(I) (II)	272,552	32,389	10,525	169,155	30,614	515,235	

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

(A) Name and Title		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred in prior Form 990
R R Razouk, Vice President	(ı) (ıı)		41,616	35,456	525,822	25,710	938,806	
S K Steele, Exec Dır	(I) (II)	215,313	25	948	32,313	28,135	276,734	
S L Zacharius, Vice President	(I) (II)	246,404	28,435	32,963	237,623	30,631	. 576,056	
T Lomheim, Aerospace Fellow	(I) (II)	263,397	900	24,663	194,257	24,421	. 507,638	
V C Boles, Gen Mgr	(ı) (ıı)	257,028	22,352	1,603	208,549	25,901	. 515,433	
W C Krenz, Vice President	(ı) (ıı)	264,929	38,382	33,705	413,051	32,439	782,506	
W H Goodman, Vice President	(I) (II)	273,749	38,019	33,460	213,257	20,407	578,892	
W M Austin, President & CEO	(I) (II)		204,358	42,467	1,201,118	33,091	. 2,034,216	

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DLN: 93493217015456

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, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

The Aerospace Co	rganization						E	mploy	er ident	tificatio	n numbe	r
	прогасіон						وا	5-21	2389			
Part I Exc	ess Benefit Tra	nsactions	s (section	501(c)(3), s	section 501(c)(4), and 501				s only)		
Com	plete if the organiza	tion answer	ed "Yes" o	n Form 990	, Part IV , line	25a or 25b, o	or Form	990-	Z, Par	t V , line	40b	
1 (a) Nam	ne of disqualified pe	1			squalified (c) Descrip		of trai	nsactioi	n [(d) Cor	rected?	
			person	and organiza	ition						Yes	No
4958 . 3 Enter the Part III Loans to a	amount of tax incur	y, on line 2,	endove, rei	mbursed by	the organizati	on	 		sectio ▶ \$ ▶ \$	n 		
<u> </u>	nount on Form 990	, Part X, line			V, line 38a, o	r Form 990,	Part IV	, line 2	26, or ıf	the org	anızatıor	1
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loar	the	(e)Original principal amount	(f) Balance due	(g) defa	In	(h Appro) oved rd or	(i)Wri agreen	tten
(a) Name of interested	(b) Relationship	(c) Purpose of	(d) Loar or from t	the	(e)O riginal principal	(f)Balance	(g)	In	(h) A ppro) oved rd or	(i)Wrı	tten
(a) Name of interested	(b) Relationship	(c) Purpose of	(d) Loar or from t	on to the clon?	(e)O riginal principal	(f)Balance	(g) defa	In ult?	(h) A ppro by boa commi) oved rd or ttee?	(i)Wrı agreen	tten nent?

EXITTY Dusiness Italisactions II	IVOIVING THEE CSEC	i FCI SUIIS.			
Complete if the organization	n answered "Yes" on F	Form 990, Part IV, lın	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sha of organiz revenu	ation's
(1) M Montelongo	trustee	248 196	food service vendor		No

Part V	Supplemental	Information
raitv	Supplemental	Till Of Illa tion

Provide additional information for responses to questions on Schedule L (see instructions	Provide additional info	ormation for response:	s to questions on S	Schedule L (see instructions
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Return Reference	Explanation
Information	Part IV Line 2 - M Montelongo is a trustee and an officer for a food service vendor used by the Corporation thru February 25, 2015 See Schedule O, Form 990, Part VI, Sec A, Line 1a/b for additional comments

Schedule L (Form 990 or 990-EZ) 2014

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DLN: 93493217015456

OMB No 1545-0047

2014

Open to Public Inspection

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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization The Aerospace Corporation	Employer identification number
·	95-2102389

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

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

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

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

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Charge to Corporate Equity = -\$54302000

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

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 1a/b	The President and CEO of the Corporation is a member of the Board of Trustees, ex officio, with full voting power during her term of office as President and CEO. The President and CEO is not independent as she is compensated as an officer. The President and CEO excuses herself from votes which may result in a conflict of interest. One of the members of the Board of Trustees is an officer for a food service vendor used by the Corporation. The vendor operates two cafeterias for the Corporation. The vendor is given exclusive rights to operate the two cafeterias. The vendor pays for all the food and labor associated with delivering the meals. Aerospace employees, Air Force employees, and other visitors that eat at the cafeterias pay the vendor for their meals. The vendor keeps any profits made. The vendor does not pay for the use of building space or equipment, which is paid for by the Corporation. The Corporation pays the vendor to cater company sponsored business meals on the Corporation premises. During the reporting period, the Corporation paid the vendor \$248,196 for catering services, which is reported on Schedule L. Part IV. The contract with the food service vendor was entered into in 2008 prior to the election of the Trustee and without his knowledge or control. The Corporation entered into the transaction for food services for its own benefit and the benefit of its employees after a competitive bidding process which included six other vendors. The contract was created in the ordinary course of business on the same terms as offered to the public. The trustee excuses himself from votes which may result in a conflict of interest. The contract with the food service vendor ended February 25, 2015.

Return Reference	Explanation
Form 990, Part XI, Line 9	Accumulated change to Corporate Equity increased by \$54,302,000 due to decrease in the interest rate used to value the liabilities of the Company's retirement plans

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