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DLN: 93493038006137

OMB No 1545-0047

Open to Public

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

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

**Return of Organization Exempt From Income Tax** 

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

Inspection

|                             |                          |                 | '   |   |               | _                |                         |              |                                    |
|-----------------------------|--------------------------|-----------------|---|---|---------------|------------------|-------------------------|--------------|------------------------------------|
|                             |                          |                 | lendar year, or tax year l  C Name of organization  | beginning 06-27-2015 , and ending   | 07-01-201     | 6                | D Emple                 | ver ic       | lentification number               |
| _                           | neck if ap<br>Address ch | •               | Charles Stark Draper Labor                          | ratory Inc  |               |                  |                         | -            |                                    |
| _                           | lame cha                 | -               | % PATRICIA MCLAUGHLIN Doing business as             |   |               |                  | <b>—</b> 04-2.          | 5053         | /2                                 |
| •                           | nıtıal retu              | ım              | Doing business as                                   |   |               |                  |                         |              |                                    |
| ┌ F<br>returr               | inal<br>n/termina        | ated            |   | box if mail is not delivered to street address                            | ss) Room/sui  | te               | E Teleph                | one nu       | ımber                              |
|                             | mended r                 |                 | 555 Technology Square MS                            | 5 34  |               |                  | (617)                   | 258          | -1000                              |
| ∏A <sub>I</sub>             | oplication               | pending         | City or town, state or prov<br>Cambridge, MA 02139  | ince, country, and ZIP or foreign postal code                             | !             |                  |                         |              |                                    |
|                             |                          |                 | - '   |   |               |                  | <b>G</b> Gross          | receipt      | s \$ 861,778,009                   |
|                             |                          |                 | <b>F</b> Name and address o<br>Dr Kaigham J Gabriel | f principal officer   |               |                  | this a group            |              |                                    |
|                             |                          |                 | 555 Technology Squar                                |   |               | sul<br>N         | bordinates?<br>o        |              | ☐ Yes 🗸                            |
| - T:                        | ax-exem                  | nt status       | Cambridge, MA 02139                                 |   |               | <b>н(ь)</b> Аг   | e all subord            | inate        | S Yes No                           |
|                             |                          |                 | ▼ 501(c)(3)   | ) ( ) ◀ (insert no )  | 527           |                  | :luded?<br>'No," attach | n a lis      | t (see instructions)               |
| J W                         | /ebsite                  | :► www          | w draper com  |   |               | H(c) Gr          | oup exemp               | tion n       | umber ▶                            |
| <b>K</b> For                | m of org                 | anızatıon       | ✓ Corporation Trust                                 | Association  ○ Other ►  |               | <b>L</b> Year of | formation 19            | 973          | <b>M</b> State of legal domicile M |
|                             |                          | C               |   |   |               |                  |                         |              |                                    |
| Pa                          |                          | Sum             | •   | mission or most significant activitie                                     |               |                  |                         |              |                                    |
|                             |                          |                 | _   | OF science AND TECHNOLOGY IN  |               | IONALIN          | TEREST                  |              |                                    |
| Ce                          | -                        |                 |   |   |               |                  |                         |              |                                    |
| E                           |                          |                 |   |   |               |                  |                         |              |                                    |
| Governance                  | <b>2</b> C               | heck th         | ıs box ▶ ┌ ıf the organız                           | ation discontinued its operations or                                      | disposed o    | of more tha      | n 25% of it:            | s net        | assets                             |
| Ĝ                           |                          |                 |   |   | ı             | 1                |                         |              |                                    |
| <b>×</b> 5<br>∪^            |                          |                 | <del>-</del>  | governing body (Part VI, line 1a) .                                       |               |                  |                         | 3            | 13                                 |
| <u>i</u>                    |                          |                 | ·   | mbers of the governing body (Part V<br>yed in calendar year 2015 (Part V, |               |                  |                         | 5            | 12                                 |
| Activities &                |                          |                 | •   | nate if necessary)  | •             |                  |                         | 6            | 1,949                              |
| ⋖                           |                          |                 | · ·   | from Part VIII, column (C), line 12                                       |               |                  |                         | 7a           | 0                                  |
|                             |                          |                 |   | come from Form 990-T, line 34 .   |               |                  |                         | 7b           |                                    |
|                             |                          |                 |   |   |               | Р                | rior Year               |              | Current Year                       |
|                             | 8                        | Contri          | butions and grants (Part                            | VIII, line 1h)  |               | 9,718,           | 338                     | 2,914,777    |                                    |
| Ravenua                     | 9                        | Progra          | am service revenue (Part                            | VIII, line 2g)  |               |                  | 554,928,                | 619,635,038  |                                    |
| ō۸ċ١                        | 10                       |                 | •   | , column (A), lines 3, 4, and 7d) .                                       |               | 85,353,          |                         | 49,155,229   |                                    |
| ш                           | 11                       |                 | · ·   | mn (A), lines 5, 6d, 8c, 9c, 10c, and                                     | •             |                  | 6,047,                  | 930          | 4,628,565                          |
|                             | 12                       | 10tai (         | revenue—add lines 8 thro                            | ough 11 (must equal Part VIII, colur                                      | mn (A ), IIne | 2                | 656,048,                | 040          | 676,333,609                        |
|                             | 13                       | Grants          | s and similar amounts pa                            | ıd (Part IX, column (A), lines 1-3)                                       |               |                  | 3,044,                  | 124          | 2,554,874                          |
|                             | 14                       | Benefi          | ts paid to or for members                           | s (Part IX, column (A), line 4)   |               |                  |                         | 0            | 0                                  |
| Ş                           | 15                       | Saları<br>5–10) |   | employee benefits (Part IX, column  | (A), lines    |                  | 220,332,                | 531          | 239,190,335                        |
| Expenses                    | 16a                      | •               |   | Part IX, column (A), line 11e)  |               |                  |                         | 0            | 0                                  |
| кре                         | Ь                        |                 | ındraısıng expenses (Part IX, c                     | •                                   |               |                  |                         |              |                                    |
| ш                           | 17                       |                 |   | mn (A), lines 11a-11d, 11f-24e) .   | <del></del> . |                  | 370,748,                | 960          | 397,652,531                        |
|                             | 18                       | Total           | expenses Add lines 13-                              | 17 (must equal Part IX, column (A),                                       | , line 25)    |                  | 594,125,                | 615          | 639,397,740                        |
|                             | 19                       | Reven           | ue less expenses Subtr                              | act line 18 from line 12  |               |                  | 61,922,                 | 425          | 36,935,869                         |
| Net Assets or Fund Balances |                          |                 |   |   |               | Beginnin         | g of Current            | Year         | End of Year                        |
| alan                        | 20                       | Total           | assets (Part X. line 16)                            |   |               |                  | 570,535,                | 864          | 612,786,103                        |
| A As                        | 21                       |                 |   | )   |               |                  | 205,673,                | _            | 233,648,533                        |
| ŝĒ                          | 22                       |                 | •   | ubtract line 21 from line 20  |               |                  | 364,862,                | 344          | 379,137,570                        |
|                             |                          |                 | ature Block   |   |               | •                |                         |              |                                    |
| my k                        | nowled                   | ge and          |   | nave examined this return, including and complete Declaration of prepare  |               |                  |                         |              |                                    |
|                             |                          |                 | **  |   |               |                  | 2017 04 24              |              |                                    |
| Sigi                        | n                        |                 | ature of officer                                    |   |               |                  | 2017-01-24<br>Date      |              |                                    |
| Her                         |                          | ELIZA           | ABETH MORA CAO                                      |   |               |                  |                         |              |                                    |
|                             |                          | Туре            | or print name and title                             |   |               |                  |                         |              |                                    |
| _                           |                          |                 | rınt/Type preparer's name<br>Robert J Butler Jr     | Preparer's signature<br>Robert J Butler Jr                                | Da            |                  | heck   If               | PTIN<br>POOC | )37953                             |
| Pai                         |                          | -               | irm's name  |   |               |                  | elf-employed            | <u> </u>     |                                    |
|                             | pare                     | r               | irm's address ► 75 STATE STR                        |   |               |                  | Phone no (617           | 7) 723-      | -7900                              |
| US                          | e Onl                    | У               | BOSTON, MA  | 02109   |               |                  | ,                       |              |                                    |

548,085,845

Total program service expenses ▶

|     | 990 (2015)  |     |     | Page <b>3</b> |
|-----|---|-----|-----|---------------|
| Par | t 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)? If "Yes," complete Schedule A 2   | 1   | Yes |               |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏   | 2   | Yes |               |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3   |     | No            |
| 4   | Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II  | 4   | Yes |               |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III  | 5   |     | No            |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I   | 6   |     | No            |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | No            |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2  | 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             | 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, VIII, VIII, IX, or X as applicable   |     |     |               |
|     | 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 |               |
|     | 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 2   | 11b |     | No            |
|     | 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 2   | 11c |     | No            |
|     | 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 2  | 11d |     | No            |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e | Yes |               |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X   | 11f |     | 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 | Yes |               |
| 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? If "Yes," complete Schedule F, Parts III and IV  | 16  |     | No            |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</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            |
|     | 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?  | 20b |     |               |

| Form | 990 (2015)  |             |     | Page <b>4</b> |
|------|---|-------------|-----|---------------|
| 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          | Yes |               |
| 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          |     | No            |
| 23   | 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  | 23          | Yes |               |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 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         |     |               |
| 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         |     |               |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d         |     |               |
| 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                                       | <b>25</b> b |     | 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 IV   | 28a         |     | No            |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I.  |             |     |               |

| 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         |     |    |
| 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         |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d         |     |    |
| 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                                       | <b>25</b> b |     | 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)  |             |     |    |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a         |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | <b>28</b> b | Yes |    |
| 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? <i>If "Yes," complete Schedule L, Part IV **</i>  | <b>28</b> c |     | No |
| 29  | Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M   | 29          |     | No |

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

Note. All Form 990 filers are required to complete Schedule O

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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35a

35b

36

37

38

Yes

Form 990 (2015)

Νo

Νo

Νo

Nο

Nο

Nο

Νo

Νo

| Par | t V                   | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this  |               | N.                        |            |     | _   |
|-----|-----------------------|--|---------------|---------------------------|------------|-----|-----|
|     |                       | Check it Schedule o contains a response of flote to any line in this   | rait          | <u>v</u>                  |            | Yes | No  |
| 1a  | Enter                 | the number reported in Box 3 of Form 1096 Enter -0- if not applicable  | 1a            | 271                       |            |     | 110 |
| b   | Enter                 | the number of Forms W-2G included in line 1a Enter -0- if not applicable   | <b>1</b> b    | 0                         |            |     |     |
| c   |                       | e organization comply with backup withholding rules for reportable payments to<br>g (gambling) winnings to prize winners?  | venc          | dors and reportable       | <b>1</b> c | Yes |     |
| 2a  | Enter                 | the number of employees reported on Form W-3, Transmittal of Wage and  |               |                           |            |     |     |
|     |                       | tatements, filed for the calendar year ending with or within the year covered s return   | 2a            | 1,949                     |            |     |     |
| b   |                       | east one is reported on line 2a, did the organization file all required federal emp  |               |                           | 2b         | Yes |     |
| 2-  |                       | If the sum of lines 1a and 2a is greater than 250, you may be required to e-file<br>e organization have unrelated business gross income of \$1,000 or more during        | •             | ,                         | 3a         |     | No  |
|     |                       | e organization have unrelated business gross income of \$1,000 or more during<br>s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation | ,             |                           | 3b         |     | NO  |
|     |                       | time during the calendar year, did the organization have an interest in, or a significant to the control of the calendar year.   |               |                           |            |     |     |
|     |                       | a financial account in a foreign country (such as a bank account, securities acc<br>nt)?   | count,        | or other financial        | 4a         |     | No  |
| b   | If"Yes                | s," enter the name of the foreign country 🕨  |               |                           |            |     |     |
|     | See in<br>(FBAR       | structions for filing requirements for FinCEN Form 114, Report of Foreign Bank   | and I         | Financial Accounts        |            |     |     |
| 5a  | •                     | · /<br>he organization a party to a prohibited tax shelter transaction at any time durin   | a the         | tax vear?                 | 5a         |     | No  |
|     |                       | ly taxable party notify the organization that it was or is a party to a prohibited t   | _             | ·                         | 5b         |     | No  |
| c   | If"Yes                | s," to line 5a or 5b, did the organization file Form 8886-T?   |               |                           |            |     |     |
|     |                       |  |               |                           | <b>5</b> c |     |     |
|     | organı                | the organization have annual gross receipts that are normally greater than \$10<br>ization solicit any contributions that were not tax deductible as charitable cont     | ributi        | ons?                      | 6a         |     | No  |
|     | were n                | s," did the organization include with every solicitation an express statement th<br>not tax deductible?  | at suc        | ch contributions or gifts | <b>6</b> b |     |     |
| 7   | _                     | izations that may receive deductible contributions under section 170(c).   |               |                           |            |     |     |
|     | servic                | e organization receive a payment in excess of \$75 made partly as a contribution of the payor?   |               |                           | 7a         |     | No  |
|     |                       | s," did the organization notify the donor of the value of the goods or services pi   |               |                           | 7b         |     |     |
| С   |                       | e organization sell, exchange, or otherwise dispose of tangible personal proper<br>rm 8282?  | ty for<br>• . | which it was required to  | <b>7</b> c |     | No  |
| d   | If"Ye                 | s," indicate the number of Forms 8282 filed during the year $\dots$  | 7d            |                           |            |     |     |
| e   | Did th                | e organization receive any funds, directly or indirectly, to pay premiums on a p   | erson         | al benefit contract?      | 7e         |     | No  |
| f   | Did th                | e organization, during the year, pay premiums, directly or indirectly, on a perso  | nal be        | enefit contract?          | 7f         |     | No  |
| g   | If the require        | organization received a contribution of qualified intellectual property, did the o   | rganız<br>• • | ation file Form 8899 as   | 7g         |     |     |
| h   |                       | organization received a contribution of cars, boats, airplanes, or other vehicles  | , did 1       | the organization file a   | 7h         |     |     |
| 8   | Did a                 | oring organizations maintaining donor advised funds.<br>donor advised fund maintained by the sponsoring organization have excess bus<br>the year?                        | siness        | s holdings at any time    | 8          |     |     |
| 9a  |                       | e sponsoring organization make any taxable distributions under section 49667   | · -           |                           | 9a         |     |     |
|     |                       | e sponsoring organization make a distribution to a donor, donor advisor, or rela   |               | erson?                    | 9b         |     |     |
| 10  |                       | on 501(c)(7) organizations. Enter  |               |                           |            |     |     |
| а   | Initiat               | ion fees and capital contributions included on Part VIII, line 12  | 10a           |                           |            |     |     |
| b   | Gross<br>facılıtı     | receipts, included on Form 990, Part VIII, line 12, for public use of club les   | 10b           |                           |            |     |     |
| 11  | Sect io               | n 501(c)(12) organizations. Enter  |               |                           |            |     |     |
|     |                       | Income from members or shareholders  | 11a           |                           |            |     |     |
| b   |                       | Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )  | <b>11</b> b   |                           |            |     |     |
| 12a | Sect io               | n 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990  | ın lıe        | u of Form 1041?           | 12a        |     |     |
| b   |                       | s," enter the amount of tax-exempt interest received or accrued during the   | 12b           |                           |            |     |     |
| 13  | year<br><b>Sectio</b> | on 501(c)(29) qualified nonprofit health insurance issuers.  |               |                           |            |     |     |
| а   |                       | organization licensed to issue qualified health plans in more than one state? <b>N</b> onal information the organization must report on Schedule O                       | ote.S         | ee the instructions for   | 13a        |     |     |
| b   |                       | the amount of reserves the organization is required to maintain by the states of the organization is licensed to issue qualified health plans                            | 13b           |                           |            |     |     |
| c   |                       | the amount of reserves on hand   | 13c           |                           |            |     |     |
|     |                       | e organization receive any payments for indoor tanning services during the tax   |               | ·                         | 14a        |     | No  |
|     |                       | s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>   | •             |                           | 14b        |     |     |
|     |                       |  |               |                           |            |     |     |

|     | 990 (2        | ,   |            |                           |             |         | Page <b>6</b> |
|-----|---------------|---|------------|---------------------------|-------------|---------|---------------|
| rai | t VI          | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S.   |            |                           | or 10       | Ob belo | w,            |
|     |               | Check if Schedule O contains a response or note to any line in this Part VI   |            |                           |             |         | <del>.</del>  |
| Se  | ction         | A. Governing Body and Management  | •          |                           | •           | •       | 🔻             |
|     |               | <u> </u>  |            |                           |             | Yes     | No            |
| 1a  | Enter<br>year | the number of voting members of the governing body at the end of the tax  | 1a         | 13                        |             |         |               |
|     | body,         | re are material differences in voting rights among members of the governing<br>or if the governing body delegated broad authority to an executive committee<br>nilar committee, explain in Schedule O                         |            |                           |             |         |               |
| b   |               | the number of voting members included in line 1a, above, who are endent   | <b>1</b> b | 12                        |             |         |               |
| 2   |               | ny officer, director, trustee, or key employee have a family relationship or a bus<br>officer, director, trustee, or key employee?  |            |                           | 2           |         | No            |
| 3   |               | ne organization delegate control over management duties customarily performe<br>vision of officers, directors or trustees, or key employees to a management co  |            |                           | 3           |         | No            |
| 4   | Did th        | ne organization make any significant changes to its governing documents since   |            | rior Form 990 was         | 4           |         | No            |
| 5   | Did th        | ne organization become aware during the year of a significant diversion of the o  | rganız     | atıon's assets?           | 5           |         | No            |
| 6   | Did th        | ne organization have members or stockholders?   |            |                           | 6           | Yes     |               |
|     | more          | ne organization have members, stockholders, or other persons who had the pow<br>members of the governing body?  |            |                           | 7a          | Yes     |               |
| b   |               | ny governance decisions of the organization reserved to (or subject to approva<br>sons other than the governing body?   |            |                           | 7b          |         | No            |
| 8   |               | ne organization contemporaneously document the meetings held or written acti<br>by the following  | ons ur     | ndertaken during the      |             |         |               |
| а   | The g         | overning body?  |            |                           | 8a          | Yes     |               |
| b   | Each          | committee with authority to act on behalf of the governing body? $\cdot\cdot\cdot$ .  |            |                           | <b>8</b> b  | Yes     |               |
| 9   |               | ere any officer, director, trustee, or key employee listed in Part VII, Section A ,<br>ization's mailing address? <i>If "Yes," provide the name</i> s <i>and addresses in Schedule</i>  |            |                           | 9           |         | No            |
| Se  | ction         | <b>B. Policies</b> (This Section B requests information about policies not  | requi      | red by the Internal R     | even        | ue Cod  | e.)           |
|     |               |   |            |                           |             | Yes     | No            |
|     |               | ne organization have local chapters, branches, or affiliates?   |            |                           | 10a         |         | No            |
| b   |               | s," did the organization have written policies and procedures governing the actites, and branches to ensure their operations are consistent with the organizati   |            |                           | <b>10</b> b |         |               |
| l1a | Has th        | he organization provided a complete copy of this Form 990 to all members of it<br>rm?   | s gov      | erning body before filing | 11a         | Yes     |               |
|     |               | ribe in Schedule O the process, if any, used by the organization to review this F   | Form 9     | 90                        |             |         |               |
|     |               | ne organization have a written conflict of interest policy? If "No," go to line 13  |            |                           | 12a         | Yes     |               |
|     | rise to       | officers, directors, or trustees, and key employees required to disclose annual oconflicts?   |            |                           | 12b         | Yes     |               |
| С   |               | ne organization regularly and consistently monitor and enforce compliance with<br>ledule O how this was done  |            |                           | <b>12</b> c | Yes     |               |
| L3  | Did th        | ne organization have a written whistleblower policy?  |            |                           | 13          | Yes     |               |
| L4  | Did th        | e organization have a written document retention and destruction policy? .  |            |                           | 14          | Yes     |               |
| L5  |               | ne process for determining compensation of the following persons include a rev<br>endent persons, comparability data, and contemporaneous substantiation of th  |            |                           |             |         |               |
|     |               | rganization's CEO, Executive Director, or top management official   |            |                           | 15a         | Yes     |               |
| b   | Other         | officers or key employees of the organization   |            |                           | 15b         | Yes     |               |
|     | If"Ye         | s" to line 15a or 15b, describe the process in Schedule O (see instructions)  |            |                           |             |         |               |
|     | taxab         | ne organization invest in, contribute assets to, or participate in a joint venture of the entity during the year?   |            |                           | 16a         |         | No            |
| b   | partic        | s," did the organization follow a written policy or procedure requiring the organ ipation in joint venture arrangements under applicable federal tax law, and taki ization's exempt status with respect to such arrangements? | e step     | s to safeguard the        | 16h         |         |               |

#### Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶ CA, MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply 

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 records ▶PATRICIA MCLAUGHLIN 555 TECHNOLOGY SQUARE MS 34 Cambridge, MA 02139 (617) 258-1000

compensated employees, and former such persons

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

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

| <b>(A)</b><br>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) |                       |         |              |                              |        | <b>(D)</b><br>Reportable<br>compensation<br>from the<br>organization (W- | <b>(E)</b> Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                              | for related<br>organizations<br>below<br>dotted line) | indradual trustee<br>or director   | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099-MISC)   | (W- 2/1099-<br>MISC)  | organization and<br>related<br>organizations        |
| See Additional Data Table    |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |
|                              |   |  |                       |         |              |                              |        |  |   |   |

| <b>(A)</b><br>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- 2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W- | Estimamount of compen          | ated<br>of other<br>sation<br>the |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|--|--------------------------------|-----------------------------------|
|  | for related<br>organizations<br>below<br>dotted line) | individual trustee<br>or director  | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1033 MISC)   | 2/1099-MISC)   | organizat<br>relat<br>organiza | ed                                |
| See Additional Data Table                                      |   |  |                       |         |              |                              |        |  |  |                                |                                   |
|  |   |  |                       |         |              |                              |        |  |  |                                |                                   |
|  |   |  |                       |         |              |                              |        |  |  |                                |                                   |
|  |   |  |                       |         |              |                              |        |  |  |                                |                                   |
|  |   |  |                       |         |              |                              |        |  |  |                                |                                   |
|  |   |  |                       |         |              |                              |        |  |  |                                |                                   |
|  |   |  |                       |         |              |                              |        |  |  |                                |                                   |
|  |   |  |                       |         |              |                              |        |  |  |                                |                                   |
|  |   |  |                       |         |              |                              |        |  |  |                                |                                   |
|  |   |  |                       |         |              |                              |        |  |  |                                |                                   |
|  |   |  |                       |         |              |                              |        |  |  |                                |                                   |
| 1b Sub-Total   | ets to Part VII, S                                    | ection A   |                       | •       |              | . •                          |        | 5,218,384  | 0  | 1                              | 155,761                           |
| d Total (add lines 1b and 1c)  2 Total number of individuals ( |   |  |                       |         |              |                              | e) wh  |  |  | 1,                             | 155,701                           |
| \$100,000 of reportable com                                    |   |  |                       |         |              |                              | ,      |  |  |                                |                                   |
|  |   |  |                       |         |              |                              |        |  |  | Yes                            | No                                |

|   |  |   | 165 | 140 |  |  |  |
|---|--|---|-----|-----|--|--|--|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | 3 |     | No  |  |  |  |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual |   |     |     |  |  |  |
| 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 |     | No  |  |  |  |

| Section B. Independent Contractors   |   |                     |
|--|---|---------------------|
| Complete this table for your five highest compensated independent conformation from the organization. Report compensation for the calendary. |   |                     |
| (A)<br>Name and business address   | (B) Description of services             | (C)<br>Compensation |
| FOLEY LARDNER LLP,<br>3000 K STREET NW SUITE 500<br>WASHINGTON, DC 200075101   | LEGAL SERVICES                          | 656,279             |
| LEGGAT MCCALL PROPERTIES,<br>10 POST OFFICE SQUARE<br>BOSTON, MA 02109   | CONSULTING                              | 573,355             |
| HOLLAND KNIGHT LLP,<br>100 NORTH TAMPA ST SUITE 4100<br>TAMPA, FL 33601  | LEGAL SERVICES                          | 564,941             |
| GOODWIN PROCTOR LLP,<br>53 STATE STREET<br>BOSTON, MA 02109  | LEGAL SERVICES                          | 522,327             |
| PRICE WATERHOUSE COOPERS LLP,<br>125 HIGH STREET<br>BOSTON, MA 02110   | AUDIT SERVICES                          | 444,404             |
| 2 Total number of independent contractors (including but not limited to thos \$100,000 of compensation from the organization ► 18            | se listed above) who received more than |                     |

| Form 99   |         |   |  |                       |                            |  |   | Page <b>9</b>  |
|---|---------|---|--|-----------------------|----------------------------|--|---|--|
| Part V  | 1111    | Statement o                                       |  |                       | and the David MIII         |  |   | _  |
|   |         | Check II Schedi                                   | ule O contains a respor                        | ise or note to any in | (A) Total revenue          | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| s s   | 1a      | Federated cam                                     | paigns 1a                                      |                       |                            |  |   |  |
| Grants<br>mounts  | ь       | Membership du                                     | es <b>1b</b>                                   |                       |                            |  |   |  |
| Ę, G  | С       | Fundraising eve                                   | ents <b>1</b> c                                |                       |                            |  |   |  |
| iffs<br>ar A  | d       | Related organiz                                   | zations 1d                                     |                       |                            |  |   |  |
| s, G  | e       | Government grants                                 | s (contributions) <b>1e</b>                    | 1,336,837             |                            |  |   |  |
| ion<br>r Si   | f       |   | ons, gifts, grants, and 1f                     | 1,577,940             | i                          |  |   |  |
| ibut<br>The   | g       | similar amounts no                                | ot included above                              |                       |                            |  |   |  |
| Contributions, Giffs, Grants<br>and Other Similar Amounts |         | 1a-1f \$  |  |                       | 2 044 777                  |  |   |  |
| <u>ਤ</u> ਵ  | h       | Total. Add lines                                  | s la-1t  |                       | 2,914,777                  |  |   |  |
| i.e   | 2a      | STRATEGIC SYSTE                                   | MC   | Business Code         | 445 564 071                | 445 564 071                            |   |  |
| ۲۶  | b       | NATIONAL SECURI                                   | -  | 541700<br>541700      | 445,564,971<br>158,209,124 | 445,564,971<br>158,209,124             |   |  |
| og<br>E   |         | PROGRAMS  |  |                       |                            |  |   |  |
| Program Service Revenue                                   | c<br>d  | COMMERCIAL PRO                                    | IGRAMS   | 541700                | 15,860,943                 | 15,860,943                             |   |  |
| 8   | e       |   | _  |                       |                            |  |   |  |
| gran  | f       | All other progra                                  | am service revenue                             |                       |                            |  |   |  |
| ğ   | g       | Total. Add lines                                  | s 2a-2f  |                       | 619,635,038                |  |   |  |
|   | 3       |   | ome (including dividen                         |                       | 7,643,711                  |  |   | 7,643,711  |
|   | 4       |   | ar amounts)<br>stment of tax-exempt bond ;     | F                     | 0                          |  |   | 7,043,711  |
|   | 5       | Royalties   |  | •                     | 735,826                    |  |   | 735,826  |
|   |         |   | (ı) Real                                       | (II) Personal         |                            |  |   |  |
|   | 6a      | Gross rents                                       | 5,469,245                                      |                       |                            |  |   |  |
|   | b       | Less rental<br>expenses                           | 1,584,505                                      |                       |                            |  |   |  |
|   | С       | Rental income<br>or (loss)                        | 3,884,740                                      | 0                     |                            |  |   |  |
|   | d       | Net rental inco                                   | me or (loss)                                   |                       | 3,884,740                  |  |   | 3,884,740  |
|   | 7a      | Gross amount                                      | (ı) Securities                                 | (II) O ther           |                            |  |   |  |
|   |         | from sales of<br>assets other<br>than inventory   | 122,694,403                                    | 102,677,010           |                            |  |   |  |
|   | b       | Less cost or<br>other basis and<br>sales expenses | 136,239,029                                    | 47,620,866            |                            |  |   |  |
|   | С       | Gain or (loss)                                    | -13,544,626                                    | 55,056,144            |                            |  |   |  |
|   | d<br>Ra | Net gain or (los<br>Gross income f                | Г  | · · · · <b>&gt;</b>   | 41,511,518                 |  |   | 41,511,518   |
| Other Revenue   | Ju      | events (not inc<br>\$                             | luding s reported on line 1c)                  |                       |                            |  |   |  |
| ē   |         |   | а  |                       |                            |  |   |  |
| <b>₽</b>  | b<br>c  |   | penses <b>b</b> [<br>(loss) from fundraising e | events <b>•</b>       | 0                          |  |   |  |
|   |         | Gross income f                                    | rom gaming activities                          | zvents p              |                            |  |   |  |
|   | ь       | Loss direct ov                                    | penses b                                       |                       |                            |  |   |  |
|   |         |   | (loss) from gaming activ                       | vities                | 0                          |  |   |  |
|   | 10a     | Gross sales of                                    | inventory less                                 | •                     |                            |  |   |  |
|   |         | returns and allo                                  | owances .                                      |                       |                            |  |   |  |
|   | ь       | less costofa                                      | a oods sold b                                  |                       |                            |  |   |  |
|   | c       | _   | (loss) from sales of inve                      | entory ▶              | 0                          |  |   |  |
|   |         | Miscellaneous                                     | s Revenue                                      | Business Code         |                            |  |   |  |
|   | 11a     | OTHER INCOM                                       | 1E   | 900099                | 7,999                      |  |   | 7,999  |
|   | Ь       |   |  |                       |                            |  |   |  |
|   | c<br>d  | All other reven                                   | ue   |                       |                            |  |   |  |
|   | e       | Total. Add lines                                  | L  | •                     | 7 000                      |  |   |  |
|   | 12      | Total revenue.                                    | See Instructions                               |                       | 7,999                      | 610 625 022                            |   | E2 702 70 f  |
|   | l       |   |  |                       | 676,333,609                | 619,635,038                            |   | 53,783,794   |

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

|    | Γ   |                       |   |  |                                       |
|----|---|-----------------------|---|--|---------------------------------------|
|    | ot include amounts reported on lines 6b,<br>o, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1  | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21   | 2,554,874             | 2,554,874                                 |  |                                       |
| 2  | Grants and other assistance to domestic individuals See Part IV, line 22  | 0                     |   |  |                                       |
| 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  | 4,547,454             |   | 4,547,454  |                                       |
| 6  | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$  | 305,768               | 186,482                                   | 119,286  |                                       |
| 7  | Other salaries and wages  | 172,207,891           | 149,461,626                               | 22,746,265                                       |                                       |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 15,364,570            | 13,376,454                                | 1,988,116  |                                       |
| 9  | Other employee benefits   | 34,260,888            | 25,898,342                                | 8,362,546  |                                       |
| 10 | Payroll taxes   | 1,233,300             | 23,030,312                                | 2,002,010  |                                       |
|    |   | 12,503,764            | 10,388,987                                | 2,114,777  |                                       |
| 11 | Fees for services (non-employees)   |                       |   |  |                                       |
| а  | Management  | 0                     |   |  |                                       |
| b  | Legal   | 3,956,693             | 2,557,424                                 | 1,399,269  | _                                     |
| c  | Accounting  | 430,865               |   | 430,865  |                                       |
| d  | Lobbying  | 0                     |   |  |                                       |
| e  | Professional fundraising services See Part IV, line 17  | 0                     |   |  |                                       |
| f  | Investment management fees  | 1,416,619             |   | 1,416,619  |                                       |
| g  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 44,043                |   | 44,043   |                                       |
| 12 | Advertising and promotion   | 92,803                |   | 92,803   |                                       |
| 13 | Office expenses   | 2,109,589             | 1,573,954                                 | 535,635  |                                       |
| 14 | Information technology  | 11,851,208            | 10,473,207                                | 1,378,001  |                                       |
| 15 | Royalties   | 89,798                |   | 89,798   |                                       |
| 16 | Occupancy   | 7,942,878             | 764,569                                   | 7,178,309  |                                       |
| 17 | Travel  | 6,718,374             | 5,116,705                                 | 1,601,669  |                                       |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                     |   |  |                                       |
| 19 | Conferences, conventions, and meetings  | 201,106               | 57,627                                    | 143,479  |                                       |
| 20 | Interest  | 1,201,039             |   | 1,201,039  |                                       |
| 21 | Payments to affiliates  | 0                     |   |  |                                       |
| 22 | Depreciation, depletion, and amortization   | 13,631,041            | 7,885,551                                 | 5,745,490  |                                       |
| 23 | Insurance   | 1,133,203             | 344,568                                   | 788,635  |                                       |
| 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)                 |                       |   |  |                                       |
| a  | SUBCONTRACTS  | 280,077,509           | 280,077,509                               |  |                                       |
| b  | OTHER INDIRECT  | 20,631,752            | 5,970,834                                 | 14,660,918                                       |                                       |
| c  | OTHER MATERIALS   | 19,018,757            | 18,615,041                                | 403,716  |                                       |
| d  | OUTSIDE SERVICES  | 27,105,254            | 12,782,091                                | 14,323,163                                       |                                       |
| e  | A II other expenses   |                       |   |  |                                       |
| 25 | <b>Total functional expenses.</b> Add lines 1 through 24e   | 639,397,740           | 548,085,845                               | 91,311,895                                       | 0                                     |
| 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) |                       |   |  |                                       |

(B)

End of year

51.678.057

104,175,080

2.013.903

30,289,987

152,206,939

270,266,259

361,469

1.794.409

612,786,103

92.927.503

33,653,443

45,600,000

61,467,587

233,648,533

379.137.570

379,137,570

612,786,103 Form 990 (2015)

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22,260,642

176,737,514

216,140,800

538,235

1 714 862

570,535,864

78,358,415

43,094,782

48,370,000

35,850,323

205,673,520

364.862.344

364.862.344

570.535.864

0 14

332 763 857

180,556,918

(A)

Beginning of year

56,203,440

96,940,371

| PailA | balance She |
|-------|-------------|
|       | 01 1 66 1 1 |

contains a response or note to any line in this Part X . . .

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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 employers and sponsoring organizations of section 501(c)(9)voluntary employees' beneficiary organizations (see instructions) Complete Part

| Part X B | alance Sheet |
|----------|--------------|
|----------|--------------|

| Part X Balance Sh | eet |
|-------------------|-----|
|-------------------|-----|

Form 990 (2015)

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10a

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Fund Balances

Ö

Assets

Net

| Part X Balance Sheet |
|----------------------|
|----------------------|

| Balance Sheet       |
|---------------------|
| Check if Schedule O |

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Cash-non-interest-bearing . . . .

Savings and temporary cash investments Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation Investments—publicly traded securities

Intangible assets . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Accounts receivable, net . .

676,333,609

639,397,740

36,935,869

364,862,344

529,919

#### **Reconcilliation of Net Assets**

| Check if Schedule O contains a response or note to any line in this Part XI |  |  |  |  |  |  | . F | 7 |
|---|--|--|--|--|--|--|-----|---|
|   |  |  |  |  |  |  |     |   |

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

✓ Separate basis

basis, consolidated basis, or both

Prior period adjustments .

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Total revenue (must equal Part VIII, column (A), line 12) . . . . Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments . . . . Donated services and use of facilities .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . . .

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

9 10

2a

2b

2c

3a

Yes

Yes

1

2

3

4

-23,190,562 379,137,570 Yes No

Νo

Yes

Software ID: Software Version:

**EIN:** 04-2505372

Name: Charles Stark Draper Laboratory Inc

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

| Compensated Employees, and Inde           | penaent Co  | ntraci                            | tors                  |            |                             |                              |                 | İ   | i  | İ  |
|---|---|-----------------------------------|-----------------------|------------|-----------------------------|------------------------------|-----------------|---|--|--|
| <b>(A)</b><br>Name and Title              | (B) A verage hours per week (list any hours for related | more<br>pers<br>and               | than<br>on is         | one<br>bot | not<br>box<br>h an<br>or/tr | offic<br>ustee               | ess<br>er<br>e) | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization |
|   | organizations<br>below<br>dotted line)                  | Individual trustee<br>or director | Institutional Trustee | Officer    | key employee                | Highest compensated employee | Former          | MISC)   | MISC)  | and related<br>organizations                                     |
| Frank H Akers Jr<br>Director (thru 10/15) | 3 0   | x                                 |                       |            |                             |                              |                 | 16,537  | 0  | (  |
|   | 00  |                                   |                       |            |                             |                              |                 |   |  |  |
| William F Ballhaus Jr Director            | 0 0   | ×                                 |                       |            |                             |                              |                 | 37,000  | 0  | (  |
| Daniel E Hastings                         | 3 0   |                                   |                       |            |                             |                              |                 |   |  |  |
| Director                                  | 0 0   | X                                 |                       |            |                             |                              |                 | 31,500  | 0  | (  |
| Mınam E John                              | 3 0   | ×                                 |                       |            |                             |                              |                 | 36,000  | 0  | ,  |
| Director                                  | 0 0   | *                                 |                       |            |                             |                              |                 | 36,000  | U  |  |
| Franklın C Miller                         | 8 0   | ×                                 |                       | ×          |                             |                              |                 | 7 <b>1</b> ,685   | 0  |  |
| chairman                                  | 0.0   |                                   |                       |            |                             |                              |                 | ,   |  |  |
| George M Milne Jr                         | 4 0   | ,,                                |                       |            |                             |                              |                 | 22.440  |  |  |
| Director (thru 10/15)                     | 0 0   | Х                                 |                       |            |                             |                              |                 | 33,148  | 0  | (  |
| M Elisabeth Pate-Cornell                  | 3 0   | ×                                 |                       |            |                             |                              |                 | 20.750  | 0  | ,  |
| Director                                  | 0 0   | ^                                 |                       |            |                             |                              |                 | 29,750  | ٥  | (  |
| Richard T Roca                            | 3 0   |                                   |                       |            |                             |                              |                 |   |  |  |
| Director                                  | 0 0   | X                                 |                       |            |                             |                              |                 | 45,000  | 0  |  |
| Lena Goldberg                             | 4 0   |                                   |                       |            |                             |                              |                 |   |  |  |
| Director                                  | 0 0   | ×                                 |                       |            |                             |                              |                 | 33,895  | 0  | (  |
| Joanne M Maguire                          | 3 0   |                                   |                       |            |                             |                              |                 |   |  |  |
| Director                                  |   | ×                                 |                       |            |                             |                              |                 | 39,625  | 0  |  |
|   | 0 0   | I                                 | l                     | l          | I                           | I                            |                 |   |  |  |

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

101,303

134,405

36,591

183,908

0

ol

423,689

401,836

260,776

371,370

| Compensated Employees, and Inde          |   |                                   |                         |                                 | rus                       | stee                         | S, F   | cey Employed   | es, Hignest   |  |  |
|--|---|-----------------------------------|-------------------------|---------------------------------|---------------------------|------------------------------|--------|--|---|--|--|
| (A)<br>Name and Title                    | (B) A verage hours per week (list any hours for related | Pos<br>m<br>unle:                 | ition<br>ore t<br>ss pe | (C<br>(do<br>han<br>erso<br>cer | not<br>one<br>n is<br>and |                              |        | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |  |  |
|  | organizations<br>below<br>dotted line)                  | individual trustee<br>or director | Institutional Trustee   | Officer                         | key employee              | Highest compensated employee | Former | MISC)  | MISC)   | organization<br>and related<br>organizations |  |
| Richard D White                          | 4 0   | X                                 |                         |                                 |                           |                              |        | 40,824   | 0   | 0  |  |
| Director                                 | 0 0   | ^                                 |                         |                                 |                           |                              |        | 40,024   |   |  |  |
| David Aronoff                            | 3 0   | x                                 |                         |                                 |                           |                              |        | 6,125  | 0   | 0  |  |
| Director                                 | 0 0   |                                   |                         |                                 |                           |                              |        | ,  |   |  |  |
| Frank Keamey<br>Director                 | 3 0   | x                                 |                         |                                 |                           |                              |        | 6,125  | 0   | 0  |  |
|  | 0 0<br>3 0  |                                   |                         |                                 |                           |                              |        |  |   |  |  |
| David Shedd<br>Director                  | 0.0   | ×                                 |                         |                                 |                           |                              |        | 7,625  | 0   | o  |  |
| Kaigham ken Gabriel<br>President and CEO | 40 0  | ×                                 |                         | ×                               |                           |                              |        | 546,864  | 0   | 165,144                                      |  |
| John R Dowdle<br>VP of Engineering       | 40 0  |                                   |                         | ×                               |                           |                              |        | 396,838  | 0   | 125,940                                      |  |
| Elizabeth Mora                           | 40 0  |                                   |                         |                                 |                           |                              |        |  |   |  |  |

0 0

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Χ

Darryl G Sargent

Melinda J Brown

Steven Ditullio

VP of Finance & Admin & treas

VP of Nat'l security & space

Director of Legal & Secretary

VP of Strategic Systems

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

59,118

54,991

57,003

298,643

282,633

269,317

Х

Х

| <b>(A)</b><br>Name and Title                     | (B) A verage hours per week (list any hours for related | m<br>unle:                        | ore t<br>ss pe        | han<br>erso<br>cer | not<br>one<br>n is<br>and |                              |        | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |  |
|--|---|-----------------------------------|-----------------------|--------------------|---------------------------|------------------------------|--------|---|--|---|--|
|  | organizations<br>below<br>dotted line)                  | Individual trustee<br>or director | Institutional Trustee | Officer            | key employee              | Highest compensated employee | Former | MISC)   | MISC)  | organization<br>and related<br>organizations        |  |
| Jeffrey M Bentley                                | 40 0  |                                   |                       | x                  |                           |                              |        | 270,384   | 0  | 19,379  |  |
| VP, Cıvıl Programs (thru 4/15)                   | 0 0   |                                   |                       |                    |                           |                              |        |   |  |   |  |
| Paul Rosenstrach<br>Principal Director Technical | 40 0  |                                   |                       |                    | ×                         |                              |        | 320,610   | 0  | 49,699  |  |
| Jack Barry<br>Principal Director Admin           | 40 0  |                                   |                       |                    | ×                         |                              |        | 255,533   | 0  | 48,347  |  |
| Phil Keating<br>Program Director                 | 40 0  |                                   |                       |                    |                           | х                            |        | 377,985   | 0  | 61,956  |  |
| Frank J Sema<br>Principal Dir Marketing          | 40 0  |                                   |                       |                    |                           | х                            |        | 307,067   | 0  | 57,977  |  |

40 0

00 40 0

00 40 0

0 0

Anthony S Kourepenis

Principal Dir Technical

Neil J Adams

Heidi C Perry

Program Director

Engineering Director

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE A** 

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

As Filed Data -

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

DLN: 93493038006137

04-2505372

**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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Part I

1

2 3

990EZ)

(Form 990 or

Charles Stark Draper Laboratory Inc

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

OMB No 1545-0047 Inspection **Employer identification number** Reason for Public Charity Status (All organizations must complete this part.) See instructions.

| 6       |          | A federal, state, or loc  | al government                    | t or governmental unit        | described in se   | ection 170(b)(  | (1)(A)(v).                                       |                      |  |  |  |  |  |
|---------|----------|---|----------------------------------|-------------------------------|-------------------|-----------------|--|----------------------|--|--|--|--|--|
| 7       | <b>▽</b> | described in section 1  | 70(b)(1)(A)(v                    | <b>/i).</b> (Complete Part II | )                 |                 | nental unit or from the g                        | eneral public        |  |  |  |  |  |
| 8       |          | A community trust des   |                                  |                               |                   | •               |  |                      |  |  |  |  |  |
| 9       | Γ        | An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III)   |                                  |                               |                   |                 |  |                      |  |  |  |  |  |
| 10      | Г        | An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>  |                                  |                               |                   |                 |  |                      |  |  |  |  |  |
| 11<br>a | Γ        | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)(3).</b> Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the |                                  |                               |                   |                 |  |                      |  |  |  |  |  |
|         | 1        |   | n(s) the power                   | to regularly appoint o        | r elect a majori  |                 | tors or trustees of the                          |                      |  |  |  |  |  |
| b       |          | Type II. A supporting   | organization s<br>pporting orgar | upervised or controlle        | d in connection   |                 | orted organization(s), b<br>manage the supported |                      |  |  |  |  |  |
| c       | _        |   |                                  |                               | in operated in c  | onnection with  | n, and functionally inted                        | rated with, its      |  |  |  |  |  |
| •       | ļ        | supported organization  |                                  |                               |                   |                 |  | , rated men, res     |  |  |  |  |  |
| d       |          |   |                                  |                               |                   |                 | n with its supported org                         | anızatıon(s) that ıs |  |  |  |  |  |
|         | ı        | not functionally integra  | ated The orga                    | inization generally mu        | st satisfy a dist | trıbutıon requi | rement and an attentive                          | eness requirement    |  |  |  |  |  |
|         |          | (see instructions) You  |                                  |                               |                   |                 |  |                      |  |  |  |  |  |
| e       |          |   | _                                |                               |                   |                 | is a Type I, Type II, T                          | ype III functionally |  |  |  |  |  |
| -       | _        | integrated, or Type III   |                                  |                               |                   |                 |  |                      |  |  |  |  |  |
| f       | Ente     | r the number of supporte  | 5                                |                               |                   |                 | · · · · · · · ·                                  |                      |  |  |  |  |  |
| g       |          | Provide the following ii  | nformation abo                   | out the supported orga        | inization(s)      |                 |  |                      |  |  |  |  |  |
|         |          | (i)   | (ii)EIN                          | (iii)                         | (iv)              |                 | (v)  | (vi)                 |  |  |  |  |  |
| Nan     | ne of s  | upported organization   | (,=                              | Type of                       | Is the orga       |                 | A mount of                                       | A mount of other     |  |  |  |  |  |
|         |          |   |                                  | organization                  | listed in your    |                 | monetary support                                 | support (see         |  |  |  |  |  |
|         |          |   |                                  | (described on lines           | docume            | ent?            | (see instructions)                               | instructions)        |  |  |  |  |  |
|         |          |   |                                  | 1-9 above (see                |                   |                 |  |                      |  |  |  |  |  |
|         |          |   |                                  | ınstructions))                |                   |                 |  |                      |  |  |  |  |  |
|         |          |   |                                  |                               |                   |                 | -  |                      |  |  |  |  |  |
|         |          |   |                                  |                               | Yes               | No              |  |                      |  |  |  |  |  |
|         |          |   |                                  |                               |                   |                 |  |                      |  |  |  |  |  |
|         |          |   |                                  |                               |                   |                 |  |                      |  |  |  |  |  |
| Tota    | l        |   |                                  |                               |                   |                 |  |                      |  |  |  |  |  |
|         |          |   |                                  |                               |                   |                 |  |                      |  |  |  |  |  |

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 | Α. | Public | Support |  |
|---------|----|--------|---------|--|
|         |    |        |         |  |

| ,   | Calendar year   | (a)2011    | <b>(b)</b> 2012 | (c)2013    | (d)2014    | <b>(e)</b> 2015    | <b>(f)</b> Total |
|-----|---|------------|-----------------|------------|------------|--------------------|------------------|
| (0) | fiscal year beginning in)   | ` '        | ` '             |            | , ,        | , ,                |                  |
| 1   | Gifts, grants, contributions, and<br>membership fees received (Do<br>not include any unusual grants)  | 7,288,039  | 9,753,016       | 7,639,081  | 9,718,339  | 2,9 <b>1</b> 4,777 | 37,313,252       |
| 2   | Tax revenues levied for the<br>organization's benefit and either<br>paid to or expended on its behalf   |            |                 |            |            |                    | 0                |
| 3   | The value of services or facilities furnished by a governmental unit to the organization without charge   | 46,206,371 | 16,658,931      | 29,836,948 | 37,044,941 | 57,679,170         | 187,426,361      |
| 4   | Total. Add lines 1 through 3  | 53,494,410 | 26,411,947      | 37,476,029 | 46,763,280 | 60,593,947         | 224,739,613      |
| 5   | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |            |                 |            |            |                    | 0                |
| 6   | Public support. Subtract line 5 from line 4   |            |                 |            |            |                    | 224,739,613      |

Section B. Total Support

| (or | Calendar year<br>fiscal year beginning in) ▶   | (a)2011             | <b>(b)</b> 2012    | <b>(c)</b> 2013      | <b>(d)</b> 2014     | <b>(e)</b> 20 | 15       | (f)Total         |
|-----|--|---------------------|--------------------|----------------------|---------------------|---------------|----------|------------------|
| 7   | A mounts from line 4   | 53,494,410          | 26,411,947         | 37,476,029           | 46,763,280          | 60            | ,593,947 | 224,739,613      |
| 8   | Gross income from interest,<br>dividends, payments received<br>on securities loans, rents,<br>royalties and income from<br>similar sources | 14,482,470          | 12,001,374         | 12,532,414           | 12,044,311          | 13            | ,848,782 | 64,909,351       |
| 9   | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on                                |                     |                    |                      |                     |               |          | 0                |
| 10  | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |                     |                    |                      | -266,871            |               | 7,999    | -258,872         |
| 11  | <b>Total support.</b> Add lines 7 through 10   |                     |                    |                      |                     |               |          | 289,390,092      |
| 12  | Gross receipts from related activ  | ities, etc (see ins | tructions)         |                      | ·                   | 12            |          | 2,709,862,997    |
| 13  | First five years. If the Form 990 u  | s for the organizat | ion's first, secon | t. third, fourth, or | fifth tax year as a | section'      | .01(c)(  | 3) organization. |

| S  | ection C. Computation of Public Support Percentage                                     |    |          |
|----|--|----|----------|
| 14 | Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 77 660 % |
| 15 | Public support percentage for 2014 Schedule A, Part II, line 14                        | 15 | 61 200 % |

16a 33 1/3% support test - 2015. 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-2014. 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 - 2015. 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 b 10%-facts-and-circumstances test - 2014. 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 instructions

▶□

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

| • •            |        |       | _    |         |    |      |   |    |      |      |        |               |     |        |      |         |       |      |
|----------------|--------|-------|------|---------|----|------|---|----|------|------|--------|---------------|-----|--------|------|---------|-------|------|
| (Complete only | if you | ı che | cked | the box | on | lıne | 9 | of | Part | I or | ıf the | e organizatio | n · | faıled | to q | lualify | under | Part |
| TT TC 11       |        |       |      |         |    |      |   |    |      |      |        |               |     |        |      |         |       |      |

|       | II. If the organization   | n fails to qualif           | y under the tes    | ts listed below,        | , please comple      | ete Part II.)    |                   |
|-------|---|-----------------------------|--------------------|-------------------------|----------------------|------------------|-------------------|
| Se    | ction A. Public Support   |                             |                    |                         |                      |                  |                   |
|       | Calendar year   | (a)2011                     | <b>(b)</b> 2012    | (c)2013                 | (d)2014              | (e)2015          | (f)Total          |
| (or i | iscal year beginning in) ►<br>Gifts, grants, contributions, and       |                             |                    |                         |                      |                  |                   |
| -     | membership fees received (Do  |                             |                    |                         |                      |                  |                   |
|       | not include any "unusual grants ")                                    |                             |                    |                         |                      |                  |                   |
| 2     | Gross receipts from admissions,                                       |                             |                    |                         |                      |                  |                   |
|       | merchandise sold or services  |                             |                    |                         |                      |                  |                   |
|       | performed, or facilities furnished in any activity that is related to |                             |                    |                         |                      |                  |                   |
|       | the organization's tax-exempt   |                             |                    |                         |                      |                  |                   |
|       | purpose   |                             |                    |                         |                      |                  |                   |
| 3     | Gross receipts from activities  |                             |                    |                         |                      |                  |                   |
|       | that are not an unrelated trade or                                    |                             |                    |                         |                      |                  |                   |
| _     | business under section 513  |                             |                    |                         |                      |                  |                   |
| 4     | Tax revenues levied for the<br>organization's benefit and either      |                             |                    |                         |                      |                  |                   |
|       | paid to or expended on its behalf                                     |                             |                    |                         |                      |                  |                   |
| 5     | The value of services or facilities                                   |                             |                    |                         |                      |                  |                   |
|       | furnished by a governmental unit                                      |                             |                    |                         |                      |                  |                   |
| _     | to the organization without charge                                    |                             |                    |                         |                      |                  |                   |
| 6     | Total. Add lines 1 through 5  |                             |                    |                         |                      |                  |                   |
| 7a    | A mounts included on lines 1, 2, and 3 received from disqualified     |                             |                    |                         |                      |                  |                   |
|       | persons   |                             |                    |                         |                      |                  |                   |
| ь     | Amounts included on lines 2 and                                       |                             |                    |                         |                      |                  |                   |
|       | 3 received from other than  |                             |                    |                         |                      |                  |                   |
|       | disqualified persons that exceed                                      |                             |                    |                         |                      |                  |                   |
|       | the greater of \$5,000 or 1% of                                       |                             |                    |                         |                      |                  |                   |
| _     | the amount on line 13 for the year Add lines 7a and 7b                |                             |                    |                         |                      |                  |                   |
| 8     | Public support. (Subtract line 7c                                     |                             |                    |                         |                      |                  |                   |
|       | from line 6 )   |                             |                    |                         |                      |                  |                   |
| Se    | ction B. Total Support  |                             |                    |                         |                      |                  |                   |
| _     | Calendar year   | (a)2011                     | <b>(b)</b> 2012    | (c)2013                 | (d)2014              | (e)2015          | (f)Total          |
| -     | iscal year beginning in) ▶  | (-)2011                     | (2)2322            | (5)2010                 | (-)                  | (5)2010          | (1)1 3141         |
| 9     | A mounts from line 6  |                             |                    |                         |                      |                  | _                 |
| .0a   | Gross income from interest, dividends, payments received on           |                             |                    |                         |                      |                  |                   |
|       | securities loans, rents, royalties                                    |                             |                    |                         |                      |                  |                   |
|       | and income from similar sources                                       |                             |                    |                         |                      |                  |                   |
| b     | Unrelated business taxable  |                             |                    |                         |                      |                  |                   |
|       | income (less section 511 taxes)                                       |                             |                    |                         |                      |                  |                   |
|       | from businesses acquired after June 30, 1975                          |                             |                    |                         |                      |                  |                   |
| с     | Add lines 10a and 10b   |                             |                    |                         |                      |                  | -                 |
| 11    | Net income from unrelated   |                             |                    |                         |                      |                  |                   |
|       | business activities not included                                      |                             |                    |                         |                      |                  |                   |
|       | ın lıne 10b, whether or not the                                       |                             |                    |                         |                      |                  |                   |
|       | business is regularly carried on                                      |                             |                    |                         |                      |                  |                   |
| 12    | Other income Do not include gain or loss from the sale of             |                             |                    |                         |                      |                  |                   |
|       | capital assets (Explain in Part                                       |                             |                    |                         |                      |                  |                   |
|       | VI)   |                             |                    |                         |                      |                  |                   |
| 13    | Total support. (Add lines 9, 10c,                                     |                             |                    |                         |                      |                  |                   |
| 4.4   | 11, and 12)   | the                         |                    | thred formeth as        | fifth tax was a sa   |                  | \(\)              |
| 14    | First five years. If the Form 990 is fi                               | or the organizati           | on s mst, second   | , triira, iourtri, or i | ilitii tax year as a | section 501(c    | )(3) organization |
| Sa    | check this box and stop here ection C. Computation of Pub             | lic Sunnart D               | ercentage          |                         |                      |                  |                   |
| 15    | Public support percentage for 2015                                    |                             |                    | 13 column (f))          |                      | 45               |                   |
|       |   |                             |                    | 15, column (1))         |                      | 15               | 0                 |
| 16    | Public support percentage from 201                                    | <u> </u>                    |                    | ~~                      |                      | 16               |                   |
|       | ection D. Computation of Investment many                              |                             |                    |                         | on (f))              |                  |                   |
| 17    | Investment income percentage for 2                                    | ,                           | • •                | •                       | III (T))             | 17               |                   |
| 18    | Investment income percentage from                                     |                             |                    |                         |                      | 18               |                   |
| 19a   | <b>33 1/3% support tests—2015.</b> If the                             | -                           |                    | •                       |                      |                  |                   |
| L     | more than 33 1/3%, check this box                                     |                             |                    |                         |                      |                  | 2 1/3% and line   |
| D     | <b>33 1/3% support tests—2014.</b> If the                             | -                           |                    |                         |                      |                  | _                 |
|       | 18 is not more than 33 1/3%, check                                    | . Lilis DOX and <b>st</b> e | op nere. i ne orga | mzation qualifies       | as a publicly sup    | oportea organiza | ation 🕨 📗         |

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, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

|            | I, complete Sections A and D, and complete Part V )  |             |     |    |
|------------|--|-------------|-----|----|
| Se         | ction A. All Supporting Organizations  |             |     |    |
| 1          | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain  | 1           | Yes | No |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)  | 2           |     |    |
| 3а         | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below  | 3a          |     |    |
| 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use   | <b>3</b> c  |     |    |
| 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   | 4b          |     |    |
| С          | by or in connection with its supported organizations  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)?  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   | <b>4</b> c  |     |    |
| 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          | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | <b>5</b> b  |     |    |
| c          | Substitutions only. Was the substitution the result of an event beyond the organization's control?   | <b>5</b> c  |     |    |
| 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 <b>Part VI</b> .   | 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           |     |    |
| <b>9</b> a | 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 <b>Part VI</b> .  | <b>9</b> a  |     |    |
| 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? If "Yes," provide detail in <b>Part VI</b> .  | <b>9</b> b  |     |    |
| С          | 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 <b>Part VI</b> .   | <b>9</b> c  |     |    |
| 0a         | 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)  | <b>10</b> b |     |    |
| 1          | 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         |     |    |
|            | 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         |     |    |

#### Part IV Supporting Organizations (continued)

| Sectio | n B. | Type | I Su | pporting | ı Organiz | ations |
|--------|------|------|------|----------|-----------|--------|

| 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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   |    |     |    |
|   | ,, <u> </u>   |    | 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard   | 3  |     |    |
|   |   |    |     |    |
| S | ection E. Type III Functionally-Integrated Supporting Organizations   |    |     |    |
|   | 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 |   |    | 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  b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of                 | 2a |     |    |
|   | 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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

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

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2b

3a

3b

|   | Check here if the organization satisfied the Integral Part Test as a qualifying tr<br>Type III non-functionally integrated supporting organizations must complete S                                      |          | •                       | ructions. All other           |
|---|--|----------|-------------------------|-------------------------------|
|   | Section A - Adjusted Net Income  |          | (A) Prior Year          | (B) Current Yea<br>(optional) |
| L | Net short-term capital gain  | 1        |                         | (optional)                    |
|   | Recoveries of prior-year distributions   | 2        |                         |                               |
|   | Other gross income (see instructions)  | 3        |                         |                               |
|   | Add lines 1 through 3  | 4        |                         |                               |
|   | Depreciation and depletion   | 5        |                         |                               |
|   | 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        |                         |                               |
|   | Other expenses (see instructions)  | 7        |                         |                               |
|   | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8        |                         |                               |
|   |  |          |                         |                               |
|   | Section B - Minimum Asset Amount   |          | (A) Prior Year          | (B) Current Yea<br>(optional) |
|   | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   | 1        |                         |                               |
| a | A verage monthly value of securities   | 1a       |                         |                               |
| b | A verage monthly cash balances   | 1b       |                         |                               |
| С | Fair market value of other non-exempt-use assets   | 1c       |                         |                               |
| d | Total (add lines 1a, 1b, and 1c)   | 1d       |                         |                               |
| e | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |          |                         |                               |
|   | Acquisition indebtedness applicable to non-exempt use assets   | 2        |                         |                               |
|   | Subtract line 2 from line 1d   | 3        |                         |                               |
|   | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  | 4        |                         |                               |
|   | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5        |                         |                               |
|   | Multiply line 5 by 035   | 6        |                         |                               |
|   | Recoveries of prior-year distributions   | 7        |                         |                               |
|   | Minimum Asset Amount (add line 7 to line 6)  | 8        |                         |                               |
|   |  |          |                         |                               |
|   | Section C - Distributable Amount   |          |                         | Current Year                  |
|   | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1        |                         |                               |
|   | Enter 85% of line 1  | 2        |                         |                               |
|   | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3        |                         |                               |
|   | Enter greater of line 2 or line 3  | 4        |                         |                               |
|   | Income tax imposed in prior year   | 5        |                         |                               |
|   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6        |                         |                               |
|   | Check here if the current year is the organization's first as a non-functionally-instructions)   | ntegrate | d Type III supporting ( | organization (see             |

| Pality Type III Non-Functionally Integra  | ated 509(a)(3) Suppo          | rting Organizations (co                | ontinuea)                                 |
|---|-------------------------------|--|---|
| Section D - Distributions   |                               |  | Current Year                              |
| 1 Amounts paid to supported organizations to accomp   | plish exempt purposes         |  |   |
| 2 A mounts paid to perform activity that directly furthe excess of income from activity   | ers exempt purposes of supp   | oorted organizations, in               |   |
| 3 Administrative expenses paid to accomplish exemp  | ot purposes of supported org  | anızatıons                             |   |
| 4 Amounts paid to acquire exempt-use assets   |                               |  |   |
| 5 Qualified set-aside amounts (prior IRS approval rec   | quired)                       |  |   |
| 6 Other distributions (describe in Part VI) See instru  |                               |  |   |
| 7 Total annual distributions. Add lines 1 through 6   |                               |  |   |
| 7 Total allitual distributions. Add lines 1 tillough 6  |                               |  |   |
| 8 Distributions to attentive supported organizations t details in Part VI) See instructions   | o which the organization is r | esponsive (provide                     |   |
| 9 Distributable amount for 2015 from Section C, line  | 6                             |  |   |
| 10 Line 8 amount divided by Line 9 amount   |                               |  |   |
|   |                               | ····                                   | ····                                      |
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
| Distributable amount for 2015 from Section C, line     6  |                               |  |   |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)   |                               |  |   |
| 3 Excess distributions carryover, if any, to 2015   |                               |  |   |
| a   |                               |  |   |
| b   |                               |  |   |
| С   |                               |  |   |
| <b>d</b> From 2013  |                               |  |   |
| e From 2014   |                               |  |   |
| f Total of lines 3a through e   |                               |  |   |
| g Applied to underdistributions of prior years  |                               |  |   |
| h Applied to 2015 distributable amount  |                               |  |   |
| i Carryover from 2010 not applied (see instructions)  |                               |  |   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f   |                               |  |   |
| 4 Distributions for 2015 from Section D, line 7 \$  |                               |  |   |
| a Applied to underdistributions of prior years  |                               |  |   |
| <b>b</b> Applied to 2015 distributable amount   |                               |  |   |
| c Remainder Subtract lines 4a and 4b from 4   |                               |  |   |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                               |  |   |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                               |  |   |
| <b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c  |                               |  |   |
| 8 Breakdown of line 7   |                               | ı                                      |   |
| a   |                               |  |   |
| b   |                               |  |   |
| c Excess from 2013  |                               |  |   |
| <b>d</b> From 2014  |                               |  |   |
| e From 2015   |                               |  |   |
|   |                               |  | (F 000 000 F7) (201 F                     |

#### DLN: 93493038006137

Employer identification number

04-2505372

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

1

2

3

Charles Stark Draper Laboratory Inc

Political expenditures

Volunteer hours

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

Service

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

• Section 527 organizations Complete Part I-A only

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

| Par   | t I-B Complete if the or                                     | ganization is exempt under  | section 501(                             | c)(3).   |  |
|-------|--|---|--|--|--|
| 1     | Enter the amount of any excise                               | e tax incurred by the organization un   | der section 4955                         | <b>&gt;</b>  | \$   |
| 2     | Enter the amount of any excise                               | e tax incurred by organization manag  | gers under section                       | n 4955 ►   | \$   |
| 3     | If the organization incurred a s                             | section 4955 tax, did it file Form 47.  | 20 for this year?                        |  | ☐ Yes ☐ No   |
| 4a    | Was a correction made?                                       |   |  |  | □ Yes □ No   |
| b     | If "Yes," describe in Part IV                                |   |  |  |  |
| Par   | t I-C Complete if the or                                     | ganization is exempt under  | section 501(                             | c), except section 50  | 1(c)(3).   |
| 1     | Enter the amount directly expe                               | ended by the filing organization for se   | ection 527 exemp                         | ot function activities 🕨   | \$   |
| 2     | Enter the amount of the filing of exempt function activities | organization's funds contributed to o   | ther organizations                       | for section 527  | \$   |
| 3     | Total exempt function expendi                                | tures Add lines 1 and 2 Enter here  | and on Form 112                          | 0-POL, line 17b ►  | \$   |
| 4     | Did the filing organization file <b>F</b>                    | orm 1120-POL for this year?   |  |  | ☐ Yes ☐ No   |
| 5     | organization made payments amount of political contribution  | nd employer identification number (E<br>For each organization listed, enter th<br>ns received that were promptly and o<br>political action committee (PAC) If | ne amount paid fro<br>directly delivered | m the filing organization's f<br>to a separate political orga              | unds Also enter the nization, such as a  |
|       | <b>(a)</b> Name  | (b) Address   | (c) EIN                                  | (d) A mount paid from<br>filing organization's<br>funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| 2     |  |   |  |  |  |
| 3     |  |   |  |  |  |
| 4     |  |   |  |  |  |
| 5     |  |   |  |  |  |
| 6     |  |   |  |  |  |
| For P | Paperwork Reduction Act Notice, se                           | ee the instructions for Form 990 or 99  | 0-EZ.                                    | at No 50084S Schedule C (I   | Form 990 or 990-EZ) 2015   |

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

#### Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election Part II-A under section 501(h)).

| A | Check | <b>&gt;</b> | Γ | $\overline{}$ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, |
|---|-------|-------------|---|---|
|   |       |             |   | expenses, and share of excess lobbying expenditures)  |

|                 |   | bying Expenditures<br>means amounts paid or incurred.) | (a) Filing<br>organization's<br>totals | (b) Affiliated<br>group totals |  |  |  |  |
|-----------------|---|--|--|--------------------------------|--|--|--|--|
| <b>1</b> a<br>b | Total lobbying expenditures to influence public<br>lobbying)<br>Total lobbying expenditures to influence a legi |  | 0                                      |                                |  |  |  |  |
| c               | Total lobbying expenditures (add lines 1a and   | 1b)  | 0                                      |                                |  |  |  |  |
| d               | Other exempt purpose expenditures   | ther exempt purpose expenditures                       |  |                                |  |  |  |  |
| e               | Total exempt purpose expenditures (add lines  | 639,397,740  |  |                                |  |  |  |  |
| f               | Lobbying nontaxable amount Enter the amour  | nt from the following table in both columns            | 1,000,000                              |                                |  |  |  |  |
|                 | If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:                     |  |                                |  |  |  |  |
|                 | Not over \$500,000  | 20% of the amount on line 1e                           |  |                                |  |  |  |  |
|                 | Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000        |  |                                |  |  |  |  |
|                 | Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000      |  |                                |  |  |  |  |
|                 | Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000       |  |                                |  |  |  |  |
|                 | Over \$17,000,000   | \$1,000,000  |  |                                |  |  |  |  |

reporting section 4911 tax for this year? Yes **▼** No

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

# 4-Year Averaging Period Under section 501(h)

|       | (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) |           |                 |                 |                 |           |  |  |  |  |  |  |  |
|-------|--|-----------|-----------------|-----------------|-----------------|-----------|--|--|--|--|--|--|--|
|       | Lobbying Expenditures During 4-Year Averaging Period   |           |                 |                 |                 |           |  |  |  |  |  |  |  |
|       | Calendar year (or fiscal year<br>beginning in)   | (a)2012   | <b>(b)</b> 2013 | <b>(c)</b> 2014 | <b>(d)</b> 2015 | (e) Total |  |  |  |  |  |  |  |
| 2a    | Lobbying nontaxable amount   | 1,000,000 | 1,000,000       | 1,000,000       | 1,000,000       | 4,000,000 |  |  |  |  |  |  |  |
| b     | Lobbying ceiling amount<br>(150% of line 2a, column(e))  |           |                 |                 |                 | 6,000,000 |  |  |  |  |  |  |  |
| _c    | Total lobbying expenditures  | 26,707    | 7,293           |                 | 0               | 34,000    |  |  |  |  |  |  |  |
| d     | Grassroots nontaxable amount   | 250,000   | 250,000         | 250,000         | 250,000         | 1,000,000 |  |  |  |  |  |  |  |
| е<br> | Grassroots ceiling amount<br>(150% of line 2d, column (e))   |           |                 |                 |                 | 1,500,000 |  |  |  |  |  |  |  |
| f     | Grassroots lobbying expenditures   |           |                 |                 |                 |           |  |  |  |  |  |  |  |

Return Reference

| Pa   | Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).  | NOT           |           |       |        |     |
|------|--|---------------|-----------|-------|--------|-----|
| or o | 1  | (             | a)        | (b)   |        |     |
|      | each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying vity   | Yes           | No        |       | moun   | nt  |
| 1    | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of               | Tes .         |           |       |        |     |
| а    | Volunteers?  |               |           |       |        |     |
| b    | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |               |           | 1     |        |     |
| c    | Media advertisements?  |               |           |       |        |     |
| d    | , , , , ,  |               |           |       |        |     |
| е    | Publications, or published or broadcast statements?  |               |           |       |        |     |
| f    | Grants to other organizations for lobbying purposes?   |               |           |       |        |     |
| g    | Direct contact with legislators, their staffs, government officials, or a legislative body?  |               |           |       |        |     |
| h    | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |               |           |       |        |     |
| i    | Other activities?  |               |           |       |        |     |
| j    | Total Add lines 1c through 1i  |               |           |       |        |     |
| 2a   | Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?   |               |           |       |        |     |
| b    | If "Yes," enter the amount of any tax incurred under section 4912  |               |           |       |        |     |
| c    | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |               |           |       |        |     |
| d    | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |               |           |       |        |     |
| Pai  | rt III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .  | <b>501</b> (c | :)(5), (  | or se |        | n   |
|      |  |               | _         |       | Yes    | No  |
| 1    | Were substantially all (90% or more) dues received nondeductible by members?   |               |           | 1     |        |     |
| 2    | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |               |           | 2     |        |     |
| 3    | Did the organization agree to carry over lobbying and political expenditures from the prior year?  |               |           | 3     |        |     |
| Pai  | rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."   |               |           |       |        |     |
| 1    | Dues, assessments and similar amounts from members   | 1             |           |       |        |     |
| 2    | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |               | ļ         |       |        |     |
| а    | Current year   | 2a            |           |       |        |     |
| b    | Carryover from last year   | 2b            |           |       |        |     |
| c    | Total  | 2c            |           |       |        |     |
| 3    | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3             |           |       |        |     |
| 4    | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4             |           |       |        |     |
| 5    | Taxable amount of lobbying and political expenditures (see instructions)   | 5             |           |       |        |     |
|      | Part IV Supplemental Information   |               |           |       |        |     |
|      | •  |               |           |       |        |     |
|      | ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gr<br>(see instructions), and Part II-B, line 1 Also, complete this part for any additional information                    | oup list)     | , Part II | -A,I  | ines 1 | and |

Explanation

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

#### **SCHEDULE D**

(Form 990)

Department of the

Internal Revenue Service

Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on 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  $\underline{www.irs.gov/form990}$ .

OMB No 1545-0047

2015

Inspection

DLN: 93493038006137

**Employer identification number** Name of the organization Charles Stark Draper Laboratory Inc 04-2505372 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the

A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

\$\begin{align\*} \sigma \]

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)

(B)(i) and section 170(h)(4)(B)(ii)?

Yes

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

(ii) Assets included in Form 990, Part X

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1

\*\*Schedule D (Form 990) 2015

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| Pai | t III        | Organizations Maintaining (continued)  | Collections of Art       | , His         | storio                | cal T         | reasures,           | or Ot    | her Simi             | lar As  | sets                  |                    |
|-----|--------------|--|--------------------------|---------------|-----------------------|---------------|---------------------|----------|----------------------|---------|-----------------------|--------------------|
| 3   |              | g the organization's acquisition, accection items (check all that apply)           | ession, and other recor  | ds, cl        | neck a                | n <b>y</b> of | the following       | that ar  | e a signific         | ant use | ofits                 |                    |
| а   |              | Public exhibition  |                          | d             |                       | Loar          | n or exchange       | progr    | ams                  |         |                       |                    |
| b   | Γ            | Scholarly research   |                          | e             | Γ                     | Othe          | er                  |          |                      |         |                       |                    |
| c   |              | Preservation for future generations  |                          |               |                       |               |                     |          |                      |         |                       |                    |
| 4   | Prov<br>Part | ide a description of the organization's<br>XIII                                    | s collections and expla  | ın ho         | w they                | furth         | er the organiz      | zation's | s exempt pu          | ırpose  | ın                    |                    |
| 5   |              | ng the year, did the organization solid<br>ts to be sold to raise funds rather tha |                          |               | -                     |               |                     |          |                      | ┌ Yes   | ∏ No                  | )                  |
| Pa  | rt IV        | Escrow and Custodial Arra<br>Complete if the organization a<br>Part X, line 21.    |                          | orm           | 990,                  | Part          | IV, line 9, o       | r repo   | orted an a           | mount   | on Forr               | n 990,             |
| 1a  |              | e organization an agent, trustee, cus<br>ded on Form 990, Part X?                  | todian or other interme  | diary         | for co                | ontribi       | utions or othe      | erasse   | ts not               | ┌ Yes   | ∏ No                  | •                  |
| b   | If           | "Yes," explain the arrangement in Pa   | art XIII and complete t  | he fo         | llowing               | g table       | 2                   |          |                      | Amo     | ount                  |                    |
| c   | Ве           | eginning balance   |                          |               |                       |               |                     | 1c       |                      |         |                       |                    |
| d   | Αd           | dditions during the year   |                          |               |                       |               |                     | 1d       |                      |         |                       |                    |
| е   | Dı           | stributions during the year  |                          |               |                       |               |                     | 1e       |                      |         |                       |                    |
| f   | Er           | nding balance  |                          |               |                       |               |                     | 1f       |                      |         |                       |                    |
| 2a  | Did t        | he organization include an amount or   | n Form 990, Part X, line | 21,           | for es                | crow          | or custodial a      | ccoun    | t liability?         | ┌ Yes   | ∏ No                  | •                  |
| b   | If"Y         | es," explain the arrangement in Part   | XIII Check here if the   | expl          | anatio                | n has         | been provide        | ed in Pa | art XIII .           |         |                       |                    |
| Pa  | art V        | Endowment Funds. Complet   | te if the organizatior   | n ans         | swere                 | d "Ye         | s" to Form          | 990, 1   | Part IV, lır         | ne 10.  |                       |                    |
|     |              |  | (a)Current year          | <b>(b)</b> Pr | nor yea               | r I           | <b>c)</b> Two years | back (   | <b>d)</b> Three year | s back  | (e)Four ye            | ars back           |
| 1a  | Begi         | nning of year balance  |                          |               |                       |               |                     |          |                      |         |                       |                    |
| b   | Con          | tributions   |                          |               |                       |               |                     |          |                      |         |                       |                    |
| c   | Net<br>Ioss  | investment earnings, gains, and  |                          |               |                       |               |                     |          |                      |         |                       |                    |
| d   |              | nts or scholarships  |                          |               |                       |               |                     |          |                      |         |                       |                    |
| e   |              | er expenditures for facilities<br>programs   |                          |               |                       |               |                     |          |                      |         |                       |                    |
| f   | •<br>Adm     | ninistrative expenses  |                          |               |                       |               |                     |          |                      |         |                       |                    |
| g   |              | of year balance  |                          |               |                       |               |                     |          |                      |         |                       |                    |
| 2   | Prov         | ide the estimated percentage of the o  | current year end balanc  | e (Iır        | ne 1g,                | colun         | nn (a)) held as     | S        |                      | 1       |                       |                    |
| a   | Boar         | d designated or quasi-endowment 🕨  |                          |               |                       |               |                     |          |                      |         |                       |                    |
| b   | Perm         | nanent endowment 🕨   |                          |               |                       |               |                     |          |                      |         |                       |                    |
| c   |              | porarily restricted endowment ►<br>percentages on lines 2a, 2b, and 2c :           | should equal 100%        |               |                       |               |                     |          |                      |         |                       |                    |
| 3a  |              | there endowment funds not in the pos   | session of the organiza  | ation         | that a                | re hel        | d and adminis       | stered   | for the              |         | Yes                   | No.                |
|     | _            | nrelated organizations   |                          |               |                       |               |                     |          |                      | 3a(     | _                     | No                 |
|     |              | elated organizations   |                          |               |                       |               |                     |          |                      | 3a(     |                       | _                  |
| b   | If"Y         | es" on 3a(II), are the related organiza  | ations listed as require | d on :        | Sched                 | ule R7        | ·                   |          |                      | . 31    | ь                     |                    |
| 4   | Desc         | cribe in Part XIII the intended uses o   | f the organization's en  | nwob          | ent fu                | nds           |                     |          |                      |         |                       |                    |
| Pa  | rt VI        |  |                          | _             |                       |               |                     |          |                      |         |                       |                    |
|     |              | Complete if the organization a  Description of property                            | inswered 'Yes' to Fo     | rm 9<br>T     | 190, P<br>(a)         |               | /, line 11a.s       |          | Orm 990, I           |         | , line 10.<br>(d)Bool |                    |
|     |              | Description of property  |                          |               | st or oth<br>(investr | her bas       |                     | er basıs | (c)depred            |         | (4)2001               | value              |
| 1a  | Land         |  |                          |               |                       |               | 32,                 | 495,864  |                      |         | 3:                    | 2,495,864          |
| b   | Buildir      | ngs<br>  |                          |               |                       |               | 139.                | 178,015  | 65.                  | 937,717 | 7:                    | 3,240,298          |
| c   | Lease        | hold improvements  |                          |               |                       |               |                     | 313,198  |                      | 133,252 |                       | 3, <b>1</b> 79,946 |
|     |              | ment   |                          |               |                       |               |                     | 191,492  |                      | 141,768 |                       | 4,049,724          |
| e   | Other        |  |                          |               |                       |               |                     |          |                      |         |                       |                    |

152,206,939

|                         | Investments—Other Securities. Co   | mplete if the org | anızatıon an   | swered 'Yes'   | on Form 990,     | Part IV, line 11b.                     |
|-------------------------|--|-------------------|----------------|----------------|------------------|--|
|                         | See Form 990, Part X, line 12.  (a) Description of security or category (including name of security) |                   | <b>(b)</b> Boo | < value        |                  | od of valuation<br>f-year market value |
| (1)Financia             | I derivatives  |                   |                |                |                  | ,                                      |
| (2)Closely-<br>(3)Other | held equity interests  |                   |                |                |                  |  |
| (3)0 ther               |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
| Total. (Colum           | nn (b) must equal Form 990, Part X, col (B) line 12 )  | <b>•</b>          |                |                |                  |  |
| Part VIII               | Investments—Program Related.   | Livesi en Ferm C  | 00 Part IV     | line 11c -     |                  |  |
|                         | Complete if the organization answered  (a) Description of investment                                 | i fes on form s   | (b) Boo        |                |                  | rt X, line 13. od of valuation         |
|                         | (1)  |                   | (2) 200        |                |                  | f-year market value                    |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
| Total. (Colum           | nn (b) must equal Form 990, Part X, col (B) line 13 )  | •                 |                |                |                  |  |
| Part IX                 | Other Assets. Complete if the organization (a) Description   |                   | n Form 990, F  | art IV, line 1 |                  | , Part X, line 15<br>Book value        |
|                         | (a) Desci  | прскоп            |                |                | (6)              | DOOK Value                             |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
| Total (Colu             | mn (b) must equal Form 990, Part X, col (B) line 2   | 15)               |                |                |                  |  |
| Part X                  | Other Liabilities. Complete if the orga  | •                 | ed 'Yes' on l  |                |                  | or 11f.                                |
| 1.                      | See Form 990, Part X, line 25.  (a) Description of liability   | (b) Book va       | ue             |                |                  |  |
| <del></del>             | (2) 2 30 31. parent of massive,  | (2) 3331. 14      |                |                |                  |  |
| Federal inc             | ome taxes  |                   | 0              |                |                  |  |
| ACCRUED                 | POST RETIREMENT BENEFITS   | 61,46             | 7,587          |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
| -                       |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         |  |                   |                |                |                  |  |
|                         | on (b) must equal Form 990, Part X, col (B) line 25)   | ► 61,46           |                | ordanization!- | financial statem | ante that roports +5-                  |
|                         | or uncertain tax positions. In Part XIII, provid   |                   |                |                |                  |  |

Schedule D (Form 990) 2015

1

2 а

3

3

b

c

653,751,055

-21,076,138

674,827,193

637,891,324

1,506,416

639,397,740

| 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 1,416,618   |       |             |
| b    | Other (Describe in Part XIII )  |       |             |
| c    | Add lines <b>4a</b> and <b>4b</b>   | 4c    | 1,506,416   |
| 5    | Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)   | 5     | 676,333,609 |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | s per | Return.     |
| 1    | Total expenses and losses per audited financial statements  | 1     | 639,475,829 |
| 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 )  |       |             |
| е    | Add lines <b>2a</b> through <b>2d</b>   | 2e    | 1,584,505   |

2a

2b

2c

2d

529,919

-21,606,057

2e

3

3

4c

1,416,618

89.798

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Recoveries of prior year grants . . .

Other (Describe in Part XIII)

Add lines 2a through 2d . .

Subtract line 2e from line 1 .

Add lines 4a and 4b . . .

Subtract line 2e from line 1 .

**Supplemental Information** Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . .

## Part XIII

Return Reference

Part 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 provide any additional

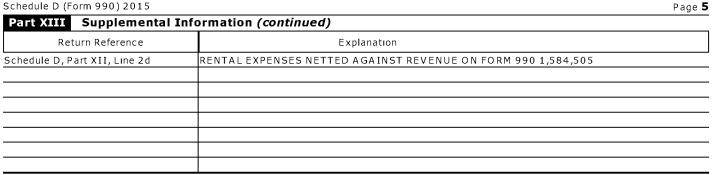
information

Other (Describe in Part XIII) . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Schedule D, Part XI, Line 2d FAS 158 PENSION & POST RETIREMENT PLAN (23.190.562) RENTAL EXPENSES NETTED AGAINST REVENUE 1,584,505 TOTAL (21,606,057)

Explanation



| efile GRAPHIC print - DO N   | OT PROCESS                          | As Filed Da   | ta -   |                                    | DLN: 93493038006137  |  |  |
|--|-------------------------------------|---|--|------------------------------------|--|--|--|
| SCHEDULE F (Form 990)  | atement of                          | Activities (  | Outside the Unit   | ed Sta                             | tes  | MB No 1545-0047  |  |
| Department of the Treasury   | ·                                   | Part IV, line<br>► Attach t                                     | on answered "Yes" to Form<br>14b, 15, or 16.<br>to Form 990.<br>and its instructions is at w | /form990.                          | 2015 Open to Public Inspection   |  |  |
| Name of the organization<br>Charles Stark Draper Laboratory In                           | С                                   |   |  |                                    | Employer identi  | fication number  |  |
| Part I General Informat Complete if the orga   |                                     |   | <b>he United States.</b><br>orm 990, Part IV, line   | 14b.                               |  |  |  |
| <b>1 For grantmakers.</b> Does the and other assistance, the used to award the grants of | grantees' eligibi                   |   |  |                                    | -  | ┌ Yes ┌ No   |  |
| 2 For grantmakers. Describe assistance outside the Uni                                   | ted States                          |   |  |                                    | •  | s and other  |  |
| A ctivites per Region (The fol   | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in | <del></del>  | (e) If activi<br>program :<br>spec | ded )  ty listed in (d) is a service, describe ific type of e(s) in region | (f) Total expenditures<br>for and investments<br>in region |  |
| (1) Europe (Including Iceland an   | d                                   | region  | region) Program Services   | Research                           |  | 2,827,448  |  |
| (2) East Asia and the Pacific  |                                     |   | Program Services   | Research                           |  | 44,595   |  |
| ( 3) North America   |                                     |   | Program Services   | Research                           |  | 412,027  |  |
| (4)  |                                     |   |  |                                    |  |  |  |
| (5)  |                                     |   |  |                                    |  |  |  |
| 3a Sub-total b Total from continuation sheet to Part I                                   | rs                                  |   |  |                                    |  | 3,284,070  |  |
| c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, s                     | ee the Instruction                  | for Form 990.   | Cat  | No 5008                            | 2W <b>Schedu</b>   | 3,284,070<br>le F (Form 990) 2015                          |  |

| organization | and EIN (if applicable) | grant | cash grant | casn<br>disbursement | or non-cash<br>assistance | or non-cash<br>assistance | valuation<br>(book, FMV,<br>appraisal, other) |
|--------------|-------------------------|-------|------------|----------------------|---------------------------|---------------------------|---|
| (1)          |                         |       |            |                      |                           |                           |   |
| ( 2)         |                         |       |            |                      |                           |                           |   |
| ( 3)         |                         |       |            |                      |                           |                           |   |
| (4)          |                         |       |            |                      |                           |                           |   |

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

Schedule F (Form 990) 2015

Page 2

| Schedule F (Form 990) 2015      |   |                          |                              |                                 |  |  | Page <b>3</b>  |
|---------------------------------|---|--------------------------|------------------------------|---------------------------------|--|--|--|
| Part III Grants and Ot          | Other Assistance<br>duplicated if addit |                          |                              | ted States. Complete            | if the organization ar                           | nswered "Yes" to Form                        |  |
| (a) Type of grant or assistance | (b) Region                              | (c) Number of recipients | (d) A mount of<br>cash grant | (e) Manner of cash disbursement | (f) A mount of<br>non-cash<br>assistance         | (g) Description<br>of non-cash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
| (1)                             |   |                          |                              |                                 | 1  |  |  |
| ( 2)                            |   |                          |                              | †                               | †  |  |  |
| ( 3)                            |   | + +                      |                              | +                               | +  |  |  |
| (4)                             |   | + +                      |                              | -                               | <del>                                     </del> |  |  |
| ( 5)                            |   | + +                      |                              | +                               | <del>                                     </del> |  |  |
| ( 6)                            |   | + +                      |                              | +                               |  |  |  |
| (7)                             |   | + +                      | ·                            | +                               |  |  |  |
| (8)                             |   | + +                      | ·                            | +                               | +  |  |  |
| (9)                             |   | + +                      |                              | +                               | +  |  |  |
| ( 10)                           |   | + +                      |                              |                                 | +  |  |  |
| (11)                            |   | + +                      |                              |                                 | +  |  |  |
| ( 12)                           |   |                          |                              | +                               | +  |  |  |
| ( 13)                           |   |                          |                              | <u> </u>                        |  |  |  |
| ( 14)                           |   |                          |                              | <u> </u>                        |  |  |  |

| (4)  |  |  |  |  |
|------|--|--|--|--|
| ( 5) |  |  |  |  |
| (6)  |  |  |  |  |
| (7)  |  |  |  |  |
| (8)  |  |  |  |  |
| (9)  |  |  |  |  |
| (10) |  |  |  |  |
| (11) |  |  |  |  |
| (12) |  |  |  |  |
| (13) |  |  |  |  |
| (14) |  |  |  |  |

(15) (16) (17) (18)

# 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Yes ✓ No Old the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

Nο

Yes

Page 5

| method; amounts of ir   | wastmants vs. av   | nondituros nor ro  | gion), Dart II ling | 1 /accounting m   | othod), Dort III  |  |
|-------------------------|--------------------|--------------------|---------------------|-------------------|-------------------|--|
| •                       |                    |                    | J //                | `                 | ,,                |  |
| (accounting method);    | and Part III, colu | mn (c) (estimated  | l number of recipie | nts), as applicab | le. Also complete |  |
| this part to provide an | y addıtıonal ınfor | mation (see instru | ctions).            |                   |                   |  |
|                         |                    |                    |                     |                   |                   |  |

### 990 Schedule F, Supplemental Information

Schedule F (Form 990) 2015

| Return<br>Reference | Explanation   |
|---------------------|---|
| Part I, Line 2      | NATURE OF ACTIVITIES IS NOT GRANT/ASSISTANCE BASED BUT IS SERVICES IN FURTHERANCE OF DRAPER'S EXEMPT PURPOSE. |

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organize

Department of the
Treasury

Information about Schedule

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Internal Revenue Service

Name of the organization

Charles Stark Draper Laboratory Inc

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

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

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

04-2505372

DLN: 93493038006137

Open to Public

Schedule I (Form 990) 2015

Inspection
Employer identification number

| Part I General Informatio  | n on Grants an      | d Assistance                  |                              |   |   | <u> </u>                               |                                       |
|--|---------------------|-------------------------------|------------------------------|---|---|--|---------------------------------------|
| <ul> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ul> | ard the grants or a | ssistance?                    |                              |   | or the grants or assis  | stance, and                            | ✓ Yes No                              |
| Part II Grants and Other Assista   |                     |                               |                              | plete if the organization                 | answered "Yes" on F   | orm 990, Part IV, line 21              | , for any recipient                   |
| (a) Name and address of organization or government   | ( <b>b)</b> EIN     | (c) IRC section if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| See Additional Data Table  |                     |                               |                              |   |   |  |                                       |
|  |                     |                               |                              |   |   |  |                                       |
|  |                     |                               |                              |   |   |  |                                       |
|  |                     |                               |                              |   |   |  |                                       |
|  |                     |                               |                              |   |   |  |                                       |
|  |                     |                               |                              |   |   |  |                                       |
|  |                     |                               |                              |   |   |  |                                       |
|  |                     |                               |                              |   |   |  |                                       |
|  |                     |                               |                              |   |   |  |                                       |
|  |                     |                               |                              |   |   |  |                                       |
| <ul><li>2 Enter total number of section 50</li><li>3 Enter total number of other orga</li></ul>                                    |                     |                               |                              |   |   |  | 13                                    |

Cat No 50055P

| Schedule I | (Form 990) 2015  |
|------------|--|
| Part III   | Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22 |
|            | Part III can be duplicated if additional space is needed   |

| (a)Type of grant or assistance  | <b>(b)</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 |  |  |  |  |  |
|---|---------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|--|--|--|--|--|
|   |                                 |                          |                                   |  |                                       |  |  |  |  |  |
|   |                                 |                          |                                   |  |                                       |  |  |  |  |  |
|   |                                 |                          |                                   |  |                                       |  |  |  |  |  |
|   |                                 |                          |                                   |  |                                       |  |  |  |  |  |
|   |                                 |                          |                                   |  |                                       |  |  |  |  |  |
|   |                                 |                          |                                   |  |                                       |  |  |  |  |  |
|   |                                 |                          |                                   |  |                                       |  |  |  |  |  |
|   |                                 |                          |                                   |  |                                       |  |  |  |  |  |
| 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  |                                 |                          |                                   |  |                                       |  |  |  |  |  |

| Return Reference           | Explanation   |
|----------------------------|---|
| Schedule I, Part I, Line 2 | DRAPER HAS TWO TYPES OF GRANTS SUB-AWARDS AND FELLOWSHIP GRANTS THE MONITORING PROCEDURES FOR THE USE OF GRANT      |
|                            | FUNDS FOR EACH TYPE IS DESCRIBED BELOW DRAPER MONITORS GRANT FUNDS EXPENDED THROUGH SUB-AWARDS IN ACCORDANCE        |
|                            | WITH ITS SUBCONTRACTS ADMINISTRATION POLICIES AND PROCEDURES MANUAL AUTHORIZED DRAPER PERSONNEL SUBMIT              |
|                            | PURCHASE REQUISITIONS FOR SUB-AWARDS TO BE ISSUED WITH GRANT FUNDS, AND SUBCONTRACT ADMINISTRATORS REVIEW THE       |
|                            | PURCHASE REQUISITION BEFORE APPROVAL OF THE SUB-AWARD SUBCONTRACT ADMINISTRATORS FLOW DOWN ALL APPLICABLE           |
|                            | GRANT TERMS TO THE SUB-AWARDEE AS PART OF THE SUB-AWARD, AND THE PROGRAMS DEPARTMENT AND SUBCONTRACTS MONITOR       |
|                            | SUB-A WARDEE PERFORMANCE THROUGH MONTHLY TECHNICAL AND FINANCIAL REPORTS BY THE SUB-A WARDEE DRAPER MONITORS        |
|                            | GRANT FUNDS EXPENDED FOR FELLOWSHIP SUPPORT GRANTS TO FIT WITHIN THE OVERALL HIRING PLAN, TECHNOLOGY                |
|                            | CONCENTRATION FOCUS AREAS IMPORTANT TO DRAPER AND OUR CUSTOMERS, THE AVAILABILITY OF SUPERVISORS, AND               |
|                            | GRADUATION RATES OF FELLOWS CURRENTLY ENROLLED IN THE PROGRAM DOLLAR AMOUNTS ARE NEGOTIATED PER DEGREE PROGRAM      |
|                            | WITH EACH UNIVERSITY AND UPDATED YEARLY AUTHORIZED DRAPER PERSONNEL SUBMIT PURCHASE REQUISITIONS ALL                |
|                            | REQUISITIONS ARE APPROVED BY THE OWNER OF THE PROJECT NUMBER PER DRAPERS BUSNESS PROCESS AN APPROVED PURCHASE       |
|                            | ORDER IS PLACED WITH THE UNIVERSITY FOR THE DURATION OF THE STUDENTS TENURE MONTHLY INVOICES ARE SENT BY THE        |
|                            | UNIVERSITY TO DRAPER, APPROVED BY THE DRAPER SUPERVISOR AND PAID TO THE UNIVERSITY AT THE END OF THE FISCAL YEAR, A |
|                            | RECONCILIATION IS DONE TO CLOSE OUT THE ORDER   |
|                            |   |

### **Additional Data**

Software ID: Software Version:

**EIN:** 04-2505372

Name: Charles Stark Draper Laboratory Inc

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |                |                               |                              |   |   |  |                                    |  |  |
|---|----------------|-------------------------------|------------------------------|---|---|--|------------------------------------|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC section if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |  |  |
| CORNELL UNIVERSITY<br>120 DAY HALL<br>CAMBRIDGE,MA 02139  | 15-0532082     | 501(C)(3)                     | 6,987                        |   |   |  | RESEARCH GRANT<br>SUB-AWARD        |  |  |
| MASSACHUSETTS EYE AND<br>EAR INFIRMARY<br>243 CHARLES STREET<br>BOSTON,MA 02114                               | 04-2103591     | 501(C)(3)                     | 152,636                      |   |   |  | RESEARCH GRANT<br>SUB-AWARD        |  |  |
| UNIVERSITY OF SOUTH<br>FLORIDA<br>3650 SPECTRUM BLVD<br>SUITE 160<br>TAMPA,FL 33612                           | 59-3102112     | gov't                         | 92,829                       |   |   |  | SUB-AWARD &<br>FELLO WSHIP         |  |  |

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 501(C)(3) 38.716 UNIVERSITY OF TAMPA 59-0624459 IRESEARCH GRANT 401 W KENNEDY BLVD BOX SUB-AWARD

FELLO WSHIPS

SUPPORT

| L<br>TAMPA,FL 33606                    |            |           |         |  |                        |
|--|------------|-----------|---------|--|------------------------|
| BOSTON UNIVERSITY 595 COMMONWEALTH AVE | 04-2103547 | 501(C)(3) | 245,848 |  | FELLOWSHIPS<br>SUPPORT |

113,449

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

BOSTON MA 02215

BROWN UNIVERSITY

PROVIDENCE, RI 02912

1 PROSPECT ST

05-0258809

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant other) or aovernment assistance 04-2103580 501(C)(3) 269,923 FELLO WSHIPS HARVARD UNIVERSITY 1350 MASS ave SUPPORT CAMBRIDGE, MA 02138 WSHIPS RT

| MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASS AVE CAMBRIDGE,MA 02139 | 04-2103594 | 501(C)(3) | 1,300,218 |  | FELLOW:<br>SUPPOR |
|--|------------|-----------|-----------|--|-------------------|
| CAMBRIDGE, MA 02133  |            |           |           |  |                   |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

360 HUNTINGTON AVE BOSTON, MA 02115

501(C)(3) 44,508 NORTHEASTERN 04-1679980 FELLO WSHIPS UNIVERSITY SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) SOUTHERN METHODIST 501(C)(3) 100,496 75-0800689 IFELLO WSHIPS UNIVERSITY SUPPORT PO BOX 750261

| DALLAS,TX 75275                                      |            |           |        |  |                        |
|--|------------|-----------|--------|--|------------------------|
| WILLIAM MARSH RICE<br>UNIVERSITY<br>6100 MAIN STREET | 74-1109620 | 501(C)(3) | 51,335 |  | FELLOWSHIPS<br>SUPPORT |

98,450

HOUSTON, TX 77005

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

04-2103634

TUFTS UNIVERSITY

169 HOLLAND STREET

SOMERVILLE, MA 02144

IFELLO WSHIPS

SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (c) IRC section (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN (d) A mount of cash organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 39,478 04-3167352 aov't FELLO WSHIPS SUPPORT

UNIVERSITY OF MASSACHUSETTS LOWELL 883 BROADWAY STREET ROOM 200

LOWELL, MA 01854

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

Compensation Information

OMB No 1545-0047

DLN: 93493038006137

2015

Schedule J (Form 990)

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

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service

|    | me of the organization<br>rles Stark Draper Laboratory Inc  | Employer identification | n nun      | nber |    |
|----|---|-------------------------|------------|------|----|
| CH | ·   | 04-2505372              |            |      |    |
| Pa | rt I Questions Regarding Compensation   |                         |            |      |    |
|    |   |                         |            | Yes  | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person light 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding  |                         |            |      |    |
|    | ▼ First-class or charter travel   | personal use            |            |      |    |
|    | ▼ Travel for companions Payments for business use of person   | onal residence          |            |      |    |
|    | ▼ Tax idemnification and gross-up payments  | ion fees                |            |      |    |
|    | Discretionary spending account Personal services (e.g., maid, chau  | ffeur, chef)            |            |      |    |
| b  | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding preimbursement or provision of all of the expenses described above? If "No," complete Part III to  |                         | <b>1</b> b | Yes  |    |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by directors, trustees, officers, including the CEO/Executive Director, regarding the items checked  |                         | 2          | Yes  |    |
| 3  | Indicate which, if any, of the following the filing organization used to establish the compensation organization's CEO/Executive Director Check all that apply Do not check any boxes for method used by a related organization to establish compensation of the CEO/Executive Director, but ex | is                      |            |      |    |
|    | ▼ Compensation committee  |                         |            |      |    |
|    | ▼ Independent compensation consultant     ▼ Compensation survey or study  |                         |            |      |    |
|    | Form 990 of other organizations   | ation committee         |            |      |    |
| 4  | During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to tor a related organization   | he filing organization  |            |      |    |
| а  | Receive a severance payment or change-of-control payment?   |                         | 4a         | Yes  |    |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | Γ                       | 4b         | Yes  |    |
| c  | Participate in, or receive payment from, an equity-based compensation arrangement?  | Γ                       | 4c         |      | Νo |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in   | n Part III              |            |      |    |
|    | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  |                         |            |      |    |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a compensation contingent on the revenues of   | any                     |            |      |    |
| а  | The organization?   |                         | 5a         | Yes  |    |
| b  | Any related organization?   |                         | 5b         |      | Νo |
|    | If "Yes," on line 5a or 5b, describe in Part III  |                         |            |      |    |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a compensation contingent on the net earnings of   | any                     |            |      |    |
| а  | The organization?   |                         | <b>6</b> a |      | Νo |
| b  | Any related organization?   | Γ                       | <b>6</b> b |      | Νo |
|    | If "Yes," on line 6a or 6b, describe in Part III  | Γ                       |            |      |    |
| 7  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any no payments not described in lines 5 and 6? If "Yes," describe in Part III   | n-fixed                 | 7          |      | Νo |
| 8  | Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that we subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "No Part III   |                         | 8          |      | No |

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

|                    | my for each noted marriag | ar mast equal the total | amount of Form 3307 | rate vii, section ii, iii | с та, аррисавте сотат   | im (b) and (b) amount | o for that marriadar |
|--------------------|---------------------------|-------------------------|---------------------|---------------------------|-------------------------|-----------------------|----------------------|
| (A) Name and Title | (B) Breakdown o           | f W-2 and/or 1099-M I   | SC compensation     | (C) Retirement and        | ( <b>D</b> ) Nontaxable | (E) Total of columns  | • •                  |
|                    | Base                      | (ii)                    | (iii)               | other deferred            | benefits                | (B)(ı)-(D)            | column(B) reported   |
|                    | (i) compensation          | Bonus & incentive       | Other reportable    | compensation              |                         |                       | as deferred on prior |

compensation

Schedule J (Form 990) 2015

Form 990

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

# 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 First class travel for board members and officers is provided for long-distance travel to improve participation in business meetings. This benefit was

Schedule J. Part I. Line 1a provided to the following individuals Frank H. Akers, Jr., William F. Ballhaus Jr., Jeffrey M. Bentley, Melinda J. Brown, M. Elisabeth Pate-Cornell, Steven

Ditullio, John R. Dowdle, Lena Goldberg, Miriam E. John, Joanne M. Maguire, Franklin C. Miller, George M. Milne, Jr., Darryl G. Sargent, and Richard D. White Spousal travel is reimbursed for certain individuals reported on the Form 990. This income is treated as taxable, and is reported on Schedule J Part III column b(III) This benefit was provided to the following individuals. John R. Dowdle, Darryl G. Sargent, and Steven DiTullio TAX INDEMNIFICATION AND GROSS UP PAYMENTS EXIST UNDER OUR NEW HIRE/EMPLOYEE RELOCATION POLICY WHERE CERTAIN COSTS MIGHT BE CHARACTERIZED AS TAXABLE INCOME, THE LABORATORY WILL REIMBURSE THE EMPLOYEE FOR ANY TAX EFFECT ASSOCIATED WITH THE MOVE GROSS UP PAYMENTS ALSO EXIST FOR SENIOR MANAGEMENT UPON TAKING LUMP SUM DISTRIBUTIONS FROM THEIR RETIREMENT IPLANS THE GROSS UP IS INTENDED TO ENSURE THAT, SHOULD THE EMPLOYEE PURCHASE AN ANNUITY, THAT ANNUITY WILL PROVIDE THE EQUIVALENT OF A PENSION PAYMENT. No distributions were made during calendar year 2015. Additionally, gross-up payments are provided to employees who receive taxable reimbursemnts of spousal travel. The following individuals received gross up payments during the tax year. John R Dowdle, Darryl G. Sargent, Steven Ditullio, and Phil Keating SCHEDULE J, PART I, LINE 3 THE COMPENSATION COMMITTEE ALSO VOTES TO APPROVE THE COMPENSATION OF THE CEO AND OFFICERS BASED ON THEIR SURVEYS WHICH INCLUDES THIRD PARTY SURVEYS OF COMPARABLE ORGANIZATIONS THROUGHOUT THE COUNTRY Schedule J. Part I, Line 4a Draper has an employment and separation policy that covers the CEO, Dr Gabriel Under this agreement, he is entitled to 12 months salary and health benefits if terminated by the Board without cause Jeffrey M Bentley, Vice President Civil Programs, left his position during the tax year. As part of his separation agreement, Mr. Bentley received severance of \$148,500, which was included in his w-2 and reported on schedule i part ii column b (iii) Schedule J. Part I. Line 4b Draper has a supplemental retirement plan. The purpose of this plan is to assure that corporate officers receive a reasonable level of retirement compensation in relation to their level of compensation and length of service at the laboratory. All officers are automatically enrolled in this plan upon assuming the officer position and benefits are benefit obligation for each officer is obtained. An adjustment to the accrued benefit calculation is based on changes in the actuarial valuation and underlying actuarial assumptions and the change is included in the amount shown in column c of schedule J. The deferred compensation for the lis paid. The following individuals participated in the plan in calendar year 2015. The amounts described are reported on Schedule J. Part II column C. Kaigham (Ken) Gabriel \$108,128 John R Dowdle \$78,386 Elizabeth Mora \$64,487 Darryl G Sargent \$84,375 Steven DiTullio \$135,738 MANAGEMENT INCENTIVE PROGRAM (CMIP) PARTICIPANTS INCLUDE, BUT ARE NOT LIMITED TO, THE EMPLOYEES LISTED ON SCHEDULE J

APPROXIMATELY 35-45 PERSONNEL MAY BE ELIGIBLE IN A GIVEN YEAR THE PROGRAM IS BASED ON FOUR METRICS SPONSOR

SATISFACTION, SPONSORED REVENUE GROWTH AND COST MANAGEMENT, HUMAN CAPITAL MANAGEMENT FOCUSED ON RETENTION AND

calculated as of their first day through the officer's mandatory retirement date after turning age 65. Each fiscal year an actuarial valuation of the projected supplemental retirement plan is included in the financial statements. If an officer is employed, the amount is accrued. When an officer retires, the amount Schedule J, Part I, Line 5a KEY MEMBERS OF THE TECHNICAL, PROGRAM, FINANCE AND ADMINISTRATIVE STAFF ARE ELIGIBLE TO PARTICIPATE IN THE CORPORATE

ARE REVIEWED BY THE PRESIDENT OF THE LABORATORY AND REPORTED TO THE BOARD ANNUALLY

DIVERSITY, AND QUALITY OF THE SPONSORED AND INDEPENDENT RESEARCH AND DEVELOPMENT PROGRAMS ALL PARTICIPANT AWARDS Schedule J (Form 990) 2015

## Software ID: Software Version:

**EIN:** 04-2505372

Name: Charles Stark Draper Laboratory Inc

| Form 990, Schedule J,                                     | Part :      | II - Officers, Direc                            | tors, Trustees, K                                       | ey Employees, an                                   | d Highest Compen                               | sated Employees                   | 3                                  |  |  |
|---|-------------|---|---|--|--|-----------------------------------|------------------------------------|--|--|
| (A) Name and Title  |             | (B) Breakdown of<br>(i)<br>Base<br>Compensation | W-2 and/or 1099-MI: (ii) Bonus & Incentive compensation | C compensation (iii) Other reportable compensation | (C) Retirement and other deferred compensation | <b>(D)</b> Nontaxable<br>benefits | (E) Total of columns<br>(B)(ı)-(D) | (F) Compensation in<br>column (B)<br>reported as deferred<br>on prior Form 990 |  |
| <b>1</b> Kaigham ken Gabriel<br>President and CEO         | (1)         | 444,883   | 92,500  | 9,481  | 143,647  | 21,497                            | 712,008                            | 0  |  |
|   | (11)        | U   | 0   | 0  | 0  | 0                                 | - 0                                | 0  |  |
| 1John R Dowdle<br>VP of Engineering                       | (I)<br>(II) | 334,446<br><br>0                                | 50,933<br>  | 11,459<br>0  | 105,009  | 20,931<br>                        | 522,778<br>                        | 0  |  |
| 2Elizabeth Mora   | (1)         | 339,450   | 56,201  | 28,038   | 91,100   | 10,203                            | 524,992                            | 0  |  |
| VP of Finance & Admin &<br>treas                          | (11)        | 0   | 0   |  | 0  |                                   |                                    | 0  |  |
| 3Darryl G Sargent VP of Nat'l security & space            | (1)         | 339,273   | 50,587  | 11,976   | 110,894  | 23,511                            | 536,241                            | 0  |  |
| ve of Nati security & Space                               | (11)        | 0   | 0   | 0  | 0  |                                   |                                    | 0  |  |
| 4Melinda J Brown<br>Director of Legal & Secretary         | (1)         | 217,198   | 27,671  | 15,907   | 23,650   | 12,941                            | 297,367                            | 0  |  |
|   | (11)        | 0   | 0   | 0  | 0  | -0                                | - 0                                | 0  |  |
| <b>5</b> Steven Ditullio<br>VP of Strategic Systems       | (1)         | 273,997   | 48,600  | 48,773   | 162,257  | 21,651                            | 555,278                            | 0  |  |
|   | (11)        | 0   | 0   | 0  | 0  | -<br>0                            | _<br>_<br>0                        | 0  |  |
| 6Jeffrey M Bentley<br>VP, Cıvıl Programs (thru<br>4/15)   | (1)         | 88,138  | 0   | 182,246  | 12,108   | 7,271                             | 289,763                            | 0  |  |
| 4/13/   | (11)        | 0   | 0   | 0  | 0  | 0                                 | 0                                  | 0  |  |
| <b>7</b> Paul Rosenstrach<br>Principal Director Technical | (1)         | 226,177   | 41,098  | 53,335   | 28,048   | 21,651                            | 370,309                            | 0  |  |
|   | (11)        | 0   | 0   | 0  | 0  | 0                                 | - 0                                | 0  |  |
| <b>8</b> Jack Barry<br>Principal Director Admin           | (1)         | 194,411   | 33,497  | 27,625   | 25,875   | 22,472                            | 303,880                            | 0  |  |
|   | (11)        | 0   | 0   | 0  | 0  | 0                                 | - 0                                | 0  |  |
| <b>9</b> Phil Keating<br>Program Director                 | (1)         | 208,017   | 5,000   | 164,968  | 23,396   | 38,560                            | 439,941                            | 0  |  |
|   | (11)        | 0   | 0   | 0  | 0  | 0                                 | - 0                                | 0  |  |
| <b>10</b> Frank J Serna<br>Principal Dir Marketing        | (1)         | 223,256   | 39,400  | 44,411   | 26,780   | 31,197                            | 365,044                            | 0  |  |
|   | (11)        | 0   | 0   | 0  | 0  | 0                                 | - 0                                | 0  |  |
| 11Anthony S Kourepenis<br>Principal Dir Technical         | (1)         | 234,721   | 36,943  | 26,979   | 26,671   | 32,447                            | 357,761                            | 0  |  |
|   | (11)        | 0   | 0   | o  | 0  | -0                                | - 0                                | 0  |  |
| <b>12</b> Neil J Adams<br>Program Director                | (1)         | 223,255   | 30,698  | 28,680   | 25,154   | 29,837                            | 337,624                            | 0  |  |
|   | (11)        | 0   | 0   | 0  | 0  | 0                                 | - 0                                | 0  |  |
| 13Heidi C Perry<br>Engineenng Director                    | (1)         | 217,697   | 30,461  | 21,159   | 24,450   | 32,553                            | 326,320                            | 0  |  |
|   | (11)        | 0   | 0   | 0  | 0  | 0                                 | - 0                                | 0  |  |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule L

(Form 990 or 990-EZ)

# **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.

DLN: 93493038006137 OMB No 1545-0047

2015

Open to Public Inspection

| Department of the<br>Treasury<br>Internal Revenue Service | <u>www.irs.qov/form990</u> .  | Inspection                     |
|---|---|--------------------------------|
| Name of the organiza<br>Charles Stark Draper Labo         |   | Employer identification number |
|   |   | 04-2505372                     |
| Part I Excess B   | enefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(2 | 9) organizations only)         |

|      | ·                               |   | 04-2505372              |             |         |
|------|---------------------------------|---|-------------------------|-------------|---------|
| Part |                                 | (section $501(c)(3)$ , section $501(c)(4)$ , and $501(c)(6)(6)$ | , , ,                   |             |         |
| 1    | (a) Name of disqualified person | (b) Relationship between disqualified person and                | (c) Description of      | (d) Co      | rected? |
|      |                                 | organization  | transaction             | Yes         | No      |
|      |                                 |   |                         |             |         |
|      |                                 |   |                         |             |         |
|      |                                 |   |                         |             |         |
|      |                                 |   |                         |             |         |
|      |                                 |   |                         |             |         |
|      |                                 |   |                         |             |         |
|      |                                 |   |                         |             |         |
|      |                                 |   |                         |             |         |
|      |                                 |   |                         |             |         |
|      | 4958                            | zation managers or disqualified persons during the y            | 🕨 🛊                     |             |         |
| Par  |                                 | red "Yes" on Form 990-EZ, Part V, line 38a, or Form             | n 990, Part IV, line 26 | , or ıf the |         |

| (a) Name of interested person | (b) Relationship<br>with<br>organization | Purpose of | (d) Loan t<br>or from th<br>organizatio | e    | (e)O riginal<br>principal<br>amount | <b>(f)</b> Balance<br>due | <b>(g)</b><br>defa |    | (h)<br>Appro<br>by boa<br>commit | ved<br>rd or | (i)Writ<br>agreem |    |
|-------------------------------|--|------------|---|------|-------------------------------------|---------------------------|--------------------|----|----------------------------------|--------------|-------------------|----|
|                               |  |            | То                                      | From |                                     |                           | Yes                | No | Yes                              | No           | Yes               | No |
|                               |  |            |   |      |                                     |                           |                    |    |                                  |              |                   |    |
|                               |  |            |   |      |                                     |                           |                    |    |                                  |              |                   |    |
|                               |  |            |   |      |                                     |                           |                    |    |                                  |              |                   |    |
|                               |  |            |   |      |                                     |                           |                    |    |                                  |              |                   |    |
|                               |  |            |   |      |                                     |                           |                    |    |                                  |              |                   |    |
|                               |  |            |   |      |                                     |                           |                    |    |                                  |              |                   |    |
|                               |  |            |   |      |                                     |                           |                    |    |                                  |              |                   |    |
|                               |  |            |   |      |                                     |                           |                    |    |                                  |              |                   |    |
|                               |  |            |   |      |                                     |                           |                    |    |                                  |              |                   |    |
|                               |  |            |   |      |                                     |                           |                    |    |                                  |              |                   |    |
| Total                         | otal • \$                                |            |   |      |                                     |                           |                    |    |                                  |              |                   |    |

| Part III | Gra | nts or Assista | ance Bene   | efiting Int | terested P | ersons. |  |  |  |  |
|----------|-----|----------------|-------------|-------------|------------|---------|--|--|--|--|
| 「otal    |     |                | <b>▶</b> \$ |             |            |         |  |  |  |  |
|          |     |                |             |             |            |         |  |  |  |  |
|          |     |                |             |             |            |         |  |  |  |  |
|          |     |                |             |             |            |         |  |  |  |  |
|          |     |                |             |             |            |         |  |  |  |  |
|          |     |                |             |             |            |         |  |  |  |  |
|          |     |                |             |             |            |         |  |  |  |  |
|          |     |                |             |             |            |         |  |  |  |  |

| Part III | Grants or Assistance Benefiting Interested Persons      |
|----------|---|
|          | Complete if the organization answered "Ves" on Form 990 |

| (a) Name of Interested person | interested person and the organization | (c) A mount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|--|---------------------------|------------------------|---------------------------|
|                               |  |                           |                        |                           |
|                               |  |                           |                        |                           |
|                               |  |                           |                        |                           |
|                               |  |                           |                        |                           |
|                               |  |                           |                        |                           |
|                               |  |                           |                        |                           |
|                               |  |                           |                        |                           |
|                               |  |                           |                        |                           |
|                               |  |                           |                        |                           |
|                               |  |                           |                        |                           |
|                               |  |                           |                        |                           |

Schedule L (Form 990 or 990-EZ) 2015

Page 2

#### **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship (c) A mount of (d) Description of transaction (e) Sharing between interested transaction Ωf person and the organization's organization revenues? Yes No (1)FAMILY MEMBER TO 86,629 lemployee compensation Nο ELIZABETH tADALSTEINSSON DOWDLE **I**OFFICER (2) RUSSELL e SARGENT FAMILY MEMBER TO 137,715 lemployee compensation Nο OFFICER (3) nivair H gabriel family member to 13,898 lemplovee compensation Nο officer Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference **Explanation** 

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE O (Form 990 or 990-EZ)

Department of the

Internal Revenue

Name of the organization

Charles Stark Draper Laboratory Inc

Treasurv

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.

OMB No 1545-0047 2015 Open to Public Inspection

DLN: 93493038006137

**Employer identification number** 

04-2505372 Return **Explanation** Reference Form 990. Membership consists of between 21 and 52 persons as determined by the members in office from time to time. Membership is Part VI, Line divided into three classes. Their terms of office are fixed so that the term of office of only those members in one class will 6 & Line 7a expire at each annual meeting of the members. Membership is not assignable by operation of law or otherwise. Each member shall have one vote. Members may vote either in person or by proxy. When a duly formed quorum (as determined by law, the articles of incorporation, or bylaws) is present, any matter before a duly called meeting shall be decided by a vote of a majority of the members except where a larger vote is required by law, the articles of incorporation, or bylaws. Any election is determined by a plurality of votes cast except where required by law, the articles, or bylaws. The members at each annual meeting fix the number of directors (not less than 3 or more than 17) and elect the number of directors so fixed All activities of the corporation are conducted under the direction of the duly elected board of directors Form 990, Part VI, Line 11b THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH INFORMATION PROVIDED BY MANAGEMENT. THE DIRECTOR OF ACCOUNTING PERFORMS AN INITIAL REVIEW BEFORE PROVIDING TO THE CAO AND PRESIDENT TO PERFORM THEIR OWN REVIEWS OF THE DOCUMENT A COPY OF THE 990, AS ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE, IS PRESENTED TO THE AUDIT COMMITTEE AND MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS VIA THE ORGANIZATIONS INTRANET

| Return<br>Reference | Explanation  |
|---------------------|--|
| Form 990,           | DRAPER SENDS AN ANNUAL DISCLOSURE REQUEST TO EACH BOARD MEMBER, OFFICER, AND KEY EMPLOYEE WITH AN      |
| Part VI, Line       | EXTENSIVE SET OF QUESTIONS PERTAINING TO RELATIONSHIPS AND FINANCIAL INTERESTS WITH THE LABORATORY     |
| 12c                 | BASED ON DATA PROVIDED BY DIRECTORS AND SPECIFIED EMPLOYEES, the LABORATORY MAINTAINS A MATRIX OF      |
|                     | POSITIONS, AFFILIATIONS AND ORGANIZATIONS WITH WHOM THE DIRECTORS AND SPECIFIED EMPLOYEES MAY HAVE A   |
|                     | RELATIONSHIP REQUIRING DISCLOSURE COMPLIANCE, AND LEGAL, IF NEEDED, REVIEWS DISCLOSURES FOR POTENTIAL  |
|                     | RELATIONSHIPS MEETING DISCLOSURE REQUIREMENTS IF A POTENTIAL CONFLICT ARISES, APPROPRIATE RESTRICTIONS |
|                     | ARE IMPOSED AND PERSONS INVOLVED ARE PROHIBITED FROM PARTICIPATING IN THE RESOLUTION OF THE CONFLICT   |
|                     | OUTSIDE TAX FIRM PERSONNEL MAY ALSO BE CONSULTED   |

| Return<br>Reference              | Explanation  |
|----------------------------------|--|
| Form 990,<br>Part VI, Line<br>15 | DRAPER MAINTAINS ONE FULL TIME PERSON WHO IS RESPONSIBLE FOR COMPILATION, ANALYSIS AND MANAGEMENT OF THE COMPENSATION BUDGET PROCESS ANNUALLY, DRAPER PARTICIPATES IN NATIONAL AND LOCAL SURVEYS THAT INCLUDE A BROAD RANGE OF PARTICIPATING COMPANIES THE RESULTING DATA PROVIDE INFORMATION RELATED TO MARKET RATES, SALARY RANGES, COMPENSATION BUDGET PLANNING, BENEFITS INFORMATION, AND GENERAL WORK LIFE POLICIES AND PRACTICES PERTINENT SURVEY INFORMATION IS ANALYZED, REVIEWED AND UTILITZED WHEN ASSESSING APPROPRIATE WAGES, GRADING FOR BENCHMARK POSITIONS THE COMPENSATION BUDGET AS A WHOLE IS PRESENTED TO THE BOARD COMPENSATION COMMITTEE FOR REVIEW AND APPROVAL AND INCLUDES A PRESENTATION ON HEADCOUNT, UPCOMING RESEARCH ACTIVITIES AND SPONSOR AWARDS BOTH IN PROCESS AND ANTICIPATED THE COMPENSATION COMMITTEE ALSO VOTES TO APPROVE THE COMPENSATION OF THE CEO AND OFFICERS BASED ON THEIR SURVEYS WHICH INCLUDES THIRD PARTY SURVEYS OF LABORATORIES THROUGHOUT THE COUNTRY DECISIONS OF THE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES DRAPER ALSO HIRED AN INDEPENDENT CONSULTANT TO REVIEW THE COMPENSATION OF THE CEO |

| Return Reference   | Explanation  |
|--------------------|--|
| Form 990, Part VI, | DRAPER MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS |
| Line 19            | AVAILABLE TO THE PUBLIC UPON REQUEST   |

| Return         | Explanation  |
|----------------|--|
| Reference      |  |
| Form 990, Part | Board members are compensated a flat fee for their participation. Additional compensation is paid for services as board,   |
| VII            | committee, or panel chair. The board compensation and the chair compensation is approved by the full board. Form 990, Part |
|                | XI, Line 9 FAS 158 PENSION & POST RETIREMENT PLAN (23,190,562)   |

| Return<br>Reference | Explanation  |
|---------------------|--|
| TAX YEAR            | THE ORGANIZATION'S FISCAL CALENDAR YEAR ENDS ON THE FRIDAY CLOSEST TO JUNE 30TH AND AS A RESULT A YEAR WILL CONTAIN EITHER 52 OR 53 WEEKS THIS TAX YEAR ENDED ON JULY 1, 2016 AND CONTAINED 53 WEEKS |