20 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562)....... 21 21 Less depreciation claimed on Schedule A and elsewhere on return 22 23 23 24 25 25 26 26 Excess readership costs (Schedule J)....... 27 27 28 29 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30. For Paperwork Reduction Act Notice, see instructions. Form 990-T (2018) 1:44:00 PM V 18-7.6F

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	990-J (2				Page 2
Pa	rt III	Total Unrelated Business Taxable Income			
33		of unrelated business taxable income computed from all unrelated trades or businesses (see			
	ınstruc	ctions)	33		
34	Amour	nts paid for disallowed fringes	34		
35		tion for net operating loss arising in tax years beginning before January 1, 2018 (see			
		ctions)	35		
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	-		_
30		s 33 and 34	0.0		
		·	36		
37		c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		
38	Unrela	ted business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter t	he smaller of zero or line 36	38		0
Pai	rt IV	Tax Computation	7-		
39	Organ	izations Taxable as Corporations. Multiply line 38 by 21% (0 21)	3 9		
40	Trusts		Ť		
			- -		
41	-	tax See instructions	41		
42		ative minimum tax (trusts only)		_	
43		Noncompliant Facility Income See instructions			
44	Total.	Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		
Par	rt V	Tax and Payments	7		
45 a	Foreign	n tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
		credits (see instructions)			
	Genera	al business credit Attach Form 3800 (see instructions)			
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)			
е		redits. Add lines 45a through 45d	45e		
46		ct line 45e from <u>line 44</u>	46		
47	Other to	exes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47		
48		ax Add lines 46 and 47 (see instructions)	48		0
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 1	49		
		nts A 2017 overpayment credited to 2018			
			•		
		posited with Form 8868- · · · · · · · · · · · · · · · · · · ·			
		n organizations. Tax paid or withheld at source (see instructions)			
е	Backup	withholding (see instructions) · · · · · · · · · · · · · · · · · · ·			
f	Credit 1	for small employer health insurance premiums (attach Form 8941) 50f			
g		redits, adjustments, and payments Form 2439			
		orm 4136 Other Total ▶ 50g			
51			51	370	969.
		ayments Add lines 50a through 50g			, , , , , ,
52		ted tax penalty (see instructions) Check if Form 2220 is attached	52	_	
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpa	lyment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		969.
55	Enter th	e amount of line 54 you wantCredited to 2019 estimated tax	55	370,	969.
Par	t VI	Statements Regarding Certain Activities and Other Information (see instructions	i) [
56	At any	time during the 2018 calendar year, did the organization have an interest in or a signature or		hority Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma			
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the			
			oreign co	unitiy	
	here >				X
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	ın trust?		Х
	If "Yes,"	see instructions for other forms the organization may have to file			
58	Enter ti	ne appount/of tax-exempt interest received or accepted during the tax year ▶ \$		1	
	Ū	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	st of my kno	owledge and be	elief, it is
Sigr	1 ⊾ "	ue correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Her				discuss this	
	_	ignature of officer Date Title with	n the prep instructions)?	arer shown	\neg
					No
Paid		Print/Type preparer's name Preparer's signature Date Check	∟	PTIN	
			nployed	P0050418	82
	arer Only	Firm's name ▶ GRANT THORNTON LLP Firm's	EIN ▶ 36	-6055558	8
JOE	Jilly	Firm's address ▶ 757 THIRD AVENUE, 4TH FLOOR, NEW YORK, NY 10017-2013 Phone	no 212-	599-0100)
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SA			Г	Sim UUU-I	(2010

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Form 990-J (2018)												Page 3
Schedule A - Cost of G		nter metho	d of invento						т .	ı		
1 Inventory at beginning of	· · —						r		6			
2 Purchases					-		d. Subtract					
3 Cost of labor							er here ar					
4a Additional section 263A	1 1								_7_		T	Τ
(attach schedule)							section 263			-	Yes	No
b Other costs (attach sched							or acquire					
5 Total Add lines 1 through		\	and Damage	to the c	rganization	17 .	ith Dool D	• • •		<u></u>		Х
Schedule C - Rent Incom (see instructions)	ie (From Real P	roperty a	ina Persor	iai Proper	ty Lease	ea vv	illi Keai P	ropei	τy)			
Description of property												
(1)												
(2)												
(3)												
(4)	_								_			
(4)	2. Rent recei	ved or accri	ied			П	-					
(a) From personal property (if the				nomanal arang	du (d tha	\dashv	- 2(a) Doductions dispatity appeared with the				the iner	ama.
for personal property is more t	han 10% but not	percen	(b) From real and personal property (if the reentage of rent for personal property exceeds				3(a) Deductions directly connected with the inco in columns 2(a) and 2(b) (attach schedule)					JIIIC
more than 50%	o)	50% c	50% or if the rent is based on profit or income)									
(1)									••			
(2)												
(3)					•							
(4)												_
Total		Total										
(c) Total income. Add totals of c	columns 2(a) and 2((b) Enter					(b) Total de Enter here					
here and on page 1, Part I, line 6					Part I, line 6	, colun	nn (B)	<u> </u>				
Schedule E - Unrelated D	ebt-Financed I	ncome (s	ee instructio	ns)								
			2. Gross II	ncome from or		3 De	ductions dire		nected ed prope		ole to	
1. Description of de	bt-financed property		allocable to debt-financed property		(a) St	raight	ht line depreciation		(b) Other deductions			
					1	(attach sched		schedule) (attach		(attach sche	dule)	
(1)												
(2)												
(3)			ļ		_							
(4)	T											
4 Amount of average acquisition debt on or	5 Average adju of or alloca		6 (Column	7.00		aama maadah		8	Allocable dec	ductions	
allocable to debt-financed	debt-financed	property	i -				s income reportable mn 2 x column 6)			(column 6 x total of col 3(a) and 3(b))		ns
property (attach schedule)	(attach sche	edule)	l oy c							3(a) and 3(((0,	
(1)					%							
(2)					%							
(3)	-				%							
(4)	I		<u> </u>		% <u>-</u>							
							and on page 7, column (A			here and on the first the		
					' " '	.,	. , wanin (<i>r</i>	"	· ait	., mic 7, coi	(D	,
Totals					-			_				

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Form 990-T (2018)	CHARLES										505372 Page 4
Schedule F-Interest, Ann	uities, Royalties	s, and Ren	ts Fro	m Contro	lled O	rganiz	ation	s (se	e instructi	ons)	
` 1 Name of controlled organization	2 Employer identification numb	er 3 N	3 Net unrelated income (loss) (see instructions) 4 Total of spayments		of specified included		t of column 4 that is led in the controlling zation's gross income		6 Deductions directly connected with income in column 5		
(1)											
(2)		_									
(3)							\perp		_		
(4)					L						
Nonexempt Controlled Organi				F-4-1 -4 5		10	Part of	column	Q that is	1.	1 Deductions directly
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific ayments made		10 Part of column 9 that is included in the controlling organization's gross income		ntrolling		nnected with income in column 10	
(1) (2)	<u> </u>					 					
(3)	 	_									
(4)						_		_			
Table					_	En	dd colu ter here art I, line	and on	page 1,	Ent	dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (B)
Schedule G-Investment I	ncome of a Sec	tion 501(c	c)(7).	(9), or (17) Orga	nizati	on (se	e ins	tructions)	!	
1 Description of income	2. Amount of			3. Deduction directly contractly contractly contractly contractly school (attach school)	tions inected			4 Se	t-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)									•		
(2)											
(3)											
(4)	ļ										
	Enter here and o Part I, line 9, co		,				Enter here and on page 1, Part I, line 9, column (B)				
Totals ▶ Schedule I – Exploited Exe	empt Activity In	come Oth	or Th	an Adverti	eina la	· ·	(500	ınetru	ctions)		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	es with n of	4 Net incomfrom unrelate or business 2 minus coll If a gain, cocols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gross income from activity that		6. Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	 										
(2)											-
(3)											
(4)											
T-10-10	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,		•	•		•	•		Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising Ir	Icome (see instri	ictions)				-					1
Part I Income From Per			onsoli	dated Bas	is						
											7.5
1. Name of periodical	2. Gross advertising income	3 Direct advertising of		gain or (loss 2 minus co a gain, con	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)			
(1)											
(2)				• .	`						
(3)				, , ,	· .[]
(4)											
Totals (carry to Part II, line (5))		-		_							5om 990-T (2018)

CHARLES STARK DRAPER LABORATORY, INC. Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	_					
(2)						
(3)						
(4)						
Totals from Part I ▶			آهيد ۽ 1 -	- , -, -, -, -		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶				* ~		

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, lir	ne 14		

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