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Nonprofit Explorer

Research Tax-Exempt Organizations

MITRE CORPORATION

MCLEAN, VA 22102-7539 | TAX-EXEMPT SINCE JULY 1960

Full text of "Full Filing" for fiscal year ending Sept. 2018

Tax returns filed by nonprofit organizations are public records. The Internal Revenue Service releases them in two formats: page images and raw data in XML. The raw data is more useful, especially to researchers, because it can be extracted and analyzed more easily. The pages below are a reconstruction of a tax document using raw data from the IRS.

Source: Data and stylesheets from the Internal Revenue Service. E-file viewer adapted from [IRS e-File Viewer](#) by Ben Getson.

[← Back to main page for MITRE CORPORATION](#)

efile Public Visual Render ObjectID: 201912269349302951 - Submission: 2019-08-14 TIN: 04-2239742

Form 990 Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: THE MITRE CORPORATION. D Employer identification number: 04-2239742. E Telephone number: (703) 983-2527. F Name and address of principal officer: JASON PROVIDAKES, 7515 COLSHIRE DR TAX ADMIN, MCLEAN, VA 22102. G Gross receipts \$ 1,734,492,000. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number. I Tax-exempt status: 501(c)(3). J Website: WWW.MITRE.ORG. K Form of organization: Corporation. L Year of formation: 1958. M State of legal domicile: DE.

Part I Summary

Table with 3 main sections: Activities & Governance (lines 2-7b), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes comparison of Prior Year and Current Year data.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer WILSON WANG VP/CFO, Date 2019-07-02.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2019-07-02, Firm's name COHNREZNICK LLP, Firm's EIN 22-1478099, Firm's address 8000 TOWERS CRESCENT DRIVE SUITE 1000 TYSONS CORNER, VA 22182.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2017)

Form 990 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE PRIMARY EXEMPT PURPOSE OF THE MITRE CORPORATION IS TO ADVANCE VIA SCIENTIFIC RESEARCH ACTIVITIES IN THE PUBLIC INTEREST THE SAFETY AND SECURITY OF THE USA, WHILE ENABLING THE GOVERNMENT AND THE PRIVATE SECTOR TO MAKE BETTER DECISIONS AND IMPLEMENT SOLUTIONS TO COMPLEX CHALLENGES OF NATIONAL AND GLOBAL SIGNIFICANCE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 988,535,000 including grants of \$) (Revenue \$)
MITRE NATIONAL SECURITY SECTOR - THE MNSS OPERATES IN THE PUBLIC INTEREST BY HELPING THE U.S. GOVERNMENT ADVANCE A BROAD VISION OF NATIONAL SECURITY AND ADDRESS THE MOST PRESSING CHALLENGES FACING OUR COUNTRY. WITHIN MNSS ARE TWO FEDERALLY FUNDED RESEARCH AND DEVELOPMENT CENTERS: ONE THAT FOCUSES ON DELIVERING MISSION-CRITICAL CAPABILITIES, PROMOTING ENTERPRISE-LEVEL SOLUTIONS, AND ENHANCING SYSTEM INTEROPERABILITY WITHIN THE DOD AND INTELLIGENCE COMMUNITY; AND THE OTHER THAT FOCUSES ON IDENTIFYING AND SOLVING TODAY'S MOST PRESSING CYBERSECURITY CHALLENGES BY FOSTERING COOPERATION BETWEEN THE PRIVATE SECTOR AND THE GOVERNMENT.

4b (Code:) (Expenses \$ 515,043,000 including grants of \$) (Revenue \$)
MITRE CENTER FOR THE PUBLIC SECTOR - THE MCPS OPERATES FOUR FFRDCS. THE MCPS SERVES THE PUBLIC INTEREST BY TAKING ON THE CHALLENGE OF RESHAPING AND MODERNIZING GOVERNMENT MISSION-CRITICAL FUNCTIONS AND THEIR SUPPORTING TECHNOLOGY INFRASTRUCTURES. MCPS DELIVERS ON HIGH PUBLIC EXPECTATIONS FOR SERVICE AND RESULTS AND RESPONDING TO NEW THREATS AND EVOLVING LEGISLATIVE MANDATES, ALL WHILE REDUCING COSTS AND RISK, INCREASING PREDICTABILITY, AND ENSURING OPERATIONAL INTEGRITY. MCPS APPLIES INNOVATIVE APPROACHES TO SYSTEMS THINKING TO ENHANCE EFFECTIVENESS AND DRIVE MISSION SUCCESS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,503,578,000

Form 990 (2017)

Form 990 (2017)

Part IV Checklist of Required Schedules

- 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 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
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
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
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
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
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
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
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

Table with 3 columns: Question ID, Yes, No. Rows 1-9.

| | | | | |
|-----|---|-----|-----|----|
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | 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 | Yes | |
| 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? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more 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 | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |

Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

| | | Yes | 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 | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| 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 | 28b | Yes | |

| | | | | |
|--|--|-----|-----|-----|
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | |
| a Gross income from members or shareholders | | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | | | 13a |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | 13b | | |
| c Enter the amount of reserves on hand | | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | 14b |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | | | 15 | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | | 16 | |

Form 990 (2017)

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | No |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | Yes | |
| 8b | Each committee with authority to act on behalf of the governing body? | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | No |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | No |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | Other officers or key employees of the organization | Yes | |

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

| | | |
|---|------------|----|
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed: CA, IN, MA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
 WILSON WANG 7515 COLSHIRE DRIVE MCLEAN, VA 22102 (703) 983-6000

Form 990 (2017)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) CATHY E MINEHAN TRUSTEE | 1.00 | X | | | | | 47,000 | 0 | 0 | |
| (2) CLEVE KILLINGSWORTH TRUSTEE | 1.00 | X | | | | | 42,000 | 0 | 0 | |
| (3) DAVID G FUBINI TRUSTEE | 1.00 | X | | | | | 35,500 | 0 | 0 | |
| (4) DONALD M KERR TRUSTEE | 1.00 | X | | | | | 74,625 | 0 | 0 | |
| (5) EDMUND P GIAMBASTIANI JR TRUSTEE | 1.00 | X | | | | | 45,500 | 0 | 0 | |
| (6) ELIZABETH R PARKER TRUSTEE | 1.00 | X | | | | | 44,500 | 0 | 0 | |
| (7) ROBERT KEHLER TRUSTEE | 1.00 | X | | | | | 45,250 | 0 | 0 | |
| (8) GEORGE CAMPBELL TRUSTEE | 1.00 | X | | | | | 62,000 | 0 | 0 | |
| (9) GEORGE HALVORSON TRUSTEE | 1.00 | X | | | | | 51,000 | 0 | 0 | |
| (10) JOHN J HAMRE TRUSTEE | 1.00 | X | | | | | 59,000 | 0 | 0 | |
| (11) JOHN P STENBIT TRUSTEE | 1.00 | X | | | | | 40,500 | 0 | 0 | |
| (12) MIKE ROGERS | 1.00 | | | | | | | | | |

| | | | | | | | | | | | | |
|--|------|---|--|--|--|--|--|--|--|---------|---|--------|
| (12) MIRE ROBERT TRUSTEE | 1.00 | X | | | | | | | | 38,000 | 0 | 0 |
| (13) MONTGOMERY MEIGS TRUSTEE | 1.00 | X | | | | | | | | 40,500 | 0 | 0 |
| (14) NICHOLAS DONOFRIO TRUSTEE | 1.00 | X | | | | | | | | 54,250 | 0 | 0 |
| (15) PAUL G KAMINSKI TRUSTEE | 1.00 | X | | | | | | | | 25,000 | 0 | 0 |
| (16) RODNEY E SLATER TRUSTEE | 1.00 | X | | | | | | | | 36,500 | 0 | 0 |
| (17) ALFRED GRASSO TRUSTEE / FORMER PRESIDENT & CEO | 1.00 | X | | | | | | | | 613,833 | 0 | 48,609 |

Form 990 (2017)

Form 990 (2017)

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations | | |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|--|--|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | | | |
| (18) JASON PROVIDAKES PRESIDENT & CEO | 40.00 | X | | X | | | | 985,323 | 0 | 147,473 | | |
| (19) LILLIAN ZARRELLI RYALS SENIOR VICE PRESIDENT | 40.00 | | | X | | | | 678,128 | 0 | 50,582 | | |
| (20) PETER SHERLOCK SENIOR VP & COO | 40.00 | | | X | | | | 781,842 | 0 | 117,629 | | |
| (21) STEPHEN HUFFMAN SENIOR VICE PRESIDENT | 40.00 | | | X | | | | 472,205 | 0 | 48,709 | | |
| (22) RICHARD BYRNE SENIOR VICE PRESIDENT | 40.00 | | | X | | | | 697,366 | 0 | 116,265 | | |
| (23) MARK KONTOS SR VP/CFO/TREASURER (UNTIL 10/3/17) | 40.00 | | | X | | | | 557,190 | 0 | 56,698 | | |
| (24) JEAN CONLEY VICE PRESIDENT / CFO | 40.00 | | | X | | | | 341,074 | 0 | 16,420 | | |
| (25) KATHARYN WHITE SENIOR VICE PRESIDENT | 40.00 | | | X | | | | 164,042 | 0 | 55,318 | | |
| (26) JULIE GRAVALLESE VP, PROGRAMS & TECH INTEGRATION | 40.00 | | | X | | | | 445,678 | 0 | 126,979 | | |
| (27) JULIE BOWEN SR VP / GEN COUNSEL / SECRETARY | 40.00 | | | X | | | | 594,661 | 0 | 96,122 | | |
| (28) WILLIAM LAPLANTE SENIOR VICE PRESIDENT | 40.00 | | | X | | | | 516,468 | 0 | 131,176 | | |
| (29) JOEL JACOBS VP, CHIEF INFORMATION OFFICER | 40.00 | | | | | X | | 453,327 | 0 | 54,223 | | |
| (30) JOHN WILSON VP, CENTER FOR PROGRAMS AND TECHNOLOGY | 40.00 | | | | | X | | 422,625 | 0 | 51,804 | | |
| (31) GREGORY CRAWFORD VP, JOINT AND SERVICES PORTFOLIO | 40.00 | | | | | X | | 432,451 | 0 | 51,097 | | |
| (32) MARK MAYBURY VP, INTELLIGENCE PORTFOLIO | 40.00 | | | | | X | | 428,090 | 0 | 15,956 | | |
| (33) SARAH MACCONDUIBH VP, AIR FORCE PORTFOLIO | 40.00 | | | | | X | | 426,249 | 0 | 55,207 | | |
| (34) MARY SCHAPIRO TRUSTEE | 1.00 | | | | | | X | 10,750 | 0 | 0 | | |
| (35) MICHELE FLOURNOY TRUSTEE | 1.00 | | | | | | X | 16,000 | 0 | 0 | | |
| (36) LAVERNE COUNCIL SENIOR VICE PRESIDENT | 40.00 | | | | | | X | 570,437 | 0 | 1,034 | | |
| 1b Sub-Total | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 10,348,864 | 0 | 1,241,301 | | |

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6,408

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| JONES LANG LASALLE 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601 | REAL ESTATE SVCS | 14,470,695 |
| MCKINSEY AND COMPANY USA INC 1200 19TH ST NW SUITE 110 WASHINGTON, DC 20036 | CONSULTING SVCS | 12,239,470 |
| THE WHITING TURNER CONTRACTING COMPANY 14900 CONFERENCE CENTER DR STE 550 CHANTILLY, VA 20151 | CONSTRUCTION SVCS | 11,258,733 |
| SIGAL CONSTRUCTION CORP 2231 CRYSTAL DRIVE STE 200 ARLINGTON, VA 22202 | CONSTRUCTION MGMT | 10,531,458 |
| VENCORE SERVICES AND SOLUTIONS INC 11091 SUNSET HILLS ROAD RESTON, VA 20190 | TECHNOLOGY SVCS | 5,441,357 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 215

Form 990 (2017)

Part VIII Statement of Revenue

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

| | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|----------------------|---|-----------------------------------|---|
| Program Service Revenue | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | | |
| 1a Regulated campaigns | | | | |
| 1b Membership dues | | | | |
| 1c Fundraising events | | | | |
| 1d Funded organizations | | | | |
| 1e Government grants (contributions) | | | | |
| 732,215,000 | | | | |
| 1f Other contributions, gifts, grants, and similar amounts not included above | | | | |
| g Noncash contributions included in lines 1a - 1f: \$ | | | | |
| h Total. Add lines 1a-1f | 1,732,215,000 | | | |

| Program Service Revenue | Business Code | | | |
|---|---------------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| All other program service revenue | | | | |
| Total. Add lines 2a-2f | | | | |

| | | | | |
|--|-----------|---------------|--|-----------|
| 3 Investment income (including dividends, interest, and other similar amounts) | 831,000 | | | 831,000 |
| 4 Income from investment of tax-exempt bond proceeds | | | | |
| 5 Royalties | 1,446,000 | | | 1,446,000 |
| | (i) Real | (ii) Personal | | |

| | | | | | | | |
|--|--|----------------|------------|---------------|----------|----------|-----------|
| Other Revenue | 6a Gross rents | | | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | b Less: cost or other basis and sales expenses | | | | 827,000 | | |
| | c Gain or (loss) | | | | -827,000 | | |
| | d Net gain or (loss) | | | | -827,000 | -827,000 | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from fundraising events | | | | | | |
| | d Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b Less: direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| b Less: cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| 11a Miscellaneous Revenue | Business Code | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a–11d | | | | | | | |
| 12 Total revenue. See Instructions. | | | | 1,733,665,000 | 0 | 0 | 1,450,000 |

Form 990 (2017)

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).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 7,208,000 | | 7,208,000 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3) (B) | | | | |
| 7 Other salaries and wages | 1,070,234,000 | 973,913,000 | 96,321,000 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 97,873,000 | 89,064,000 | 8,809,000 | |
| 9 Other employee benefits | 99,997,000 | 90,997,000 | 9,000,000 | |
| 10 Payroll taxes | 72,506,000 | 65,980,000 | 6,526,000 | |
| 11 Fees for services (non-employees): | | | | |

| | | | | |
|---|---------------|---------------|-------------|---|
| a Management | | | | |
| b Legal | 2,197,000 | | 2,197,000 | |
| c Accounting | 8,209,000 | | 8,209,000 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 102,201,000 | 102,201,000 | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 14,660,000 | | 14,660,000 | |
| 14 Information technology | 51,865,000 | 47,197,000 | 4,668,000 | |
| 15 Royalties | | | | |
| 16 Occupancy | 28,532,000 | 25,964,000 | 2,568,000 | |
| 17 Travel | 41,074,000 | 37,377,000 | 3,697,000 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 2,663,000 | | 2,663,000 | |
| 20 Interest | 2,711,000 | | 2,711,000 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 47,803,000 | 43,501,000 | 4,302,000 | |
| 23 Insurance | 1,609,000 | | 1,609,000 | |
| 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 EQUIPMENT RENTAL & MAIN | 25,782,000 | 23,462,000 | 2,320,000 | |
| b MISCELLANEOUS EXPENSE | 11,876,000 | | 11,876,000 | |
| c TAXES & LICENSES | 7,982,000 | | 7,982,000 | |
| d RECRUITING | 4,310,000 | 3,922,000 | 388,000 | |
| e All other expenses | 1,548,000 | | 1,548,000 | |
| 25 Total functional expenses. Add lines 1 through 24e | 1,702,840,000 | 1,503,578,000 | 199,262,000 | 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X **Balance Sheet**

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

| | | (A) Beginning of year | (B) End of year |
|-----------------------------|--|--------------------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 32,174,000 | 2,831,000 |
| | 2 Savings and temporary cash investments | 40,000,000 | 97,000,000 |
| | 3 Pledges and grants receivable, net | | |
| | 4 Accounts receivable, net | 62,624,000 | 75,334,000 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | |
| | 7 Notes and loans receivable, net | | |
| | 8 Inventories for sale or use | | |
| | 9 Prepaid expenses and deferred charges | 11,086,000 | 8,545,000 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,013,662,000 | |
| | b Less: accumulated depreciation | 10b 469,354,000 | 10c 544,308,000 |
| | 11 Investments—publicly traded securities | | |
| | 12 Investments—other securities. See Part IV, line 11 | | |
| | 13 Investments—program-related. See Part IV, line 11 | | |
| | 14 Intangible assets | | |
| | 15 Other assets. See Part IV, line 11 | 171,473,000 | 173,213,000 |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 862,058,000 | 901,231,000 |
| | 17 Accounts payable and accrued expenses | 166,298,000 | 182,661,000 |
| 18 Grants payable | | | |

| | | | | | |
|------------------------------------|--|--|-------------|-------------|-------------|
| Liabilities | 19 | Deferred revenue | 39,242,000 | 19 | 42,595,000 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 69,444,000 | 24 | 61,111,000 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 16,969,000 | 25 | 15,708,000 |
| 26 | Total liabilities. Add lines 17 through 25 | 291,953,000 | 26 | 302,075,000 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 570,105,000 | 27 | 599,156,000 |
| | 28 | Temporarily restricted net assets | | 28 | |
| | 29 | Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 570,105,000 | 33 | 599,156,000 |
| | 34 | Total liabilities and net assets/fund balances | 862,058,000 | 34 | 901,231,000 |

Form 990 (2017)

Part XI Reconciliation of Net Assets

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

| | | | |
|----|---|----|---------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,733,665,000 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,702,840,000 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 30,825,000 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 570,105,000 |
| 5 | Net unrealized gains (losses) on investments | 5 | 426,000 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -2,200,000 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 599,156,000 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | Yes | |

Form 990 (2017)

Additional Data

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Back to Top

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SCHEDULE A (Form 990 or 990EZ)

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE MITRE CORPORATION

Employer identification number

04-2239742

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2017

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix) (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include Gifts, grants, contributions, and membership fees received; Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.

| | | | | | | |
|---|--|--|--|--|--|--|
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | |
| 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). | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|--|----------|----------|----------|----------|-----------|
| 7 | Amounts from line 4. | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|-----|---|----|
| 14 | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 |
| 15 | Public support percentage for 2016 Schedule A, Part II, line 14 | 15 |
| 16a | 33 1/3% support test—2017. 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 <input type="checkbox"/> | |
| b | 33 1/3% support test—2016. 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 <input type="checkbox"/> | |
| 17a | 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | |
| b | 10%-facts-and-circumstances test—2016. 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 <input type="checkbox"/> | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | |

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|---------------|---------------|---------------|---------------|---------------|---------------|
| 1 | 1,365,303,000 | 1,484,249,000 | 1,542,003,000 | 1,636,061,000 | 1,732,215,000 | 7,759,831,000 |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | 1,365,303,000 | 1,484,249,000 | 1,542,003,000 | 1,636,061,000 | 1,732,215,000 | 7,759,831,000 |
| 7a | | | | | | 0 |
| b | | | | | | 0 |
| c | | | | | | 0 |
| 8 | | | | | | 7,759,831,000 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|---------------|---------------|---------------|---------------|---------------|---------------|
| 9 | 1,365,303,000 | 1,484,249,000 | 1,542,003,000 | 1,636,061,000 | 1,732,215,000 | 7,759,831,000 |
| 10a | 236,000 | 566,000 | 441,000 | 742,000 | 2,277,000 | 4,262,000 |
| b | | | | | | |
| c | 236,000 | 566,000 | 441,000 | 742,000 | 2,277,000 | 4,262,000 |

| | | | | | | |
|----|--|---------------|---------------|---------------|---------------|---------------|
| 11 | Net income from unrelated business activities not included in line 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.) | 326,000 | | 2,926,000 | | 3,252,000 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 1,365,539,000 | 1,485,141,000 | 1,542,444,000 | 1,639,729,000 | 1,734,492,000 |
| 14 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|----|--|----|----------|
| 15 | Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.900 % |
| 16 | Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | 99.910 % |

Section D. Computation of Investment Income Percentage

| | | | |
|----|---|----|---------|
| 17 | Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.050 % |
| 18 | Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | 0.020 % |

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check

this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%,

check this box and stop here. The organization qualifies as a publicly supported organization

20 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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. | | |
| 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). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 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 I of Schedule L (Form 990 or 990-EZ). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | |

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

| | | |
|------------|--|--|
| | | |
| 10b | | |

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| | 11a | | |
| b | A family member of a person described in (a) above? | | |
| | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |
| | 11c | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | | |
| | 2 | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |
| | 1 | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| | 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|---|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | |
| 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. | Yes | No |
| | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | |
| | 3a | | |
| 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. | | |
| | 3b | | |

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A. Adjusted Net Income

(A) Prior Year

(B) Current Year

| Section A - Adjusted Net Income | | | (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | Current Year | |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Schedule A (Form 990 or 990-EZ) 2017

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

| Section D - Distributions | | Current Year | | |
|---|---|--------------------------|----------------------------------|-------------------------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017: | | | |
| a | | | | |
| b | From 2013. | | | |
| c | From 2014. | | | |
| d | From 2015. | | | |
| e | From 2016. | | | |

| | | | |
|--|--|--|--|
| r Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013. | | | |
| b Excess from 2014. | | | |
| c Excess from 2015. | | | |
| d Excess from 2016. | | | |
| e Excess from 2017. | | | |

Schedule A (Form 990 or 990-EZ) (2017)

Schedule A (Form 990 or 990-EZ) 2017

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

| |
|------------------------------|
| Facts And Circumstances Test |
|------------------------------|

| Return Reference | Explanation |
|---|---|
| SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME: | OTHER REVENUE - 2014 AMOUNT: \$ 326,000. 2016 AMOUNT: \$ 2,926,000. |

Schedule A (Form 990 or 990-EZ) 2017

Additional Data

[Return to Form](#)

Software ID:
Software Version:

[Back to Top](#)

| | | |
|--|---|---|
| efile Public Visual Render | ObjectID: 201912269349302951 - Submission: 2019-08-14 | TIN: 04-2239742 |
| Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small> | Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. | OMB No. 1545-0047 2018 |
| Name of the organization THE MITRE CORPORATION | | Employer identification number 04-2239742 |

Organization type (check one):

- | | |
|--------------------|--|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)() (enter number) organization <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation <input type="checkbox"/> 501(c)(3) taxable private foundation |

| | | | |
|----------------|---------------------------------------|--------------------------------|---|
| | | \$ | Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 3

| | |
|--|---|
| Name of organization THE MITRE CORPORATION | Employer identification number 04-2239742 |
|--|---|

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|----------------------------|--|---|--------------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 4

| | |
|--|---|
| Name of organization THE MITRE CORPORATION | Employer identification number 04-2239742 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|----------------------------|---------------------------------------|--|--|
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee | |
| | | | |

| | | | |
|------------------------|---------------------------------------|-----------------|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Additional Data

Return to Form

Software ID:
Software Version:

Back to Top

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SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

| | |
|---|--|
| Name of the organization THE MITRE CORPORATION | Employer identification number 04-2239742 |
|---|--|

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 |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

- 5 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? Yes No
- 6 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? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 - Preservation of land for public use (e.g., recreation or education)
 - Protection of natural habitat
 - Preservation of open space
 - Preservation of an historically important land area
 - Preservation of a certified historic structure
- 2 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 |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
- 4 Number of states where property subject to conservation easement is located
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$
- 8 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 No
- 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.

- 1a 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.
- b 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 \$
 - (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 \$
 - b Assets included in Form 990, Part X \$

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

Cat. No. 52283D

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
 - a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
 - b If "Yes," explain the arrangement in Part XIII and complete the following table:
 - c Beginning balance
 - d Additions during the year
 - e Distributions during the year
 - f Ending balance
- | | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
 - b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment
 - b Permanent endowment
 - c Temporarily restricted endowment
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 61,476,000 | | 61,476,000 |
| b Buildings | | 570,256,000 | 189,651,000 | 380,605,000 |
| c Leasehold improvements | | 37,948,000 | 23,505,000 | 14,443,000 |
| d Equipment | | 306,660,000 | 235,224,000 | 71,436,000 |
| e Other | | 37,322,000 | 20,974,000 | 16,348,000 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 544,308,000 |

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Page 3

Part VII Investments Other Securities. Complete if the organization answered "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) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | |

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) UNBILLED COSTS AND FEES, NET OF UNREALIZABLE AMOUNTS | 167,810,000 |
| (2) SUPPLEMENTARY RETIREMENT TRUST | 5,338,000 |
| (3) OTHER | 65,000 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 173,213,000 |

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---------------------------------|----------------|
| (1) Federal income taxes | |
| ACCRUED RETIREMENT BENEFITS | 5,338,000 |

| | |
|--|-------------------|
| LONG-TERM UNREALIZED LOSS ON INTEREST RATE SWAP | 654,000 |
| POST-RETIREMENT HEALTH BENEFITS | 7,312,000 |
| MEDICAL BENEFITS-DISABLED EMPLOYEES | 1,004,000 |
| OTHER CURRENT LIABILITIES | 1,400,000 |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 15,708,000 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

| | | | |
|----------|--|-----------|---------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,733,046,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 1,733,046,000 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 619,000 |
| c | Add lines 4a and 4b | 4c | 619,000 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 1,733,665,000 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

| | | | |
|----------|---|-----------|---------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 1,703,995,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 1,155,000 |
| e | Add lines 2a through 2d | 2e | 1,155,000 |
| 3 | Subtract line 2e from line 1 | 3 | 1,702,840,000 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 1,702,840,000 |

Part XIII

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; 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.

| Return Reference | Explanation |
|--|--|
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | LOSS ON DISPOSAL INCLUDED WITH AUDITED EXPENSES -338,000. LOSS ON FOREIGN EXCHANGE TRANSACTIONS INCLUDED WITH AUDITED EXPENSES -489,000. ROYALTIES INCLUDED WITH AUDITED EXPENSES 1,446,000. |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | UNREALIZED GAIN ON FOREIGN CURRENCY -426,000. UNREALIZED CHANGE IN POSTRETIREMENT HEALTH OBLIGATION 2,200,000. LOSS ON FOREIGN EXCHANGE TRANSACTIONS REPORTED WITH REVENUE ON 990 489,000. LOSS ON DISPOSAL REPORTED WITH REVENUE ON 990 338,000. ROYALTIES REPORTED WITH REVENUE ON 990 -1,446,000. |

Schedule D (Form 990) 2017

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Go to www.irs.gov/form990 for instructions and the latest information.

Name of the organization THE MITRE CORPORATION

Employer identification number 04-2239742

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance...
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in region, (d) Activities conducted in region, (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for and investments in region. Includes rows for EAST ASIA AND THE PACIFIC, EUROPE, MIDDLE EAST AND NORTH AFRICA, NORTH AMERICA, SOUTH AMERICA, SOUTH ASIA, and a Totals row.

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

Cat. No. 50082W

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

Part I Questions Regarding Compensation

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

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. Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE MITRE CORPORATION

Employer identification number 04-2239742

Part I Questions Regarding Compensation

Form with questions 1a and 2 regarding compensation. Question 1a asks about various benefits and expenses. Question 2 asks about substantiation requirements. Includes Yes/No columns.

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

| | | | |
|---|--|----|-----|
| a | Receive a severance payment or change-of-control payment? | 4a | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 4c | No |
| 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 any compensation contingent on the revenues of: | | |
| a | The organization? | 5a | No |
| b | Any related organization? If "Yes," on line 5a or 5b, describe in Part III. | 5b | No |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a | The organization? | 6a | No |
| b | Any related organization? If "Yes," on line 6a or 6b, describe in Part III. | 6b | No |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | 7 | Yes |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | 8 | No |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page 2

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 ALFRED GRASSO TRUSTEE / FORMER PRESIDENT & CEO | (i) | 307,578 | 250,000 | 56,255 | 29,856 | 18,753 | 662,442 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 JASON PROVIDAKES PRESIDENT & CEO | (i) | 537,141 | 300,000 | 148,182 | 120,726 | 26,747 | 1,132,796 | 77,637 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 LILLIAN ZARRELLI RYALS SENIOR VICE PRESIDENT | (i) | 283,539 | 140,000 | 254,589 | 29,856 | 20,726 | 728,710 | 205,977 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 PETER SHERLOCK SENIOR VP & COO | (i) | 388,192 | 187,000 | 206,650 | 93,456 | 24,173 | 899,471 | 166,688 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 STEPHEN HUFFMAN SENIOR VICE PRESIDENT | (i) | 266,554 | 160,000 | 45,651 | 29,856 | 18,853 | 520,914 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 RICHARD BYRNE SENIOR VICE PRESIDENT | (i) | 378,208 | 170,000 | 149,158 | 93,471 | 22,794 | 813,631 | 108,862 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 MARK KONTOS SR VP/CFO/TREASURER (UNTIL 10/3/17) | (i) | 318,524 | 170,000 | 68,666 | 29,856 | 26,842 | 613,888 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 JEAN CONLEY VICE PRESIDENT / CFO | (i) | 208,874 | 32,800 | 99,400 | 0 | 16,420 | 357,494 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 KATHARYN WHITE SENIOR VICE PRESIDENT | (i) | 32,692 | 112,500 | 18,850 | 55,313 | 5 | 219,360 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 JULIE GRAVALLESE VP, PROGRAMS & TECH INTEGRATION | (i) | 292,245 | 118,700 | 34,733 | 112,256 | 14,723 | 572,657 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 JULIE BOWEN SR VP / GEN COUNSEL / SECRETARY | (i) | 345,596 | 165,600 | 83,465 | 82,961 | 13,161 | 690,783 | 44,914 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 WILLIAM LAPLANTE SENIOR VICE PRESIDENT | (i) | 350,052 | 135,000 | 31,416 | 128,412 | 2,764 | 647,644 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 JOEL JACOBS VP, CHIEF INFORMATION OFFICER | (i) | 326,540 | 88,800 | 37,987 | 30,451 | 23,772 | 507,550 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 JOHN WILSON VP, CENTER FOR PROGRAMS AND TECHNOLOGY | (i) | 284,800 | 82,200 | 55,625 | 30,778 | 21,026 | 474,429 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 GREGORY CRAWFORD VP, JOINT AND SERVICES PORTFOLIO | (i) | 295,533 | 90,000 | 46,918 | 25,225 | 25,872 | 483,548 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 MARK MAYBURY VP, INTELLIGENCE PORTFOLIO | (i) | 278,988 | 78,000 | 71,102 | 4,246 | 11,710 | 444,046 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 SARAH MACCONDUIBH VP, AIR FORCE PORTFOLIO | (i) | 296,086 | 91,000 | 39,163 | 30,662 | 24,545 | 481,456 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 MARY SCHAPIO TRUSTEE | (i) | 10,750 | 0 | 0 | 0 | 0 | 10,750 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 MICHELE FLOURNOY TRUSTEE | (i) | 16,000 | 0 | 0 | 0 | 0 | 16,000 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 LAVERNE COUNCIL SENIOR VICE PRESIDENT | (i) | 139,095 | 0 | 431,342 | 0 | 1,034 | 571,471 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

PART I, LINE 1A

TRUSTEES (INCLUDING HONORARY TRUSTEES) ARE REIMBURSED FOR THEIR ACTUAL TRAVEL EXPENSES. TRAVEL BY AIR IS REIMBURSED UP TO ONE CLASS ABOVE COACH WHERE THE PUBLISHED TOTAL FLIGHT TIME EXCEEDS TWO HOURS. TRAVEL FOR COMPANIONS: TRAVEL BY SPOUSES OF TRUSTEES AND OFFICERS IS REIMBURSED IN CONNECTION WITH TRAVEL TO ONE BOARD MEETING PER YEAR, THE PARTICULAR MEETING TO BE AT THE RECIPIENT'S DISCRETION. THE REIMBURSED AMOUNT IS TAXABLE TO THE RESPECTIVE TRUSTEES AND OFFICERS. THERE IS NO TRAVEL EXPENSE REIMBURSEMENT FOR THE SPOUSES OF HONORARY TRUSTEES.

PART I, LINE 4B

THE FOLLOWING INDIVIDUALS WERE PARTICIPANTS IN MITRE'S NONQUALIFIED DEFERRED COMPENSATION PLAN: JASON PROVIDAKES, LILLIAN ZARRELLI RYALS, PETER SHERLOCK, RICHARD BYRNE, JULIE BOWEN, LAVERNE COUNCIL, KATHARYN WHITE, WILLIAM LAPLANTE, AND JULIE GRAVALLESE. MITRE MADE THE FOLLOWING DISTRIBUTIONS FROM ITS NONQUALIFIED DEFERRED COMPENSATION PLAN: JASON PROVIDAKES \$77,637, LILLIAN ZARRELLI RYALS \$205,977, PETER SHERLOCK \$166,688, RICHARD BYRNE \$108,862, JULIE BOWEN \$44,914, AND LAVERNE COUNCIL \$39,042.

PART I, LINE 7

OFFICER COMPENSATION MAY INCLUDE AN "INCENTIVE" COMPONENT. WHETHER AND HOW MUCH INCENTIVE TO PAY IS WITHIN THE BOARD'S DISCRETION, SUBJECT TO PREDETERMINED (BY THE BOARD) LIMITS. THE COMPENSATION COMMITTEE RECOMMENDS INCENTIVE AMOUNTS BASED ON PREDETERMINED PERFORMANCE CRITERIA AND CONSULTATION WITH THE CEO. DETERMINATION OF THE CEO'S INCENTIVE IS MADE BY THE COMPENSATION COMMITTEE IN COLLABORATION WITH THE BOARD'S EXECUTIVE COMMITTEE. THE CEO DOES NOT PARTICIPATE IN BOARD DISCUSSIONS RELATIVE TO HIS INCENTIVE.

Schedule J (Form 990) 2017

Additional Data

Return to Form

Software ID:
Software Version:

Back to Top

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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

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. Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (THE MITRE CORPORATION) and Employer identification number (04-2239742)

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958.

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

| Return Reference | Explanation |
|---------------------|---|
| SCHEDULE L, PART IV | *OFFICE LOCATED AT COMPANY'S MCLEAN,VA SITE. WORKS IN ARMY PROGRAMS, MCPS. |
| SCHEDULE L, PART IV | **W. SCOTT GOULD IS THE SPOUSE OF MICHELE FLOURNOY, A FORMER TRUSTEE, AND HE IS A MORE-THAN-35% OWNER OF AVA PARTNERS, A BUSINESS THAT PROVIDED PROFESSIONAL SERVICES TO MITRE. |

Schedule L (Form 990 or 990-EZ) 2017

Additional Data

[Return to Form](#)

Software ID:
Software Version:

[1 Back to Top](#)

| | | |
|--|---|--|
| efile Public Visual Render | ObjectID: 201912269349302951 - Submission: 2019-08-14 | TIN: 04-2239742 |
| <p>SCHEDULE O (Form 990 or 990-EZ)</p> <p>Department of the Treasury Internal Revenue Service Name of the organization THE MITRE CORPORATION</p> | | <p>OMB No. 1545-0047</p> <p>2017</p> <p>Open to Public Inspection</p> |
| <p>Supplemental Information to Form 990 or 990-EZ</p> <p>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. ▶ Go to www.irs.gov/Form990 for the latest information.</p> | | <p>Employer identification number</p> <p>04-2239742</p> |

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 1 | UNDER MITRE'S BYLAWS, THE BOARD'S EXECUTIVE COMMITTEE IS AUTHORIZED TO EXERCISE ALL POWERS VESTED IN THE BOARD OF TRUSTEES DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD. MEMBERSHIP ON THE EXECUTIVE COMMITTEE IS DRAWN EXCLUSIVELY FROM THE BOARD OF TRUSTEES. |
| FORM 990, PART VI, SECTION A, LINE 2 | GEORGE CAMPBELL AND NICHOLAS DONOFRIO SHARED SERVICE ON OTHER COMPANIES' BOARDS. |
| FORM 990, PART VI, SECTION B, LINE 11B | A DRAFT OF THE COMPLETED FORM 990 IS REVIEWED BY THE BOARD'S AUDIT COMMITTEE AND BY THE COMPANY'S CHIEF FINANCIAL OFFICER, ITS GENERAL COUNSEL AND ITS SENIOR TAX MANAGER. A DRAFT OF PART VI OF THE FORM IS REVIEWED BY THE BOARD'S TRUSTEESHIP COMMITTEE. A FINAL DRAFT OF THE FORM IS DISTRIBUTED TO ALL MEMBERS OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO ELECTRONIC FILING WITH THE IRS. |
| FORM 990, PART VI, SECTION B, LINE 12C | TRUSTEES ANNUALLY SUBMIT IN WRITING FORMAL DISCLOSURE OF THEIR AFFILIATIONS AND OUTSIDE BUSINESS INTERESTS, INCLUDING SUBSTANTIAL FINANCIAL HOLDINGS. THE DISCLOSURES ARE REVIEWED BY THE ORGANIZATION'S GENERAL COUNSEL AND BY THE BOARD'S TRUSTEESHIP COMMITTEE. IN THE EVENT THAT A POTENTIAL FOR CONFLICT IS DETECTED, THE GENERAL COUNSEL AND/OR TRUSTEESHIP COMMITTEE WILL SEEK TO RESOLVE THE CONFLICT DIRECTLY WITH THE TRUSTEE. THE AFFECTED TRUSTEE MAY BE ASKED TO RECUSE HIM/HERSELF FROM PARTICIPATION IN DISCUSSIONS OR DECISION MAKING THAT MAY SUGGEST A CONFLICT. TO PROVIDE COMPLETE TRANSPARENCY AND TO ENGAGE THE BOARD MORE DIRECTLY IN THE ASSESSMENT AND RESOLUTION OF POTENTIAL CONFLICTS OR THE APPEARANCE OF CONFLICT, TRUSTEE DISCLOSURES ARE CIRCULATED TO ALL MEMBERS OF MITRE'S GOVERNING BODY FOR THEIR REVIEW AND REFERENCE. |
| FORM 990, PART VI, SECTION B, LINE 15 | OFFICER COMPENSATION IS APPROVED ANNUALLY BY THE ORGANIZATION'S GOVERNING BOARD BASED ON THE RECOMMENDATIONS OF ITS COMPENSATION COMMITTEE, WHICH IS COMPRISED OF FIVE INDEPENDENT TRUSTEES. THE COMMITTEE REVIEWS THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF MITRE OFFICERS AND RECOMMENDS APPROPRIATE ADJUSTMENTS TO THE BOARD OF TRUSTEES IN CONSULTATION WITH THE MITRE CHIEF EXECUTIVE OFFICER. PRIOR TO MAKING ITS RECOMMENDATIONS, THE COMMITTEE CONSIDERS AND INTEGRATES MARKET FACTORS, AS WELL AS THE REASONABLENESS OF ACTIONS IN RELATION TO THE OVERALL ENVIRONMENT. THE COMMITTEE HAS DISCRETION TO RETAIN THE ASSISTANCE OF EXTERNAL CONSULTANTS WITH RESPECT TO THE MARKET COMPETITIVENESS OF MITRE'S OFFICER PAY LEVELS AND POLICIES. THE BOARD OF TRUSTEES HAS SOLE DISCRETION TO FINALIZE OFFICER PAY LEVELS, CONSIDERING THE RECOMMENDATIONS OF THE COMPENSATION COMMITTEE, ITS EXTERNAL CONSULTANTS, AND ANY OTHER FACTORS THEY DEEM RELEVANT. THE BOARD'S EXECUTIVE COMMITTEE EVALUATES CEO PERFORMANCE AND COORDINATES WITH THE BOARD'S COMPENSATION COMMITTEE ON A RECOMMENDED CEO COMPENSATION PACKAGE. CONSISTENT WITH THE PROCESS APPLICABLE TO ALL OFFICERS, THE FULL BOARD OF TRUSTEES REVIEWS, DISCUSSES AND VOTES WHETHER TO APPROVE OR MODIFY THE COMPENSATION COMMITTEE'S RECOMMENDATIONS FOR CEO COMPENSATION. THE CEO DOES NOT PARTICIPATE IN EITHER THE COMMITTEE'S OR THE BOARD'S DISCUSSIONS OR DECISION MAKING PERTINENT TO HIS COMPENSATION. THE ABOVE-DESCRIBED PROCESS IS PERFORMED ANNUALLY. IT WAS LAST APPLIED TO EACH OFFICER IN SEPTEMBER-NOVEMBER 2018. |
| FORM 990, PART VI, SECTION C, LINE 19 | MITRE MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC ON REQUEST. MITRE DOES NOT MAKE AVAILABLE TO THE GENERAL PUBLIC ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS. |
| FORM 990, PART VIII, LINE 1E (SCHEDULE A, PART II) | MITRE OPERATES SEVERAL FEDERALLY FUNDED RESEARCH AND DEVELOPMENT CENTERS (FFRDCS) SPONSORED BY THE UNITED STATES GOVERNMENT. THROUGH THE FFRDCS, MITRE ACHIEVES ITS TAX-EXEMPT PURPOSE BY PERFORMING ON CONTRACTS THAT ARE EITHER FOR THE U.S. GOVERNMENT OR ARE APPROVED BY THE U.S. GOVERNMENT. AN FFRDC IS DESIGNED TO PERFORM ON PROJECTS INVOLVING RESEARCH THAT EXCEEDS NORMAL CAPABILITIES WHILE OPERATING IN THE PUBLIC INTEREST AS THE MISSION OF THE U.S. GOVERNMENT SPONSORING |

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| A, PART II; SCHEDULE B, PART I) | CAPABILITIES, WHILE OPERATING IN THE PUBLIC INTEREST. AS THE MISSION OF THE U.S. GOVERNMENT SPONSOR IS TO SERVE THE PUBLIC INTEREST, AND AS THE FFRDC IS STRUCTURED TO PROVIDE SERVICES THAT ARE INTEGRAL TO THE MISSION OF THE SPONSOR, THE FFRDC IS DESIGNED TO PROVIDE SERVICES IN THE PUBLIC INTEREST. ACCORDINGLY, BECAUSE THE CONTRACTS ON WHICH MITRE PERFORMS BENEFIT THE PUBLIC MORE THAN A PARTICULAR GOVERNMENT AGENCY, THE REVENUE RELATED TO THE CONTRACTS IS REPORTED AS CONTRIBUTIONS, OR GOVERNMENT GRANTS, ON PART VIII, LINE 1E, INSTEAD OF AS PROGRAM SERVICE REVENUE ON LINE 2 OF PART VIII. MITRE'S TAX-EXEMPTION FALLS UNDER IRC SECTION 509(A)(2). AS SUCH, THE ORGANIZATION HAS CHECKED BOX 10 IN PART I OF SCHEDULE A, AND HAS COMPLETED PART III OF SCHEDULE A. HOWEVER, AS MITRE'S CONTRACT-RELATED REVENUE QUALIFIES AS CONTRIBUTIONS OR GRANTS, MITRE SATISFIES THE REQUIREMENTS OF IRC SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI), AND MAINTAINS FILE DOCUMENTATION OF A COMPLETED PART II OF SCHEDULE A. ACCORDINGLY, THE CONTRIBUTORS REPORTED IN PART I OF SCHEDULE B REFLECT THOSE CONTRIBUTORS WHO GAVE MORE THAN 2% OF THE AMOUNT ON LINE 1H OF PART VIII OF THIS FORM 990. |
| FORM 990, PART XI, LINE 9: | UNREALIZED CHANGE IN POSTRETIREMENT HEALTH OBLIGATION -2,200,000. |
| FORM 990, SCHEDULE B, PART I | THE MITRE CORPORATION RECEIVES CONTRIBUTIONS FROM A "U.S. GOVERNMENT SENSITIVE SOURCE," THE IDENTITY OF WHICH CANNOT BE REVEALED AND FOR WHICH CONTRIBUTION INFORMATION CANNOT BE REPORTED ON PART I OF SCHEDULE B BECAUSE OF ELECTRONIC FILING PARAMETERS. ACCORDINGLY, BY WAY OF THIS ADDENDUM TO SCHEDULE B, THE ORGANIZATION IS ACKNOWLEDGING RECEIPT OF \$135,089,000 FROM THIS CONTRIBUTION SOURCE FOR THE REPORTING PERIOD. |

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Schedule O (Form 990 or 990-EZ) 2017

Additional Data

Return to Form

Software ID:

Software Version:

Back to Top

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| efile Public Visual Render | Objectid: 201912269349302951 - Submission: 2019-08-14 | TIN: 04-2239742 |
| SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization THE MITRE CORPORATION | Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. | OMB No. 1545-0047 2017 Open to Public Inspection |
| Employer identification number | | 04-2239742 |

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (J) THE MITRE CORPORATION EMP BEN TRUST 7515 COLSHIRE DR TAX ADMIN MCLEAN, VA 22102 04-3205946 | VEBA | MA | 501(C)9 | N/A | MITRE | | |
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Cat. No. 50135Y

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Page 2

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Table with 12 columns and 3 rows, mostly empty.

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

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
b Gift, grant, or capital contribution to related organization(s).
c Gift, grant, or capital contribution from related organization(s).
d Loans or loan guarantees to or for related organization(s).
e Loans or loan guarantees by related organization(s).
f Dividends from related organization(s).
g Sale of assets to related organization(s).
h Purchase of assets from related organization(s).
i Exchange of assets with related organization(s).
j Lease of facilities, equipment, or other assets to related organization(s).
k Lease of facilities, equipment, or other assets from related organization(s).
l Performance of services or membership or fundraising solicitations for related organization(s).
m Performance of services or membership or fundraising solicitations by related organization(s).
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
o Sharing of paid employees with related organization(s).
p Reimbursement paid to related organization(s) for expenses.
q Reimbursement paid by related organization(s) for expenses.
r Other transfer of cash or property to related organization(s).
s Other transfer of cash or property from related organization(s).

Table with 2 columns: Yes, No. Rows 1a through 1s.

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

Table with 4 columns: (a) Name of related organization; (b) Transaction type (a-s); (c) Amount involved; (d) Method of determining amount involved. Row 1: THE MITRE CORPORATION EMP BEN TRUST, R, 1,036,855, FMV.

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

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

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

Table with 12 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners section 501(c)(3) organizations? (Yes/No); (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership.

