

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exe

Under section 501(c), 527, or 4947(a)(1) of the Internal

▶ Do not enter social security numbers on t

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instruc

**A** For the 2020 calendar year, or tax year beginning 10-01-2020, and ending 0

**B** Check if applicable:  
Address change  
Name change  
Initial return  
Final return/terminated  
Amended return  
Application pending

**C** Name of organization  
MITRE ENGENUITY INCORPORATED  
% WILSON WANG  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address)  
7525 COLSHIRE DRIVE  
City or town, state or province, country, and ZIP or foreign postal code  
MCLEAN, VA 22102

**F** Name and address of principal officer:  
JULIE BOWEN  
7525 COLSHIRE DRIVE  
MCLEAN, VA 22102

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or

**J** Website: ▶ WWW.MITRE-ENGENUITY.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O
	<b>2</b> Check this box <input checked="" type="checkbox"/>
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .
	<b>4</b> Number of independent voting members of the governing body (Part VI, line
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .
7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39 . . . . .
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 1
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) . . . . .
	<b>21</b> Total liabilities (Part X, line 26) . . . . .
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .

## 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 info

**Sign Here**  
Signature of officer  
WILSON WANG SENIOR VP, CFO  
Type or print name and title

Print/Type preparer's name Preparer's signature

Firm's name PricewaterhouseCoopers LLP
Firm's address 655 NEW YORK AVENUE NW SUITE 1100
WASHINGTON, DC 20001

May the IRS discuss this return with the preparer shown above? (see instructions)
For Paperwork Reduction Act Notice, see the separate instructions.

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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:
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year w/
the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it cond
services?
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three
and 501(c)(4) organizations are required to report the amount of grants and allocat
service reported.

4a (Code: ) (Expenses \$ 3,117,957 including grants o
ATT&CK EVALUATIONS PROVIDE VENDORS WITH AN ASSESSMENT OF THEIR ABILITY T
OPENLY PUBLISHES THE RESULTS TO PROVIDE INDUSTRY END-USERS OF THESE CYE
DECISIONS ABOUT WHAT IS BEST FOR THEIR ORGANIZATIONS.

4b (Code: ) (Expenses \$ 2,765,878 including grants o
MITRE ATT&CK DEFENDER (MAD) IS THE CYBERSECURITY COMMUNITY'S NEW ATT&CK
SUBJECT MATTER EXPERTS. ENGENUITY'S MISSION IS TO CLOSE THE CYBERSECURIT

4c (Code: ) (Expenses \$ 2,012,710 including grants o
THE CENTER FOR THREAT-INFORMED DEFENSE (CTID) BRINGS TOGETHER LEADING S
FUNDING PUBLIC INTEREST R&D THAT ACCELERATES PUBLICLY AVAILABLE RESOURCI

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

4e Total program service expenses 7,896,545

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Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a privat

2 Is the organization required to complete Schedule B, Schedule of Contributors (se

3 Did the organization engage in direct or indirect political campaign activities on bel
If "Yes," complete Schedule C, Part I

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activitie
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 rec
amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,

6 Did the organization maintain any donor advised funds or any similar funds or acco
on the distribution or investment of amounts in such funds or accounts? If "Yes," c
Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easement
the environment, historic land areas, or historic structures? If "Yes," complete Sche

8 Did the organization maintain collections of works of art, historical treasures, or oth
complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial ac
listed in Part X; or provide credit counseling, debt management, credit repair, or d
If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temp
endowments, or quasi endowments? If "Yes," complete Schedule D, Part V

- 11** If the organization's answer to any of the following questions is "Yes," then complete applicable.
  - a** Did the organization report an amount for land, buildings, and equipment in Part X Schedule D, Part VI. . . . .
  - b** Did the organization report an amount for investments—other securities in Part X, Part X, line 16? *If "Yes," complete Schedule D, Part VII* . . . . .
  - c** Did the organization report an amount for investments—program related in Part X in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* . . . . .
  - d** Did the organization report an amount for other assets in Part X, line 15 that is 5%? *If "Yes," complete Schedule D, Part IX* . . . . .
  - e** Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes"*
  - f** Did the organization's separate or consolidated financial statements for the tax year liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Sch*
- 12a** Did the organization obtain separate, independent audited financial statements for Schedule D, Parts XI and XII . . . . .
- b** Was the organization included in consolidated, independent audited financial state *If "Yes," and if the organization answered "No" to line 12a, then completing Sched*
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complet*
- 14a** Did the organization maintain an office, employees, or agents outside of the United
- b** Did the organization have aggregate revenues or expenses of more than \$10,000 and program service activities outside the United States, or aggregate foreign inve *complete Schedule F, Parts I and IV* . . . . .
- 15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gra organization? *If "Yes," complete Schedule F, Parts II and IV* . . . . .
- 16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of agg individuals? *If "Yes," complete Schedule F, Parts III and IV* . . . . .
- 17** Did the organization report a total of more than \$15,000 of expenses for professor and 11e? *If "Yes," complete Schedule G, Part I(see instructions)* . . . . .
- 18** Did the organization report more than \$15,000 total of fundraising event gross incc *"Yes," complete Schedule G, Part II* . . . . .
- 19** Did the organization report more than \$15,000 of gross income from gaming activi *G, Part III* . . . . .
- 20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Sch*
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial stater
- 21** Did the organization report more than \$5,000 of grants or other assistance to any c Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* . . . . .

**Part IV Checklist of Required Schedules (continued)**

- 22** Did the organization report more than \$5,000 of grants or other assistance to or fo *"Yes," complete Schedule I, Parts I and III* . . . . .
- 23** Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about comp officers, directors, trustees, key employees, and highest compensated employees? . . . . .
- 24a** Did the organization have a tax-exempt bond issue with an outstanding principal a year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through* . . . . .
- b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary
- c** Did the organization maintain an escrow account other than a refunding escrow at to defease any tax-exempt bonds? . . . . .
- d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any tir
- 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization disqualified person during the year? *If "Yes," complete Schedule L, Part I* . . . . .
- b** Is the organization aware that it engaged in an excess benefit transaction with a di transaction has not been reported on any of the organization's prior Forms 990 or . . . . .
- 26** Did the organization report any amount on Part X, line 5 or 22 for receivables from trustee, key employee, creator or founder, substantial contributor, or 35% controlle *If "Yes," complete Schedule L, Part II* . . . . .
- 27** Did the organization provide a grant or other assistance to any current or former of founder, substantial contributor, or employee thereof, a grant selection committee I employee thereof) or family member of any of these persons? *If "Yes," complete S* . . . . .
- 28** Was the organization a party to a business transaction with one of the following pa applicable filing thresholds, conditions, and exceptions):

- a** A current or former officer, director, trustee, key employee, creator or founder, or significant contributor described in *Part IV* . . . . .
- b** A family member of any individual described in line 28a? *If "Yes," complete Schedule M* . . . . .
- c** A 35% controlled entity of one or more individuals and/or organizations described in *Part IV* . . . . .
- 29** Did the organization receive more than \$25,000 in non-cash contributions? *If "Yes," complete Schedule M* . . . . .
- 30** Did the organization receive contributions of art, historical treasures, or other similar items? *If "Yes," complete Schedule M* . . . . .
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule M* . . . . .
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule M* . . . . .
- 33** Did the organization own 100% of an entity disregarded as separate from the organization? *If "Yes," complete Schedule R, Part I* . . . . .
- 34** Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule M* . . . . .
- 35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* . . . . .
- b** If "Yes" to line 35a, did the organization receive any payment from or engage in any activity with the controlled entity? *If "Yes," complete Schedule R, Part V, line 2* . . . . .
- 36 Section 501(c)(3) organizations.** Did the organization make any transfers to an individual? *If "Yes," complete Schedule R, Part V, line 2* . . . . .
- 37** Did the organization conduct more than 5% of its activities through an entity that is a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part V* . . . . .
- 38** Did the organization complete Schedule O and provide explanations in Schedule O if required to complete Schedule O. . . . .

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response or note to any line in this part:

- 1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .
- b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .
- c** Did the organization comply with backup withholding rules for reportable payments and winnings to prize winners? . . . . .

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response or note to any line in this part:

- 2a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .
- b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file . . . . .
- 3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .
- b** If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation.* . . . . .
- 4a** At any time during the calendar year, did the organization have an interest in, or a signature authority or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .
- b** If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts . . . . .
- 5a** Was the organization a party to a prohibited tax shelter transaction at any time during the year? . . . . .
- b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .
- c** If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .
- 6a** Does the organization have annual gross receipts that are normally greater than \$500,000 and contributions that were not tax deductible as charitable contributions? . . . . .
- b** If "Yes," did the organization include with every solicitation an express statement that the contributions are not tax deductible? . . . . .
- 7 Organizations that may receive deductible contributions under section 170(c)**
  - a** Did the organization receive a payment in excess of \$75 made partly as a contribution in kind? . . . . .
  - b** If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .
  - c** Did the organization sell, exchange, or otherwise dispose of tangible personal property during the year? . . . . .
  - d** If "Yes," indicate the number of Forms 8282 filed during the year . . . . .
  - e** Did the organization receive any funds, directly or indirectly, to pay premiums on a group-term life insurance policy? . . . . .
  - f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal life insurance policy? . . . . .
  - g** If the organization received a contribution of qualified intellectual property, did the organization file Form 8879, Statement of Qualified Intellectual Property Contribution, with the contribution? . . . . .

- h If the organization received a contribution of cars, boats, airplanes, or other vehicle . . . . .
- 8 **Sponsoring organizations maintaining donor advised funds.** Did a donor advise the organization to have excess business holdings at any time during the year? . . . . .
- 9 **Sponsoring organizations maintaining donor advised funds.**
  - a Did the sponsoring organization make any taxable distributions under section 4966 during the year? . . . . .
  - b Did the sponsoring organization make a distribution to a donor, donor advisor, or related organization? . . . . .
- 10 **Section 501(c)(7) organizations.** Enter:
  - a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .
  - b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .
- 11 **Section 501(c)(12) organizations.** Enter:
  - a Gross income from members or shareholders . . . . .
  - b Gross income from other sources (Do not net amounts due or paid to other source due or received from them.) . . . . .
- 12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990-E? . . . . .
  - b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .
- 13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**
  - a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Form 990-E. . . . .
  - b Enter the amount of reserves the organization is required to maintain by the states where the organization is licensed to issue qualified health plans . . . . .
  - c Enter the amount of reserves on hand . . . . .
- 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .
  - b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation . . . . .
- 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000 of excess parachute payment(s) during the year? . . . . .
  - a If "Yes," see instructions and file Form 4720, Schedule N. . . . .
- 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. . . . .

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to 1 through 9 below, describe the circumstances, processes, or changes in Schedule O. See instructions for more information. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

- 1a Enter the number of voting members of the governing body at the end of the tax year . . . . .
  - a If there are material differences in voting rights among members of the governing body, describe the governing body delegated broad authority to an executive committee or similar corporation, partnership, or trust in Schedule O. . . . .
- b Enter the number of voting members included in line 1a, above, who are independent directors . . . . .
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with the organization? . . . . .
- 3 Did the organization delegate control over management duties customarily performed by directors or trustees, or key employees to a management company or other person? . . . . .
- 4 Did the organization make any significant changes to its governing documents since the beginning of the year? . . . . .
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .
- 6 Did the organization have members or stockholders? . . . . .
  - 7a Did the organization have members, stockholders, or other persons who had the power to elect or remove the governing body? . . . . .
  - b Are any governance decisions of the organization reserved to (or subject to approval by) the governing body? . . . . .
- 8 Did the organization contemporaneously document the meetings held or written actions taken by the governing body? . . . . .
  - a The governing body? . . . . .
  - b Each committee with authority to act on behalf of the governing body? . . . . .
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who is not listed in Part VII, Section A, address? If "Yes," provide the names and addresses in Schedule O . . . . .

**Section B. Policies** (This Section B requests information about policies not required to be included in the governing documents.)

- 10a Did the organization have local chapters, branches, or affiliates? . . . . .
  - b If "Yes," did the organization have written policies and procedures governing the operation of these chapters, branches, or affiliates? . . . . .

- b** If "Yes," did the organization have written policies and procedures governing the activities of its exempt operations 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 the organization? . . . . .
- b** Describe in Schedule O the process, if any, used by the organization to review this information.
- 12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13.*
- b** Were officers, directors, or trustees, and key employees required to disclose annual compensation to the organization? . . . . .
- c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *was done* . . . . .
- 13** Did the organization have a written whistleblower policy? . . . . .
- 14** Did the organization have a written document retention and destruction policy? . . . . .
- 15** Did the process for determining compensation of the following persons include a review of compensation data, and contemporaneous substantiation of the deliberation and decision? . . . . .
- a** The organization's CEO, Executive Director, or top management official . . . . .
- b** Other officers or key employees of the organization . . . . .
- 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 other similar arrangement during the year? . . . . .
- b** If "Yes," did the organization follow a written policy or procedure requiring the organization to disclose the terms and conditions of the arrangement under applicable federal tax law, and take steps to safeguard the organization's exempt status? . . . . .

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable) available to the public. 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 available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the Form 990.  
 ▶ WILSON WANG 7525 COLSHIRE DRIVE MCLEAN, VA 22102 (703) 983-6000

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

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 Officers**

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending 12/31/20. . . . .
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations). 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) during the year from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received reportable compensation from the organization and any related organizations during the year.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations during the year.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any individual other than an officer, director, trustee, or key employee

(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 both an officer and a director)		
		Individual trustee or director	Institutional Trustee	Officer
(1) JULIE BOWEN PRESIDENT/CEO	2.0 ..... 40.0	X		X
(2) LAURIE GIANDOMENICO PRESIDENT/CEO UNTIL 12/31/20	2.0 ..... 40.0			X
(3) JOHN KREGER OFFICER UNTIL 12/31/20	2.0 .....			X



organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person . . . . .

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors the Report compensation for the calendar year ending with or within the organization's

(A) Name and business address
ROBERSON AND ASSOCIATES, 1900 EAST GOLF RD SUITE 900 SCHAUMBURG, IL 60173
INFINITE BLOCK LLC, 1069 WEST BROAD ST SUITE 783 FALLS CHURCH, VA 22046
ARDALYST FEDERAL LLC, 20 RIDGELY AVE SUITE 300 ANNAPOLIS, MD 21401
LUKE CHILONE, 50 LIBERTY DRIVE 4E BOSTON, MA 02210

2 Total number of independent contractors (including but not limited to those listed above the organization) ▶ 4

**Part VIII Statement of Revenue**

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

		Total
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	Considered campaigns . . . . .	<b>1a</b>
	Membership dues . . . . .	<b>1b</b>
	Fundraising events . . . . .	<b>1c</b>
	Related organizations . . . . .	<b>1d</b>
	Government grants (contributions) . . . . .	<b>1e</b>
	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>
	<b>3,898,243</b>	
<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .	<b>1g</b>	
<b>h Total.</b> Add lines 1a-1f . . . . . ▶		<b>3,898,243</b>

		Business Code
<b>Program Service Revenue</b>	<b>2a</b> SERVICES REVENUE	
	MEMBERSHIP REVENUE	
<b>f</b> All other program service revenue.		
<b>g Total.</b> Add lines 2a-2f. . . . . ▶		<b>3,736,524</b>

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶	
<b>5</b> Royalties . . . . . ▶	
	(i) Real (ii) Personal

Other Revenue

<b>6a</b> Gross rents	<b>6a</b>			
<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Rental income or (loss)	<b>6c</b>	0	0	
<b>d</b> Net rental income or (loss)			▶	
		(i) Securities	(ii) Other	
<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>			
<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>			
<b>c</b> Gain or (loss)	<b>7c</b>			
<b>d</b> Net gain or (loss)			▶	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		0	
<b>b</b> Less: direct expenses	<b>8b</b>		0	
<b>c</b> Net income or (loss) from fundraising events			▶	
Gross income from gaming activities. See Part IV, line 19	<b>9a</b>		0	
<b>b</b> Less: direct expenses	<b>9b</b>		0	
<b>c</b> Net income or (loss) from gaming activities			▶	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		0	
<b>b</b> Less: cost of goods sold	<b>10b</b>		0	
<b>c</b> Net income or (loss) from sales of inventory			▶	
	Miscellaneous Revenue	Business Code		
<b>11a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b> All other revenue				
<b>e Total.</b> Add lines 11a–11d			▶	
<b>12 Total revenue.</b> See instructions			▶	

**Part IX Statement of Functional Expenses**  
 Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

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

	(A) Total exp
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	
<b>4</b> Benefits paid to or for members	
<b>5</b> Compensation of current officers, directors, trustees, and key employees	
<b>6</b> 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 . . . . .	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	
9	Other employee benefits . . . . .	
10	Payroll taxes . . . . .	
11	Fees for services (non-employees):	
a	Management . . . . .	
b	Legal . . . . .	
c	Accounting . . . . .	
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)	
12	Advertising and promotion . . . . .	
13	Office expenses . . . . .	
14	Information technology . . . . .	
15	Royalties . . . . .	
16	Occupancy . . . . .	
17	Travel . . . . .	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	
19	Conferences, conventions, and meetings . . . . .	
20	Interest . . . . .	
21	Payments to affiliates . . . . .	
22	Depreciation, depletion, and amortization . . . . .	
23	Insurance . . . . .	
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	
b	MISCELLANEOUS	
c		
d		
e	All other expenses	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	
26	<b>Joint costs.</b> 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

<b>Assets</b>	1	Cash—non-interest-bearing . . . . .	
	2	Savings and temporary cash investments . . . . .	
	3	Pledges and grants receivable, net . . . . .	
	4	Accounts receivable, net . . . . .	
	5	Loans and other receivables from any current or former officer, director, trust employee, creator or founder, substantial contributor, or 35% controlled entity member of any of these persons . . . . .	
	6	Loans and other receivables from other disqualified persons (as defined under 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	
	7	Notes and loans receivable, net . . . . .	
	8	Inventories for sale or use . . . . .	
	9	Prepaid expenses and deferred charges . . . . .	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>

<b>b</b>	Less: accumulated depreciation	
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	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	
<b>Liabilities</b>	17	Accounts payable and accrued expenses
	18	Grants payable
	19	Deferred revenue
	20	Tax-exempt bond liabilities
	21	Escrow or custodial account liability. Complete Part IV of Schedule D
	22	Loans and other payables to any current or former officer, director, trustee, key creator or founder, substantial contributor, or 35% controlled entity or family member of these persons
	23	Secured mortgages and notes payable to unrelated third parties
	24	Unsecured notes and loans payable to unrelated third parties
	25	Other liabilities (including federal income tax, payables to related third parties; liabilities not included on lines 17 - 24). Complete Part X of Schedule D
	26	<b>Total liabilities.</b> Add lines 17 through 25
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, and 33.</b>	
	27	Net assets without donor restrictions
	28	Net assets with donor restrictions
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>	
	29	Capital stock or trust principal, or current funds
	30	Paid-in or capital surplus, or land, building or equipment fund
	31	Retained earnings, endowment, accumulated income, or other funds
	32	Total net assets or fund balances
	33	Total liabilities and net assets/fund balances

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)
2	Total expenses (must equal Part IX, column (A), line 25)
3	Revenue less expenses. Subtract line 2 from line 1
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))
5	Net unrealized gains (losses) on investments
6	Donated services and use of facilities
7	Investment expenses
8	Prior period adjustments
9	Other changes in net assets or fund balances (explain in Schedule O)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal line 33)

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  
 If the organization changed its method of accounting from a prior year or checked Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were prepared on a consolidated basis, or both:
- Separate basis   
  Consolidated basis   
  Both consolidated and separate
- b Were the organization's financial statements audited by an independent accountant?  Yes  No  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were prepared on a consolidated basis, or both:

Separate basis  Consolidated basis  Both consolida

**c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes res of the audit, review, or compilation of its financial statements and selection of an in If the organization changed either its oversight process or selection process during

**3a** As a result of a federal award, was the organization required to undergo an audit o Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organizati why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2020)

**Additional Data**

**Software ID**

**Software Version**

**Form 990, Special Condition Description:**

Special Condition

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization: MITRE ENGENUITY INCORPORATED

Employer identification number: 84-2095899

**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)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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)**. Enter the hospital's name, city, and state:
- 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)**. (Complete Part II.)
- 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)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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. See instructions. Enter the name, city, and state of the college or university:
- 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—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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. **You must complete Part IV, Sections A and B.**
  - 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). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .	0	0	5,000,000	12,742,057	3,898,243	21,640,300
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						0
4 <b>Total.</b> Add lines 1 through 3	0	0	5,000,000	12,742,057	3,898,243	21,640,300
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						0

6	<b>Public support.</b> Subtract line 5 from line 4.						21,640,300
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**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	0	0	5,000,000	12,742,057	3,898,243	21,640,300
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).						0
11 <b>Total support.</b> Add lines 7 through 10						21,640,300
12 Gross receipts from related activities, etc. (see instructions)					12	650,713
13 <b>First 5 years.</b> 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 <b>stop here</b> <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b <b>33 1/3% support test—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2020

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether						

12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	<b>First 5 years.</b> 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 <b>stop here.</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)).	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15.	16	

**Section D. Computation of Investment Income Percentage**

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f)).	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17.	18	

- 19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>	9c		
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)? <i>If "Yes," answer line 10b below.</i>	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>	10b		

**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 lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the officers, 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? <i>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.</i>		
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? <i>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.</i>		

**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)? <i>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).</i>		

**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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**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 lines 2a and 2b 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? <i>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.</i>		
b	Did the activities described in line 2a. above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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) 2020

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

(continued)

<b>Section D - Distributions</b>		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			8
9 Distributable amount for 2020 from Section C, line 6			9
10 Line 8 amount divided by Line 9 amount			10
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015. . . . .			
b From 2016. . . . .			
c From 2017. . . . .			
d From 2018. . . . .			
e From 2019. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016. . . . .			
b Excess from 2017. . . . .			
c Excess from 2018. . . . .			
d Excess from 2019. . . . .			
e Excess from 2020. . . . .			

Schedule A (Form 990 or 990-EZ) (2020)

**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 B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990 or 990-EZ) 2020

Additional Data

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Software Version:

**Schedule B**  
(Form 990, 990-EZ, or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2020**

Name of the organization  
MITRE ENGENUITY INCORPORATED

Employer identification number  
84-2095899

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization MITRE ENGENUITY INCORPORATED	Employer identification number 84-2095899
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
(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) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization MITRE ENGENUITY INCORPORATED	Employer identification number 84-2095899
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**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	
_____ _____		_____ _____	

**Additional Data**

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<b>Schedule J</b> (Form 990)	<b>Compensation Information</b>	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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.		<b>2020</b>
Department of the Treasury Internal Revenue Service		Open to Public Inspection
Name of the organization MITRE ENGENUITY INCORPORATED		Employer identification number 84-2095899

Part I Questions Regarding Compensation	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	<b>2</b>	
<b>3</b> 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.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	
<b>b</b> Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> 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.	<b>7</b>	No
<b>8</b> 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.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2020

**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 JULIE BOWEN PRESIDENT/CEO	(i)	0	0	0	0	0	0
	(ii)	434,538	240,130	75,294	31,446	7,121	788,529
2 LAURIE GIANDOMENICO PRESIDENT/CEO UNTIL 12/31/20	(i)	0	0	0	0	0	0
	(ii)	363,337	225,844	20,376	31,446	6,734	647,737
3 WILSON WANG TREASURER/CFO	(i)	0	0	0	0	0	0
	(ii)	352,962	107,813	27,425	30,669	293	519,162
4 JOHN KREGER OFFICER UNTIL 12/31/20	(i)	0	0	0	0	0	0
	(ii)	337,256	172,200	28,521	31,446	1,005	570,428
5 TTOM GELLENTHIEN SECRETARY	(i)	0	0	0	0	0	0
	(ii)	223,953	18,461	6,231	22,676	8,187	279,508


**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 4B:	JULIE BOWEN WAS PARTICIPANT IN A RELATED ORGANIZATION'S NONQUALIFIED DEFERRED COMPENSATION PLAN. THE NONQUALIFIED PLAN MADE A DISTRIBUTION TO JULIE BOWEN OF \$46,070.

**Additional Data**

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

SCHEDULE N (Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MITRE ENGENUITY INCORPORATED

Employer identification number

84-2095899

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

Table with 8 columns: (a) Description of asset(s) distributed or transaction expenses paid, (b) Date of distribution, (c) Fair market value of asset(s) distributed or amount of transaction expenses, (d) Method of determining FMV for asset(s) distributed or transaction expenses, (e) EIN of recipient, (f) Name and address of recipient, (g) IRC section of recipient(s) (if tax-exempt) or type of entity. Row 1: ALL ASSETS OF MITRE ENGENUITY, 07-30-2021, 18,589,847, FMV, 04-2239742, THE MITRE CORPORATION 7515 COLSHIRE DR MS N655 - TAX MCLEAN, VA 22102, 501(C)(3)

Table with 3 columns: Question (2a-2d), Yes, No. 2a: Become a director or trustee... No. 2b: Become an employee... No. 2c: Become a direct or indirect owner... No. 2d: Receive, or become entitled to, compensation... No.

Schedule N (Form 990 or 990-EZ) (2020) Page 2

Part I Liquidation, Termination, or Dissolution (continued) Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

Table with 3 columns: Question (3, 4a-4b, 5, 6a-6b), Yes, No. 3: Did the organization distribute its assets... Yes. 4a: Is the organization required to notify the attorney general... Yes. 4b: If "Yes," did the organization provide such notice... Yes. 5: Did the organization discharge or pay all of its liabilities... Yes. 6a: Did the organization have any tax-exempt bonds... No. 6b: If "Yes" on line 6a, did the organization discharge... No.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Description of asset(s) distributed or transaction expenses paid, (b) Date of distribution, (c) Fair market value of asset(s) distributed or amount of transaction expenses, (d) Method of determining FMV for asset(s) distributed or transaction expenses, (e) EIN of recipient, (f) Name and address of recipient, (g) IRC section of recipient(s) (if tax-exempt) or type of entity. Row 1: (Empty)

Schedule N (Form 990 or 990-EZ) (2020) Page 3

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Table with 2 columns: Return Reference, Explanation. Row 1: PART I, MITRE ENGENUITY, INCORPORATED WAS CONVERTED TO A DELAWARE LIMITED LIABILITY COMPANY ON JULY 30, 2021 AND AS SUCH WAS RENAMED MITRE ENGENUITY, LLC PER THE CERTIFICATE OF CONVERSION ATTACHED TO THIS RETURN. THE SOLE MEMBER OF MITRE ENGENUITY, LLC IS THE MITRE CORPORATION. MITRE ENGENUITY, LLC IS A DISREGARDED ENTITY FOR FEDERAL TAX PURPOSES. ALL ASSETS AND LIABILITIES ARE NOW UNDER THE POWER AND CONTROL OF THE SOLE MEMBER THE MITRE CORPORATION AND AS SUCH WILL BE REPORTED ON THE FORM 990 OF THE MITRE CORPORATION.

Additional Data

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MITRE ENGENUITY INCORPORATED

Employer identification number

84-2095899

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	MITRE ENGENUITY IS A RESEARCH AND DEVELOPMENT ORGANIZATION THAT WORKS IN THE PUBLIC INTEREST TO CREATE GENERATIONAL IMPACT IN VARIOUS AREAS SUCH AS CYBERSECURITY, HEALTHCARE, TRANSPORTATION, AND WIRELESS SECURITY. THE ORGANIZATION'S RESEARCH OUTPUT WORKS TO SOLVE TECHNICAL PUBLIC INTEREST CHALLENGES THAT AFFECT AN ENTIRE INDUSTRY OR SECTOR.
FORM 990, PART VI, SECTION A, LINE 1:	ONE BOARD MEMBER WITH VOTING POWER AT THE END OF THE TAX YEAR IS COMPENSATED BY A RELATED ORGANIZATION. ACCORDINGLY, THIS INDIVIDUAL IS NOT INDEPENDENT.
FORM 990, PART VI, SECTION A, LINE 6:	THE ORGANIZATION HAS ONE SOLE MEMBER, THE MITRE CORPORATION.
FORM 990, PART VI, SECTION A, LINE 7A:	THE SOLE MEMBER ELECTS OR APPOINTS ALL MEMBERS OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7B:	ALTHOUGH THE GOVERNING BODY REGULARLY CONDUCTS BUSINESS WITHOUT DIRECT INTERVENTION BY THE SOLE MEMBER, ULTIMATE AUTHORITY ON ALL DECISIONS RESTS WITH THE SOLE MEMBER.
FORM 990, PART VI, SECTION B, LINE 11B:	A DRAFT OF THE COMPLETED FORM 990 IS REVIEWED BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER AND SENIOR TAX MANAGER PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:	ALL MEMBERS OF THE GOVERNING BODY ACKNOWLEDGE THEIR COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY SUBMITTING RESPONSES TO A QUESTIONNAIRE.
FORM 990, PART VI, SECTION C, LINE 19:	THE APPLICABLE DOCUMENTS WILL BE MADE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11A, MANAGEMENT FEE:	THE ORGANIZATION HAS A SHARED SERVICE AGREEMENT (MITRE AGREEMENT) WITH A RELATED ENTITY, THE MITRE CORPORATION (MITRE), WHICH PROVIDES FOR ADMINISTRATIVE SERVICES AND FACILITIES; FINANCIAL, LEGAL, AND CONTRACT ADMINISTRATION; STAFF AND RESEARCH SERVICES; AND OTHER SUPPORT SERVICES. UNDER THE TERMS OF THE MITRE AGREEMENT, ALL COSTS DIRECTLY INCURRED BY MITRE IN PROVIDING SERVICES AND FACILITIES IN CONNECTION WITH THE ACTIVITIES OF THE ORGANIZATION ARE REIMBURSED WITHOUT MARKUP.
Form 990, Part XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES: OTHER NET ASSETS CHANGES AND TRANSFERS TO THE MITRE CORPORATION AS PART OF FINAL RETURN: \$223,932
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING FEES TOTAL FEES:901100
FORM 990 PART IX LINE 11G	DESCRIPTION:SUBCONTRACTOR FEES TOTAL FEES:1404308
FORM 990 PART IX LINE 11G	DESCRIPTION:BANK SERVICE CHARGES TOTAL FEES:9000
FORM 990 PART IX LINE 11G	DESCRIPTION:FEES AND PENALTIES TOTAL FEES:4767



SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

Open to Public Inspection

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 instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization MITRE ENGENUITY INCORPORATED

Employer identification number 84-2095899

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity.

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.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity?

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

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Schedule R (Form 990) 2020

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.

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations; (i) Code V-UBI amount; (j) General or managing partner; (k) Percentage ownership.

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 9 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?

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?

Table with 3 columns: Transaction description (a-s), Yes, No. Rows include receipt of interest, gift/grant, loans, dividends, sale/purchase/exchange of assets, lease of facilities, reimbursement, and other transfers.

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.

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 11 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?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2020

[Return to Form](#)

**Additional Data**

**Software ID:**  
**Software Version:**