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## Nonprofit Explorer

Research Tax-Exempt Organizations

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# MITRE CORPORATION

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

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## Full text of "Full Filing" for fiscal year ending Sept. 2019

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.

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efile Public Visual Render ObjectID: 202002309349302700 - Submission: 2020-08-17 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

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

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) 983-2955. F Name and address of principal officer: JASON PROVIDAKES, 7515 COLSHIRE DR TAX ADMIN, MCLEAN, VA 22102. 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 1-7b), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes financial data for Prior Year and Current Year.

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/TREASURER, Date: 2020-08-13

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date: 2020-08-13, 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

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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:

THE PRIMARY EXEMPT PURPOSE OF THE MITRE CORPORATION IS TO ADVANCE BY WAY OF 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

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 \$ 1,019,693,053 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 \$ 579,101,030 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 \$ 5,000,000 including grants of \$ 5,000,000 ) (Revenue \$ )
TO FURTHER SUPPORT EDUCATION AND SCIENTIFIC RESEARCH FOR PUBLIC BENEFIT, THE MITRE CORPORATION MADE A CONTRIBUTION TO A RELATED TAX-EXEMPT ENTITY THAT ASSISTED ITS INCEPTION.

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

4e Total program service expenses 1,603,794,083

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Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response. Contains 11 main questions and 2 sub-questions (11a, 11b) regarding Schedule D requirements.

<b>c</b>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>		No
<b>d</b>	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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	Yes	
<b>f</b>	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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	Yes	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	Yes	
<b>15</b>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<b>17</b>		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>		No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>		
<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	Yes	
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>		No

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Part IV Checklist of Required Schedules (continued)

		Yes	No
<b>23</b>	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? <i>If "Yes," complete Schedule J</i>	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i>		No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i>		No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No

<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	Yes	
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	Yes	

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 V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .		
	<b>1a</b>	809	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b>	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
	<b>1c</b>	Yes	

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<b>2a</b>	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>2a</b>	9,388		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>			No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>			No
<b>b</b>	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>			No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>			No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			

<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>		
<b>b</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 . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<b>14b</b>		
<b>15</b>	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 . . . . .		<b>15</b>		No
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>		No

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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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	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
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>b</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? . . . . .		

**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), 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

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) ADALIO SANCHEZ TRUSTEE	1.00 0.00	X					10,500	0	0	
(2) CATHY MINEHAN TRUSTEE	1.00 0.00	X					60,250	0	0	
(3) CLEVE KILLINGSWORTH TRUSTEE	1.00 0.00	X					46,250	0	0	
(4) DAVID FUBINI TRUSTEE	1.00 0.00	X					39,000	0	0	
(5) DONALD KERR CHAIRMAN	1.00 0.00	X		X			83,750	0	0	
(6) EDMUND GIAMBASTIANI JR TRUSTEE	1.00 0.00	X					57,500	0	0	
(7) ELIZABETH PARKER TRUSTEE	1.00 0.00	X					46,250	0	0	
(8) ROBERT KEHLER TRUSTEE	1.00 0.00	X					51,000	0	0	
(9) GEORGE CAMPBELL JR TRUSTEE	1.00 0.00	X					63,250	0	0	
(10) GEORGE HALVORSON TRUSTEE	1.00 0.00	X					51,000	0	0	
(11) JOHN HAMRE TRUSTEE	1.00 0.00	X					55,500	0	0	
(12) LANCE COLLINS TRUSTEE	1.00 0.00	X					10,500	0	0	
(13) MICHAEL J ROGERS VICE CHAIRMAN	1.00 0.00	X		X			42,000	0	0	
(14) MONTGOMERY MEIGS TRUSTEE	1.00 0.00	X					34,500	0	0	

(15) NICHOLAS DONOFRIO TRUSTEE	1.00 0.00	X							64,000	0	0
(16) PAUL KAMINSKI TRUSTEE	1.00 0.00	X							48,750	0	0
(17) RODNEY EARL SLATER TRUSTEE	1.00 0.00	X							48,500	0	0

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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) YVETTE MELENDEZ TRUSTEE	1.00 0.00	X						10,500	0	0
(19) ALFRED GRASSO TRUSTEE	1.00 0.00	X						51,500	0	0
(20) JASON PROVIDAKES PRESIDENT & CEO	40.00 0.00	X		X				1,278,612	0	60,059
(21) JAN E TIGHE TRUSTEE	1.00 0.00	X						0	0	0
(22) PETER SHERLOCK SENIOR VP & COO	40.00 0.00			X				772,565	0	58,335
(23) RICHARD BYRNE SENIOR VICE PRESIDENT	40.00 2.00			X				777,290	0	55,739
(24) JEAN CONLEY VP/ CFO (UNTIL DEC 2018)	40.00 0.00			X				386,680	0	44,553
(25) JULIE GRAVALLESE VP, PROGRAMS & TECH INTEGRATION	40.00 0.00			X				425,974	0	55,325
(26) JULIE BOWEN SR VP / GEN COUNSEL / SECRETARY	40.00 2.00			X				688,246	0	41,051
(27) WILLIAM LAPLANTE SENIOR VICE PRESIDENT	40.00 0.00			X				620,369	0	33,332
(28) KATHARYN WHITE SENIOR VICE PRESIDENT	40.00 0.00			X				636,042	0	20,781
(29) WILSON WANG VP/CFO/TREASURER (AS OF JAN 2019)	40.00 2.00			X				242,094	0	25,721
(30) PATRICIA STEINBRECH VP & DIRECTOR CAMH	40.00 0.00					X		529,475	0	44,068
(31) SOZEEN MONDLIN ASSOC. GEN. COUNSEL & EXEC. DIR. COMPLIANCE	40.00 0.00					X		486,331	0	39,375
(32) JOEL JACOBS VP, CHIEF INFORMATION OFFICER	40.00 0.00					X		485,355	0	54,727
(33) JAMES COOK AP, STRATEGIC ENGAGEMENT PARTNERSHIP	40.00 0.00					X		480,115	0	51,635
(34) JAY SCHNITZER VP & CHIEF TECHNOLOGY OFFICER (CTO)	40.00 0.00					X		458,239	0	56,977
(35) GARY GAGNON OFFICER	40.00 0.00						X	150,875	0	13,753
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								9,292,762	0	655,431

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6,672**

	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	16,252,307
SIGAL CONSTRUCTION CORP 2231 CRYSTAL DRIVE STE 200 ARLINGTON, VA 22202	CONSTRUCTION MGMT	11,526,408
CONNOLLY BROTHERS INC 152 CONANT STREET BEVERLY, MA 01915 KPMG LLP	CONSTRUCTION SVCS	6,274,009
1676 INTERNATIONAL DR 12TH FLOOR MCLEAN, VA 22102	CONSULTING SVCS	5,615,656
MCKINSEY AND COMPANY USA INC 1200 19TH ST NW SUITE 110 WASHINGTON, DC 20036	CONSULTING SVCS	5,465,216

**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 **▶ 214**

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**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>				
Separate campaigns . . . . . <b>1a</b>				
Membership dues . . . . . <b>1b</b>				
Raising events . . . . . <b>1c</b>				
Related organizations . . . . . <b>1d</b>				
Government grants (contributions) . . . . . <b>1e</b>				
837,053,433				
Other contributions, gifts, grants, and similar amounts not included above <b>1f</b>				
<b>g</b>				

Noncash contributions included in lines 1a - 1f: \$

**h Total.** Add lines 1a-1f . . . . . **▶ 1,837,053,433**

Program Service Revenue	Business Code			
All other program service revenue.				
<b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>				

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . <b>▶</b>		1,979,461			1,979,461
<b>4</b> Income from investment of tax-exempt bond proceeds <b>▶</b>					
<b>5</b> Royalties . . . . . <b>▶</b>		1,736,904			1,736,904
<b>6a</b> Gross rents	(i) Real		(ii) Personal		
<b>b</b> Less: rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . . <b>▶</b>					
<b>7a</b> Gross amount from sales of	(i) Securities		(ii) Other		

	assets other than inventory				
	<b>b</b> Less: cost or other basis and sales expenses		722,911		
	<b>c</b> Gain or (loss)		-722,911		
	<b>d</b> Net gain or (loss)		-722,911		-722,911
<b>Other Revenue</b>	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>			
	<b>b</b> Less: direct expenses	<b>b</b>			
	<b>c</b> Net income or (loss) from fundraising events				
	<b>d</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>			
	<b>b</b> Less: direct expenses	<b>b</b>			
	<b>c</b> Net income or (loss) from gaming activities				
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>			
	<b>b</b> Less: cost of goods sold	<b>b</b>			
	<b>c</b> Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Business Code		
<b>11a</b>	OTHER REVENUE	900099	2,399,934		2,399,934
<b>b</b>					
<b>c</b>					
<b>d</b>	All other revenue				
<b>e</b>	<b>Total.</b> Add lines 11a-11d		2,399,934		
<b>12</b>	<b>Total revenue.</b> See Instructions.		1,842,446,821	0	5,393,388

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**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,000,000	5,000,000		
<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, line 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	7,363,912		7,363,912	
<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)				
<b>7</b> Other salaries and wages	1,122,033,630	1,021,050,603	100,983,027	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	111,202,080	101,193,893	10,008,187	
<b>9</b> Other employee benefits	117,472,255	106,899,752	10,572,503	
<b>10</b> Payroll taxes	76,468,907	69,586,705	6,882,202	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	297,731		297,731	
<b>c</b> Accounting	13,889,062		13,889,062	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	112,952,595	112,952,595		
<b>12</b> Advertising and promotion				

13	Office expenses	17,112,326		17,112,326	
14	Information technology	54,909,342	49,967,501	4,941,841	
15	Royalties				
16	Occupancy	28,146,957	25,613,731	2,533,226	
17	Travel	42,874,251	39,015,568	3,858,683	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,111,300		3,111,300	
20	Interest	1,739,559		1,739,559	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	49,863,830	45,376,085	4,487,745	
23	Insurance	1,013,228		1,013,228	
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	25,382,352	23,097,940	2,284,412	
b	TAXES & LICENSES	8,618,202		8,618,202	
c	RECRUITING	4,439,242	4,039,710	399,532	
d	ADMINISTRATIVE EXPENSE	1,581,910		1,581,910	
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,805,472,671	1,603,794,083	201,678,588	0
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).				

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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
<b>Assets</b>	1 Cash—non-interest-bearing	2,831,000	5,223,149
	2 Savings and temporary cash investments	97,000,000	155,397,098
	3 Pledges and grants receivable, net		
	4 Accounts receivable, net	243,144,000	232,762,301
	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	8,545,000	12,745,945
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,036,118,327	
	b Less: accumulated depreciation	10b 500,168,420	10c 535,949,907
	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	5,403,000	7,250,493
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	901,231,000	949,328,893	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	182,661,000	202,034,128
	18 Grants payable		
	19 Deferred revenue	42,595,000	42,780,838
	20 Tax-exempt bond liabilities		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		
	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		
	23 Secured mortgages and notes payable to unrelated third parties		
	24 Unsecured notes and loans payable to unrelated third parties	61,111,000	53,752,880

Net Assets or Fund Balances	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	15,708,000	25	29,740,177
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	302,075,000	26	328,308,023
	27	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	599,156,000	27	621,020,870
	28	Temporarily restricted net assets . . . . .		28	
	29	Permanently restricted net assets		29	
	30	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> 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	<b>Total net assets or fund balances . . . . .</b>	599,156,000	33	621,020,870
	34	<b>Total liabilities and net assets/fund balances . . . . .</b>	901,231,000	34	949,328,893

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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	1,842,446,821
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	1,805,472,671
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	36,974,150
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	599,156,000
5	Net unrealized gains (losses) on investments . . . . .	5	594,732
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	-12
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-15,704,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	621,020,870

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 type="checkbox"/> Separate basis <input checked="" 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	

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Additional Data

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<b>efile Public Visual Render</b>	<b>Objectid: 202002309349302700 - Submission: 2020-08-17</b>	<b>TIN: 04-2239742</b> OMB No. 1545-0047
<b>SCHEDULE A</b> <b>(Form 990 or 990EZ)</b>  Department of the Treasury Internal Revenue Service	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	<div style="font-size: 2em; font-weight: bold; color: green;">2018</div> Open to Public Inspection
<b>Name of the organization</b> THE MITRE CORPORATION		<b>Employer identification number</b> 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)**. (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>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2018

**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	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>Calendar year (or fiscal year beginning in)</b> <span style="font-size: 0.8em;">▶</span> 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") 2 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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						
<b>Section B. Total Support</b>						
<b>Calendar year</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total

(or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .						12
13 <b>First five 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**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	
15 Public support percentage for 2017 Schedule A, Part II, line 14 . . . . .	15	
16a <b>33 1/3% support test—2018.</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—2017.</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—2018.</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—2017.</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) 2018

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1,484,249,000	1,542,003,000	1,636,061,000	1,732,215,000	1,837,053,433	8,231,581,433
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	1,484,249,000	1,542,003,000	1,636,061,000	1,732,215,000	1,837,053,433	8,231,581,433
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
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. . . . .						0
c Add lines 7a and 7b. . . . .						0
8 <b>Public support.</b> (Subtract line 7c from line 6.)						8,231,581,433

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . . . .	1,484,249,000	1,542,003,000	1,636,061,000	1,732,215,000	1,837,053,433	8,231,581,433
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	566,000	441,000	742,000	2,277,000	3,716,365	7,742,365
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
c Add lines 10a and 10b. . . . .	566,000	441,000	742,000	2,277,000	3,716,365	7,742,365
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		2,399,934	5,651,934
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	1,485,141,000	1,542,444,000	1,639,729,000	1,734,492,000	1,843,169,732	8,244,975,732
14 <b>First five 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**

14 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . .	14	
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15	Public support percentage for 2020 (line 15c, column (f) divided by line 15b, column (g))	15	99.040 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	99.900 %
<b>Section D. Computation of Investment Income Percentage</b>			
17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0.090 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.050 %
19a	<b>33 1/3% support tests—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b	<b>33 1/3% support tests—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
20	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2018

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		
2		
3a		
b		
3b		
c		
3c		
4a		
4a		
4b		
4b		
4c		
4c		
5a		
5a		
5b		
5b		
5c		
5c		
6		
6		
7		
7		
8		
8		
9a		
9a		
9b		
9b		
9c		
9c		
10a		
10a		
10b		
10b		

Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations (continued)

Yes No

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> 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.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>1</b>		
<b>2</b> 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.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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).		
<b>2</b>		
<b>3</b> 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.		
<b>3</b>		

**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** The organization satisfied the Activities Test. Complete line 2 below.
- b** The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** 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.

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</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.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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.		
<b>3a</b>		
<b>b</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.		
<b>3b</b>		

**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 (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>	

7	Other expenses (see instructions)	7		
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 fromline 4)	8		
<b>Section B - Minimum Asset Amount</b>			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-useassets (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt useassets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% ofline 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8		
<b>Section C - Distributable Amount</b>				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	<b>Distributable Amount.</b> Subtract line 5 from line 4,unless subject to emergency temporary reduction (seeinstructions)	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) 2018

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

<b>Section D - Distributions</b>		<b>Current Year</b>	
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 <b>Part VI</b> ). See instructions		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
<b>Section E - Distribution Allocations (see instructions)</b>		(i) Excess Distributions	(ii) Underdistributions Pre-2018
1	Distributable amount for 2018 from Section C, line 6		(iii) Distributable Amount for 2018
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2018:		
a	From 2013. . . . .		
b	From 2014. . . . .		
c	From 2015. . . . .		
d	From 2016. . . . .		
e	From 2017. . . . .		
f	<b>Total</b> of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2018 distributable amount		
i	Carryover from 2013 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2018 from Section D, line 7:		
	\$		
a	Applied to underdistributions of prior years		
b	Applied to 2018 distributable amount		

c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2018, 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 2018. 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 2019. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2014. . . . .		
b	Excess from 2015. . . . .		
c	Excess from 2016. . . . .		
d	Excess from 2017. . . . .		
e	Excess from 2018. . . . .		

Schedule A (Form 990 or 990-EZ) (2018)

Schedule A (Form 990 or 990-EZ) 2018

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**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
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	OTHER REVENUE - 2014 AMOUNT: \$ 326,000. 2016 AMOUNT: \$ 2,926,000. 2018 AMOUNT: \$ 2,399,934.

Schedule A (Form 990 or 990-EZ) 2018

Additional Data

Return to Form

Software ID:  
Software Version:

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<a href="#">efile Public Visual Render</a>	ObjectID: 202002309349302700 - Submission: 2020-08-17	TIN: 04-2239742
<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	<b>Schedule of Contributors</b> ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047 <b>2018</b>
Name of the organization THE MITRE CORPORATION	Employer identification number 04-2239742	

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).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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

<b>Name of organization</b> THE MITRE CORPORATION	<b>Employer identification number</b> 04-2239742
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Part I <b>Contributors</b> (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
<u>RESTRICTED</u>		\$ <u>RESTRICTED</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
-		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
-		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
-		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
-		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
-		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
-		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

	\$	<b>Noncash</b> <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)

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

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

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<b>SCHEDULE D</b> (Form 990)	<b>Supplemental Financial Statements</b>	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	<p>▶ 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.</p> <p>▶ Attach to Form 990.</p> <p>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.</p>	<b>2018</b> Open to Public Inspection

Name of the organization THE MITRE CORPORATION	Employer identification number 04-2239742
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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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2018

Schedule D (Form 990) 2018 Page 2

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
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

Table with 2 columns: Description, Amount. Rows: 1c, 1d, 1e, 1f

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g

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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Row: 1a-1e

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 535,949,907

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**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	5,028,695
LONG-TERM UNREALIZED LOSS ON INTEREST RATE SWAP	167,003
POST-RETIREMENT HEALTH BENEFITS	23,016,359
MEDICAL BENEFITS-DISABLED EMPLOYEES	344,651
OTHER LONG-TERM LIABILITIES	1,183,469
(6)	
(7)	
(8)	

(9)

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 29,740,177

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for line numbers and amounts.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for line numbers and amounts.

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.

Table with 2 columns: Return Reference, Explanation

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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

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 sub-totals and totals for various regions.

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

Cat. No. 50082W

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

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 General information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

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

Cat. No. 50055P

Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

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

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation, (f) Description of noncash assistance.

Table with 6 columns and 7 rows (3-7) for supplemental information.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference: PART I, LINE 2: MITRE MADE A CONTRIBUTION TO A NEW RELATED ORGANIZATION DURING THE TAX YEAR. MITRE'S CLOSE RELATIONSHIP WITH THE NEW ORGANIZATION ALLOWS IT TO KNOW HOW THE FUNDS ARE UTILIZED.

Schedule J (Form 990) 2018

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Schedule J (Form 990) Compensation Information 2018. For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Includes instructions and a public inspection notice.

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

Part I Questions Regarding Compensation. Table with columns for questions (1a-9) and Yes/No responses.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

Table with 6 main columns: (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. Includes data for JASON PROVIDAKES.



2 PETER SHERLOCK SENIOR VP & COO	(i)	447,046	203,700	121,819	30,432	27,903	830,900	83,005
	(ii)	0	0	0	0	0	0	0
3 RICHARD BYRNE SENIOR VICE PRESIDENT	(i)	413,379	185,700	178,211	30,432	25,307	833,029	104,407
	(ii)	0	0	0	0	0	0	0
4 JEAN CONLEY VP / CFO (UNTIL DEC 2018)	(i)	271,582	82,900	32,198	26,038	18,515	431,233	0
	(ii)	0	0	0	0	0	0	0
5 JULIE GRAVALLESE VP, PROGRAMS & TECH INTEGRATION	(i)	294,741	87,900	43,333	30,432	24,893	481,299	0
	(ii)	0	0	0	0	0	0	0
6 JULIE BOWEN SR VP / GEN COUNSEL / SECRETARY	(i)	389,437	189,700	109,109	30,432	10,619	729,297	52,918
	(ii)	0	0	0	0	0	0	0
7 WILLIAM LAPLANTE SENIOR VICE PRESIDENT	(i)	409,499	181,900	28,970	30,432	2,900	653,701	0
	(ii)	0	0	0	0	0	0	0
8 KATHARYN WHITE SENIOR VICE PRESIDENT	(i)	329,277	167,000	139,765	0	20,781	656,823	0
	(ii)	0	0	0	0	0	0	0
9 WILSON WANG VP/CFO/TREASURER (AS OF JAN 2019)	(i)	233,077	0	9,017	25,721	0	267,815	0
	(ii)	0	0	0	0	0	0	0
10 PATRICIA STEINBRECH VP & DIRECTOR CAMH	(i)	303,076	169,700	56,699	17,465	26,603	573,543	0
	(ii)	0	0	0	0	0	0	0
11 SOZEEN MONDLIN ASSOC. GEN. COUNSEL & EXEC. DIR. COM	(i)	190,607	3,000	292,724	20,329	19,046	525,706	0
	(ii)	0	0	0	0	0	0	0
12 JOEL JACOBS VP, CHIEF INFORMATION OFFICER	(i)	334,262	95,800	55,293	30,432	24,295	540,082	0
	(ii)	0	0	0	0	0	0	0
13 JAMES COOK AP, STRATEGIC ENGAGEMENT PARTNERSHIP	(i)	310,129	112,700	57,286	25,023	26,612	531,750	0
	(ii)	0	0	0	0	0	0	0
14 JAY SCHNITZER VP & CHIEF TECHNOLOGY OFFICER (CTO)	(i)	306,076	97,200	54,963	30,432	26,545	515,216	0
	(ii)	0	0	0	0	0	0	0
15 GARY GAGNON OFFICER	(i)	112,241	0	38,634	5,431	8,322	164,628	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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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	FIRST-CLASS OR CHARTER TRAVEL: 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, LINES 4A-B	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS: PETER SHERLOCK \$188,324, AND KATHARYN WHITE \$7,650. THE FOLLOWING INDIVIDUALS WERE PARTICIPANTS IN MITRE'S NONQUALIFIED DEFERRED COMPENSATION PLAN: JASON PROVIDAKES, PETER SHERLOCK, RICHARD BYRNE, JULIE BOWEN, KATHARYN WHITE, WILLIAM LAPLANTE, AND JULIE GRAVALLESE. MITRE MADE THE FOLLOWING DISTRIBUTIONS FROM ITS NONQUALIFIED DEFERRED COMPENSATION PLAN: JASON PROVIDAKES \$80,981, PETER SHERLOCK \$83,005, RICHARD BYRNE \$104,407, AND JULIE BOWEN \$52,918.
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) 2018

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

2018  
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 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.

1	(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) 2018

Schedule L (Form 990 or 990-EZ) 2018

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?.

Part V Supplemental Information

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

Table with 2 columns: Return Reference, Explanation.

Schedule L (Form 990 or 990-EZ) 2018

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Department of the Treasury Internal Revenue Service Name of the organization THE MITRE CORPORATION Employer identification number 04-2239742

Table with 2 columns: 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 ORGANIZATION'S CHIEF FINANCIAL OFFICER AND 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 2019.
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; SCHEDULE B, PART I)	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 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 -15,704,000.
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 \$129,671,213 FROM THIS CONTRIBUTION SOURCE FOR THE REPORTING PERIOD.

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Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2018

**Additional Data**

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<p>efile Public Visual Render   Objectid: 202002309349302700 - Submission: 2020-08-17   <span style="float: right;">TIN: 04-2239742</span></p>	
<p><b>SCHEDULE R (Form 990)</b></p> <p>Department of the Treasury Internal Revenue Service Name of the organization THE MITRE CORPORATION</p>	<p><b>Related Organizations and Unrelated Partnerships</b></p> <p>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</p>
	<p>OMB No. 1545-0047</p> <p><b>2018</b></p> <p>Open to Public Inspection</p>
<p>Employer identification number 04-2239742</p>	

**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

**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
(1) MITRE CORPORATION EMP BEN TRUST 7515 COLSHIRE DR TAX ADMIN MCLEAN, VA 22102 04-3205946	VEBA	MA	501(C)9	N/A	MITRE	Yes	
(2) MITRE ENGENUITY INCORPORATED 7525 COLSHIRE DRIVE MCLEAN, VA 22102 84-2095899	SCIENTIFIC RESEARCH & EDUCATION	VA	501(C)3	LINE 7	MITRE	Yes	

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**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	

**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(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) 2018

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**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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		No
b Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
c Gift, grant, or capital contribution from related organization(s) . . . . .		No
d Loans or loan guarantees to or for related organization(s) . . . . .		No
e Loans or loan guarantees by related organization(s) . . . . .		No
f Dividends from related organization(s) . . . . .		No
g Sale of assets to related organization(s) . . . . .		No
h Purchase of assets from related organization(s) . . . . .		No



