

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): 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.

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

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

C Name of organization THE MITRE CORPORATION, % WILSON WANG, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7515 COLSHIRE DR MS N655 - TAX, City or town, state or province, country, and ZIP or foreign postal code MCLEAN, VA 22102

D Employer identification number 04-2239742, E Telephone number (703) 983-6000, G Gross receipts \$ 2,236,685,995

F Name and address of principal officer: JASON PROVIDAKES, 7515 COLSHIRE DR MS N655 - TA, MCLEAN, VA 22102

H(a) Is this a group return for subordinates? Yes No, H(b) Are all subordinates included? Yes No, H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: WWW.MITRE.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1958, M State of legal domicile: DE

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O, 2-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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 Senior VP, CFO, Date 2023-09-11

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2023-09-05, Check if self-employed, PTIN P01238856, Firm's name PwC US Tax LLP, Firm's EIN, Firm's address 655 NEW YORK AVENUE NW SUITE 1100, WASHINGTON, DC 20001, Phone no. (202) 414-1000

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

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. ALSO DISCLOSED IN RESPONSE TO FORM 990, PART I, LINE 1.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **1,138,521,577** including grants of \$ **0**) (Revenue \$ **0**)

MITRE NATIONAL SECURITY (MNS) BRIDGES APPLIED ADVANCE AND MISSION-SPECIFIC NEEDS TO ADVANCE THE NATION'S SECURITY. MNS OPERATES IN THE PUBLIC INTEREST BY HELPING THE U.S. GOVERNMENT ADVANCE A BROAD VISION OF NATIONAL SECURITY AND ADDRESS THE MOST PRESSING SECURITY CHALLENGES FACING OUR COUNTRY. MNS INCLUDES THE NATIONAL SECURITY ENGINEERING CENTER (NSEC) FEDERALLY FUNDED RESEARCH AND DEVELOPMENT CENTER WHICH MITRE HAS OPERATED ON BEHALF OF THE DEPARTMENT OF DEFENSE (DOD) FOR OVER 60 YEARS. MNS DELIVERS MISSION-CRITICAL CAPABILITIES, PROMOTES ENTERPRISE-LEVEL SOLUTIONS, AND ENHANCES SYSTEM INTEROPERABILITY WITHIN THE DEPARTMENT OF DEFENSE AND THE NATION'S INTELLIGENCE COMMUNITY.

4b (Code:) (Expenses \$ **810,652,322** including grants of \$ **0**) (Revenue \$ **0**)

MITRE PUBLIC SECTOR ADVANCES THE HEALTH, SAFETY, AND SECURITY OF ALL AMERICANS THROUGH THE OPERATION OF FIVE FEDERALLY-FUNDED RESEARCH AND DEVELOPMENT CENTERS AND PUBLIC-PRIVATE PARTNERSHIPS. MPS SOLVES TODAY'S MOST PRESSING TECHNOLOGY CHALLENGES, FOSTERING COOPERATION BETWEEN INDUSTRY AND THE GOVERNMENT WHILE APPLYING SYSTEMS THINKING AND INNOVATIVE APPROACHES THAT ENHANCE GOVERNMENT EFFECTIVENESS AND MISSION SUCCESS. MPS SERVES THE PUBLIC INTEREST BY HELPING TO MODERNIZE MISSION-CRITICAL GOVERNMENT FUNCTIONS AND SUPPORTING TECHNOLOGY INFRASTRUCTURES.

4c (Code:) (Expenses \$ **11,140,049** including grants of \$ **0**) (Revenue \$ **0**)

MITRE ENGENUITY CONDUCTS SCIENTIFIC RESEARCH IN THE PUBLIC INTEREST, PROVIDING COLLABORATIVE SOLUTIONS TO NATIONAL CHALLENGES THAT REQUIRE PRIVATE INDUSTRY ENGAGEMENT. MITRE ENGENUITY CONVENES EXPERTS, ORGANIZATIONS, AND INVESTORS IN A NON-COMPETITIVE SPACE. MITRE ENGENUITY FOCUSES ON SOLVING COMPLEX CHALLENGES BEYOND WHAT THE GOVERNMENT ALONE CAN ADDRESS BY ENGAGING PUBLIC AND PRIVATE STAKEHOLDERS AROUND THE ADVANCEMENT OF CRITICAL TECHNOLOGIES, SUCH CYBERSECURITY, 5G, ARTIFICIAL INTELLIGENCE, SEMICONDUCTORS, HEALTH IT, AND TRANSPORTATION.

4d Other program services (Describe in Schedule O.)
(Expenses \$ **3,650,920** including grants of \$ **0**) (Revenue \$ **0**)

4e **Total program service expenses** **1,963,964,868**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as completing schedules A through H, and reporting on various activities and assets.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and other IRS filings.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2022) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued). Includes sections 2a through 17 with various questions and input fields. Notable entry: 2a 10,933.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee, or key employee listed in Part VII...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: CA, IN, MA, VA
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) JASON PROVIDAKES PRESIDENT & CEO	40.0 0.0	X		X			2,757,834	0	59,344
(2) KEOKI JACKSON SENIOR VICE PRESIDENT	40.0 0.0			X			1,151,955	0	37,561
(3) JEROME HOGGE III FORMER OFFICER	40.0 0.0					X	1,107,579	0	8,237
(4) T CHARLES CLANCY III SENIOR VICE PRESIDENT	40.0 0.0			X			921,971	0	55,623
(5) JULIA BOWEN SENIOR VICE PRESIDENT	40.0 0.0			X			883,448	0	42,292
(6) KATHLEEN FEDERICO SENIOR VICE PRESIDENT & CPSO	40.0 0.0			X			867,627	0	49,032
(7) JAY SCHNITZER SENIOR VICE PRESIDENT & CTO	40.0 0.0			X			680,516	0	56,307
(8) WILSON WANG SR VP/CFO/TREASURER	40.0 0.0			X			699,006	0	33,161
(9) JOHN WILSON VICE PRESIDENT	40.0 0.0				X		641,773	0	52,030
(10) LAURIE GIADOMENICO VP, CHIEF ACCELERATION OFFICER	40.0 0.0				X		645,025	0	43,352
(11) BETH D MEINERT SENIOR VICE PRESIDENT	40.0 0.0			X			636,255	0	34,918
(12) KRISTINA B BUCKLEY VICE PRESIDENT	40.0 0.0				X		590,244	0	57,494
(13) KIMBERLY WARREN VICE PRESIDENT	40.0 0.0				X		596,090	0	42,183
(14) DOUGLAS P ROBBINS VICE PRESIDENT	40.0 0.0				X		581,320	0	56,435
(15) GREGORY CRAWFORD VP, JOINT AND SERVICES CENTER	40.0 0.0				X		585,402	0	49,252
(16) YOSRY A BARSOUM VICE PRESIDENT	40.0 0.0				X		572,085	0	56,426
(17) JAMES E COOK VICE PRESIDENT	40.0 0.0				X		563,427	0	44,032

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(18) EILEEN M BOETTCHER VICE PRESIDENT	40.0 0.0				X		566,720	0	22,456
(19) JULIE GRAVALLESE VP, PROGRMS & TECH INTEGRATION	40.0 0.0				X		545,046	0	43,087
(20) DR ELIAHU H NIEWOOD VICE PRESIDENT	40.0 0.0				X		532,966	0	49,157
(21) STEPHANIE E TURNER VICE PRESIDENT	40.0 0.0				X		528,776	0	50,662
(22) CHRISTINA ORFANOS VICE PRESIDENT	40.0 0.0				X		527,307	0	51,109
(23) WEN MASTERS VICE PRESIDENT	40.0 0.0				X		499,474	0	20,944
(24) MARC L SALIT MITRE FELLOW	40.0 0.0					X	495,072	0	643
(25) DR JULIE DELVECCHIO TECHNICAL INTEGRATOR	40.0 0.0					X	411,970	0	41,242
(26) STEVEN J KIRIN VICE PRESIDENT	40.0 0.0				X		396,038	0	49,071
(27) NATHAN HOLZRICHTER SYSTEMS ENGINEER	40.0 0.0					X	400,134	0	40,470
(28) CARL G BUCY COMMUNICATIONS ENGINEER	40.0 0.0					X	389,246	0	39,556
(29) DR GERALD N GILBERT MITRE FELLOW	40.0 0.0					X	392,328	0	33,920
(30) MARIN S HALPER VICE PRESIDENT	40.0 0.0				X		360,202	0	33,290
(31) CHRISTOPHER FALL VICE PRESIDENT	40.0 0.0				X		372,848	0	316
(32) GREGG A LEONE VICE PRESIDENT	40.0 0.0				X		334,199	0	24,334
(33) CHARLES PETER LEROY VICE PRESIDENT	40.0 0.0				X		350,884	0	5,817
(34) CEDRIC SIMS SENIOR VICE PRESIDENT	40.0 0.0			X			228,311	0	7,158
(35) AUSTIN YU-CHUNG WANG VICE PRESIDENT	40.0 0.0				X		170,238	0	121
(36) MICHAEL J ROGERS TRUSTEE	0.0 0.0	X					95,000	0	0
(37) CATHY MINEHAN TRUSTEE	0.0 0.0	X					85,000	0	0
(38) GEORGE CAMPBELL JR TRUSTEE	0.0 0.0	X					82,500	0	0
(39) NICHOLAS DONOFRIO TRUSTEE (UNTIL 11/3/22)	0.0 0.0					X	82,500	0	0
(40) RODNEY EARL SLATER TRUSTEE	0.0 0.0	X					77,500	0	0
(41) PAUL KAMINSKI TRUSTEE	0.0 0.0	X					77,500	0	0
(42) ADALIO SANCHEZ TRUSTEE	0.0 0.0	X					77,500	0	0
(43) JAN TIGHE TRUSTEE	0.0 0.0	X					77,500	0	0
(44) GEORGE HALVORSON TRUSTEE	0.0 0.0	X					74,500	0	0
(45) LANCE COLLINS TRUSTEE	0.0 0.0	X					70,000	0	0
(46) YVETTE MELENDEZ TRUSTEE	0.0 0.0	X					70,000	0	0
(47) JOHN NOSEWORTHY TRUSTEE	0.0 0.0	X					70,000	0	0
(48) SUSAN GORDON TRUSTEE	0.0 0.0	X					70,000	0	0
(49) MAURY BRADSHER TRUSTEE (ON 11/3/22)	0.0 0.0	X					0	0	0
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						18,588,888	0	1,056,979	

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 **6,755**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
CUSHMAN WAKEFIELD INC, 1290 AVENUE OF THE AMERICAS NEW YORK, NY 60606	REAL ESTATE SERVICES	25,343,792
GCS INC DBA GCS-SIGAL, 1140 3RD STREET NE STE 320 WASHINGTON, DC 20002	CONTRACTOR	10,694,550
CE FLOYD COMPANY INC, 135 SOUTH ROAD BEDFORD, MA 01730	CONTRACTOR	10,262,429
ASI GOVERNMENT LLC, 1901 N MOORE STREET SUITE 1204 ARLINGTON, VA 22209	CONSULTING	7,548,652
BAKER TILLY US LLP, 8219 LEESBURG PIKE TYSONS, VA 22182	CONSULTING	7,203,494

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 **158**

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
Contributions, Gifts, Grants, and Other Similar Amounts				
1a Federated campaigns		1a		
b Membership dues		1b	12,680,218	
c Fundraising events		1c		
d Related organizations		1d		
e Government grants (contributions)		1e	2,220,043,623	
f All other contributions, gifts, grants, and similar amounts not included above		1f	2,850,979	
g Noncash contributions included in lines 1a - 1f:\$		1g		
h Total. Add lines 1a-1f				2,235,574,820

Program Service Revenue		Business Code			
2a					
b					
c					
d					
e					
f	All other program service revenue.				
g Total. Add lines 2a-2f.		0			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,984,459	0	0	1,984,459	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		73,274	0	0	73,274	
	6a Gross rents	(i) Real					
	b Less: rental expenses	(ii) Personal					
	6c Rental income or (loss)		0	0			
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities					
	b Less: cost or other basis and sales expenses	(ii) Other		-946,558			
	7c Gain or (loss)			-946,558			
	d Net gain or (loss)			-946,558	0	0	-946,558
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			0			
	b Less: direct expenses			0			
	c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities. See Part IV, line 19			0			
b Less: direct expenses			0				
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances			0				
b Less: cost of goods sold			0				
c Net income or (loss) from sales of inventory			0				

Other Revenue Misc Amt		Business Code				
11a						
b						
c						
d	All other revenue					
e Total. Add lines 11a-11d			0			
12 Total revenue. See instructions			2,236,685,995	0	0	1,111,175

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	19,989,921	15,385,654	4,604,267	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,229,094,977	1,097,806,306	131,288,671	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	135,636,035	122,559,879	13,076,156	0
9 Other employee benefits	294,422,456	265,994,838	28,427,618	0
10 Payroll taxes	105,414,296	95,251,703	10,162,593	0
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,668,904	0	1,668,904	0
c Accounting	1,555,347	0	1,555,347	0
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	164,351,598	137,748,784	26,602,814	0
12 Advertising and promotion	0			
13 Office expenses	9,154,582	9,111,594	42,988	0
14 Information technology	65,392,801	59,851,081	5,541,720	0
15 Royalties	0			
16 Occupancy	24,897,150	16,917,853	7,979,297	0
17 Travel	30,958,769	24,307,226	6,651,543	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,837,803	767,241	1,070,562	0
20 Interest	5,009,147	0	5,009,147	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	52,617,044	51,580,826	1,036,218	0
23 Insurance	4,338,858	509	4,338,349	0
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 AND MAINTENANCE	33,984,848	32,456,216	1,528,632	0
b TAXES AND LICENSES	8,049,701	8,027,470	22,231	0
c TRAINING	2,319,653	2,024,338	295,315	0
d RECRUITING	5,067,899	4,209,442	858,457	0
e All other expenses	28,709,271	19,963,908	8,745,363	
25 Total functional expenses. Add lines 1 through 24e	2,224,471,060	1,963,964,868	260,506,192	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	7,393,989	1	7,840,402
	2 Savings and temporary cash investments	150,972,188	2	151,426,275
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	287,455,095	4	346,361,591
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	36,747,192	9	31,271,431
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,169,189,518		
	b Less: accumulated depreciation	10b 599,595,507	535,183,408	10c 569,594,011
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	19,909,890	15	81,362,170
16 Total assets: Add lines 1 through 15 (must equal line 33)	1,037,661,762	16	1,187,855,880	
Liabilities	17 Accounts payable and accrued expenses	208,715,892	17	195,510,200
	18 Grants payable	0	18	0
	19 Deferred revenue	32,192,075	19	22,972,006
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	99,111,111	24	197,777,778
	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	25,300,948	25	85,887,942
	26 Total liabilities. Add lines 17 through 25	365,320,026	26	502,147,926
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	672,077,272	27	685,707,954
	28 Net assets with donor restrictions	264,464	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	672,341,736	32	685,707,954
33 Total liabilities and net assets/fund balances	1,037,661,762	33	1,187,855,880	

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	2,236,685,995
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,224,471,060
3	Revenue less expenses. Subtract line 2 from line 1	3	12,214,935
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	672,341,736
5	Net unrealized gains (losses) on investments	5	48,774
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,102,509
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	685,707,954

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

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

Name of the organization
THE MITRE CORPORATION

Employer identification number
04-2239742

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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 on 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		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	1,837,053,433	1,921,218,809	2,036,428,726	514,752,709	2,235,574,820	8,545,028,497
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	1,837,053,433	1,921,218,809	2,036,428,726	514,752,709	2,235,574,820	8,545,028,497
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 Public support. (Subtract line 7c from line 6.)						8,545,028,497

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.	1,837,053,433	1,921,218,809	2,036,428,726	514,752,709	2,235,574,820	8,545,028,497
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	3,716,365	2,791,158	516,302	-457	2,057,733	9,081,101
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	3,716,365	2,791,158	516,302	-457	2,057,733	9,081,101
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,399,934	0	0	0	0	2,399,934
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,843,169,732	1,924,009,967	2,036,945,028	514,752,252	2,237,632,553	8,556,509,532
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	99.866 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	99.855 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	0.106 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	0.115 %
19a 33 1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests-2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

- | | Yes | No |
|----------|-----|----|
| | | |
| 1 | | |
| | | |
| 2 | | |
- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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 lines 2a and 2b below.**

- | | Yes | No |
|-----------|-----|----|
| | | |
| 2a | | |
| | | |
| 2b | | |
- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*

- 3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- | | Yes | No |
|-----------|-----|----|
| | | |
| 3a | | |
| | | |
| 3b | | |
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- 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.*

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)

- | | | | |
|---|----------|--|--|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|--|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | |
|--|----------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

2022

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 33¹/₃% 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).

Name of organization
THE MITRE CORPORATION

Employer identification number
04-2239742

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

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

Name of organization
THE MITRE CORPORATION

Employer identification number

04-2239742

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

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

Name of organization
THE MITRE CORPORATION

Employer identification number

04-2239742

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

Use duplicate copies of Part III if additional space is needed.

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

Additional Data

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Software ID:

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Supplemental Financial Statements

2022

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization THE MITRE CORPORATION

Employer identification number

04-2239742

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of conservation easements, number of easements, and monitoring details.

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.

Table with 2 columns: Description, Amount. Rows include reporting requirements for art and historical treasures and amounts received or held.

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:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term 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:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		61,476,187		61,476,187
b Buildings		623,362,072	270,073,497	353,288,575
c Leasehold improvements		49,677,953	41,563,970	8,113,983
d Equipment		363,304,134	287,958,040	75,346,095
e Other		71,369,171		71,369,171
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				569,594,011

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CAPITALIZED SOFTWARE	10,871,239
(2) RIGHT OF USE ASSETS	55,974,873
(3) SUPPLEMENTAL RETIREMENT	5,718,972
(4) OTHER INVESTMENTS	2,798,497
(5) OTHER ASSETS	5,998,589
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	81,362,170

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	0
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	85,887,942

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.

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

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

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	UNDER PROVISIONS OF THE U.S. INTERNAL REVENUE CODE SECTION 501(C)(3), THE CORPORATION IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. FOR THE YEAR ENDED DECEMBER 31, 2022, THE CORPORATION HAD NO UNRELATED TAXABLE BUSINESS INCOME AND, THEREFORE, NO PROVISION FOR INCOME TAXES WAS MADE. THE CORPORATION TAKES NO TAX POSITIONS WHICH IT CONSIDERS TO BE UNCERTAIN.

Additional Data

[**Return to Form**](#)

Software ID:

Software Version:

2022

Open to Public Inspection

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

▶ **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.**

Department of the Treasury
Internal Revenue Service

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" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants or 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.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) East Asia and the Pacific		11	Program Services	DOD & CAA PROJECTS	19,789,955
(2) Europe (Including Iceland and Greenland)		45	Program Services	DOD & CAA PROJECTS	17,059,634
(3) Middle East and North Africa			Program Services	DOD & CAA PROJECTS	400,387
(4) North America			Program Services	DOD & CAA PROJECTS	800,820
(5) Russia and the Newly Independent States			Program Services	DOD & CAA PROJECTS	284,907
(6) Sub-Saharan Africa			Program Services	DOD & CAA PROJECTS	612,670
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		56			38,948,373
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		56			38,948,373

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Additional Data

Software ID:

Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE MITRE CORPORATION

Employer identification number

04-2239742

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JASON PROVIDAKES PRESIDENT & CEO	(i)	1,006,498	1,296,750	454,586	33,660	25,684	2,817,178	0
	(ii)	- 0	0	0	0	- 0	- 0	0
2 JULIA BOWEN SENIOR VICE PRESIDENT	(i)	465,821	385,618	32,009	33,660	8,632	925,740	0
	(ii)	- 0	0	0	0	- 0	- 0	0
3 WILSON WANG SR VP/CFO/TREASURER	(i)	468,462	194,494	36,050	32,740	421	732,167	0
	(ii)	- 0	0	0	0	- 0	- 0	0
4 KATHLEEN FEDERICO SENIOR VICE PRESIDENT & CPSO	(i)	457,957	380,216	29,454	33,659	15,373	916,659	0
	(ii)	- 0	0	0	0	- 0	- 0	0
5 JEROME HOGGE III FORMER OFFICER	(i)	18,304	0	1,089,275	8,237	0	1,115,816	0
	(ii)	- 0	0	0	0	- 0	- 0	0
6 T CHARLES CLANCY III SENIOR VICE PRESIDENT	(i)	482,023	409,480	30,468	32,740	22,883	977,594	0
	(ii)	- 0	0	0	0	- 0	- 0	0
7 LAURIE GIADOMENICO VP, CHIEF ACCELERATION OFFICER	(i)	400,474	215,260	29,291	33,660	9,692	688,377	0
	(ii)	- 0	0	0	0	- 0	- 0	0
8 JULIE GRAVALLESE VP, PROGRMS & TECH INTEGRATION	(i)	347,429	170,000	27,617	33,660	9,427	588,133	0
	(ii)	- 0	0	0	0	- 0	- 0	0
9 GREGORY CRAWFORD VP, JOINT AND SERVICES CENTER	(i)	369,331	185,764	30,307	33,660	15,592	634,654	0
	(ii)	- 0	0	0	0	- 0	- 0	0
10 NICHOLAS DONOFRIO TRUSTEE (UNTIL 11/3/22)	(i)	82,500	0	0	0	0	82,500	0
	(ii)	- 0	0	0	0	- 0	- 0	0
11 JAY SCHNITZER SENIOR VICE PRESIDENT & CTO	(i)	438,299	208,824	33,393	33,660	22,647	736,823	0
	(ii)	- 0	0	0	0	- 0	- 0	0
12 KEOKI JACKSON SENIOR VICE PRESIDENT	(i)	588,582	541,363	22,010	14,626	22,935	1,189,516	0
	(ii)	- 0	0	0	0	- 0	- 0	0
13 JOHN WILSON VICE PRESIDENT	(i)	409,475	200,750	31,548	33,660	18,370	693,803	0
	(ii)	- 0	0	0	0	- 0	- 0	0
14 BETH D MEINERT SENIOR VICE PRESIDENT	(i)	404,504	198,783	32,968	33,660	1,258	671,173	0
	(ii)	- 0	0	0	0	- 0	- 0	0
15 CEDRIC SIMS SENIOR VICE PRESIDENT	(i)	155,154	2,212	70,945	0	7,158	235,469	0
	(ii)	- 0	0	0	0	- 0	- 0	0
16 KIMBERLY WARREN VICE PRESIDENT	(i)	346,297	170,980	78,813	33,660	8,523	638,273	0
	(ii)	- 0	0	0	0	- 0	- 0	0
17 KRISTINA B BUCKLEY VICE PRESIDENT	(i)	374,960	186,375	28,909	33,660	23,834	647,738	0
	(ii)	- 0	0	0	0	- 0	- 0	0
18 MARC L SALIT MITRE FELLOW	(i)	346,837	0	148,235	0	643	495,715	0
	(ii)	- 0	0	0	0	- 0	- 0	0
19 DR JULIE DELVECCHIO TECHNICAL INTEGRATOR	(i)	274,865	18,300	118,805	25,733	15,509	453,212	0
	(ii)	- 0	0	0	0	- 0	- 0	0
20 NATHAN HOLZRICHTER SYSTEMS ENGINEER	(i)	158,034	0	242,100	16,986	23,484	440,604	0
	(ii)	- 0	0	0	0	- 0	- 0	0

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21DR GERALD N GILBERT MITRE FELLOW	(i)	314,381	67,500	10,447	33,660	260	426,248	0
	(ii)	- 0	0	0	0	- 0	- 0	0
22CARL G BUCY COMMUNICATIONS ENGINEER	(i)	180,688	0	208,558	15,935	23,621	428,802	0
	(ii)	- 0	0	0	0	- 0	- 0	0
23DOUGLAS P ROBBINS VICE PRESIDENT	(i)	360,261	192,606	28,453	33,660	22,775	637,755	0
	(ii)	- 0	0	0	0	- 0	- 0	0
24YOSRY A BARSOUM VICE PRESIDENT	(i)	348,807	195,051	28,227	33,660	22,766	628,511	0
	(ii)	- 0	0	0	0	- 0	- 0	0
25EILEEN M BOETTCHER VICE PRESIDENT	(i)	93,190	167,500	306,030	13,835	8,621	589,176	0
	(ii)	- 0	0	0	0	- 0	- 0	0
26JAMES E COOK VICE PRESIDENT	(i)	362,497	177,900	23,030	27,615	16,417	607,459	0
	(ii)	- 0	0	0	0	- 0	- 0	0
27DR ELIAHU H NIEWOOD VICE PRESIDENT	(i)	342,756	164,800	25,410	33,660	15,497	582,123	0
	(ii)	- 0	0	0	0	- 0	- 0	0
28STEPHANIE E TURNER VICE PRESIDENT	(i)	340,063	167,400	21,313	33,660	17,002	579,438	0
	(ii)	- 0	0	0	0	- 0	- 0	0
29CHRISTINA ORFANOS VICE PRESIDENT	(i)	333,849	165,400	28,058	28,350	22,759	578,416	0
	(ii)	- 0	0	0	0	- 0	- 0	0
30WEN MASTERS VICE PRESIDENT	(i)	360,493	90,417	48,564	19,773	1,171	520,418	0
	(ii)	- 0	0	0	0	- 0	- 0	0
31STEVEN J KIRIN VICE PRESIDENT	(i)	334,711	31,110	30,217	33,660	15,411	445,109	0
	(ii)	- 0	0	0	0	- 0	- 0	0
32CHRISTOPHER FALL VICE PRESIDENT	(i)	350,000	0	22,848	0	316	373,164	0
	(ii)	- 0	0	0	0	- 0	- 0	0
33MARIN S HALPER VICE PRESIDENT	(i)	292,799	18,884	48,519	32,692	598	393,492	0
	(ii)	- 0	0	0	0	- 0	- 0	0
34CHARLES PETER LEROY VICE PRESIDENT	(i)	23,637	0	327,247	5,164	653	356,701	0
	(ii)	- 0	0	0	0	- 0	- 0	0
35GREGG A LEONE VICE PRESIDENT	(i)	135,133	167,100	31,966	14,707	9,627	358,533	0
	(ii)	- 0	0	0	0	- 0	- 0	0
36AUSTIN YU-CHUNG WANG VICE PRESIDENT	(i)	98,160	1,327	70,751	0	121	170,359	0
	(ii)	- 0	0	0	0	- 0	- 0	0

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 EXPENSE. 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	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENTS: JEROME HOGGE III \$1,025,127 EILEEN M BOETTCHER \$243,364 CHARLES PETER LEROY \$279,231
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.

Additional Data

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Schedule L
(Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2022

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**

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

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 section 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 the 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

(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?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

(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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JAMES F PROVIDAKES	BROTHER OF OFFICER	317,400	EMPLOYMENT		No
(2) ERIC PROVIDAKES	SON OF OFFICER	104,491	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference

Explanation

Additional Data

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SCHEDULE O
(Form 990)**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.**2022****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
THE MITRE CORPORATION

Employer identification number

04-2239742

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 GOVERNANCE & BOARD DEVELOPMENT 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 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 OF TRUSTEES, WITH THE RECOMMENDATIONS OF THE COMPENSATION 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 2022.
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 III, LINE 4D	SUPPORTING THE NATION'S SCIENCE AND TECHNOLOGY STRATEGY, MITRE LABS INSPIRES BREAKTHROUGHS IN APPLIED SCIENCE AND ADVANCED TECHNOLOGY, WORKING TO ENSURE THE U.S. LEADS IN SCIENTIFIC, ECONOMIC, AND TECHNOLOGICAL INNOVATION. MITRE LABS PROVIDES TOP TECHNICAL TALENT, PLATFORMS, PARTNERSHIPS, AND VISION TO THE SIX FFRDCs OPERATED BY MITRE. ADDITIONALLY, MITRE LABS ADDRESSES KEY CHALLENGES THROUGH INDEPENDENT RESEARCH AND DEVELOPMENT BASED ON AN UNDERSTANDING OF FUTURE MISSION NEEDS.
FORM 990, PART XI, LINE 9	POST RETIREMENT BENEFIT ADJUSTMENT: \$1,102,509

Additional Data

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE MITRE CORPORATION

Employer identification number

04-2239742

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MITRE ENGENUITY LLC 7525 COLSHIRE DRIVE MS N655 MCLEAN, VA 22102	SCIENCE ED	DE	-9,254,357	16,277,902	MITRE

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

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

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p	Yes	
1q		No
1r	Yes	
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

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

Return Reference

Explanation

Schedule R (Form 990) 2021

Additional Data[Return to Form](#)**Software ID:****Software Version:**