Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Check if applica			est information.	AND DESCRIPTION OF THE PARTY OF	Inspectio
Charle (unuffer)	C Name of organization NATIONAL AVIATION PROPADOU AND WINDOWS	and endir		06/30, 20	19
списк в арриса	PARK, INC.			ientification numb	ber
X Address	Doing business as	MI	26-31	56908	
X Name chan	N. Committee of the com				
100 000 000	600 AVITABLON DECEMBER (of P.O. box if mail is not delivered to street address)	Room/suite	E Telephone n	umber	
Initial return	600 AVIATION RESEARCH BLVD.	120	(609) 3	65-2183	
Lerminated Amended	only of town, state of province, country, and ZIP or foreign postal code				
return Application	EGG HARBOR TOWNSHIP, NJ 08234		G Gross receip	its \$	335,
gnibned	F Name and address of principal officer: SAMUEL YOUNG		H(n) le this a or	oup return for	Yes
	600 AVIATION RESEARCH BLVD.120, EGG HARBOR	TOWNSHI	P, H(b) Are all subo	987	Yes
Tax-exempt	status: X 501(c)(3) 501(c) () (insert no.) 4947(c)(1)	the state of the s	THE RESERVE THE PARTY OF THE PA	attach a list. (see Instr	
	www.NARTP.COM		The state of the s	mplion number	(delions)
Form of ore	Addoctation Other	I Vear	of formation: 2006 M	Charles Charles	
art I	ummary	L Toda	oriormation: 2000 M	State of legal dor	micile:
1 Brie	ly describe the organization's mission or most significant activities: THE OR	CANTZA	TONIC DDIMADA	/ TITTLE	
IS	TO FACILITATE RESEARCH, DEVELOPMENT, AND INNOV	ATTON	IN ATTACTOR	EXEMPT P	URPOS
IS TE 2 Che 3 Num 4 Num 5 Tota 6 Tota	CHNOLOGIES.	ALLON .	IN AVIATION		
2 Che	ck this box if the organization discontinued its operations as discontinued.				
3 Num		of more th	an 25% of its net asser	ts.	
4 Num	ber of voting members of the governing body (Part VI, line 1a)			3	
5 Tota				4	
6 Tota	The second of motividuals climbloyed in calendar year 2018 (Day 1/ line 3a)			5	
7a Tota	The state of total tools (estimate if flecessary)			6	
				7a	
D Met	nrelated business taxable income from Form 990-T, line 38			7b	
1			D-! W		ent Year
8 Cont	ibutions and grants (Part VIII, line 1h)		205 25	- cl	312,7
1 109	and service revenue (Part VIII, line 20)		2,08		22,9
111100	the fire (rait viii, column (A), lines 3, 4, and 7d)		The state of the s	0.	2213
	10 and 11e)			0.	
1010	revenue - add lines 8 through 11 (must equal Part VIII column (A) line 12)		307,83		225 7
10 Gran	s and similar amounts paid (Part IX, column (A) lines 1-3)		001,00	0.	335,7
14 DOLLO	its paid to or for members (Part IX, column (A) line 4)			0.	
, o Galai	os, other compensation, employee benefits (Part IX column (A) lines 5 40)		89,02		21 0
I o a Fiore	ssional fundraising tees (Part IX, column (A), line 11e)		05,02	0.	31,8
- 10141	(all the distingtions of the column (b) line 25)			U.	
17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		130 70	-	
. o lai	oxpenses. Add lines 13-17 (must equal Part IX column (A) line 25)		430,70		199,75
	ue less expenses. Subtract line 18 from line 12		519,72		31,61
			-211,88		95,91
	assets (Part X, line 16)		Beginning of Current Y		
20 Total			175,09		33,92
20 Total21 Total	abilities (Part X. line 26)		A STATE OF THE PARTY OF THE PAR		
 20 Total 21 Total 22 Net as 	abilities (Part X, line 26)		1,576,13		30,87
20 Total 21 Total 22 Net as	sets or fund balances. Subtract line 21 from line 20.		1,576,13 -1,401,04		30,87
ti Sig	sets or fund balances. Subtract line 21 from line 20		-1,401,04	31,5	30,87 96,95
It Sig	sets or fund balances. Subtract line 21 from line 20	and statem	-1,401,04	31,5	30,87 96,95
rt Sign penalties of correct, and	sets or fund balances. Subtract line 21 from line 20.	and statem	-1,401,04	31,5	30,87 96,95
or penalties of correct, and	sets or fund balances. Subtract line 21 from line 20	and statom preparer has	-1,401,04	31,5	30,87 96,95
ar penalties of correct, and	sets or fund balances. Subtract line 21 from line 20. Inature Block I perjury declare that I have examined this return, including accompanying schedules complete Declaration of preparer (other than officer) is based on all information of which	and statem preparer has	-1,401,04	31,5	30,87 96,95
ar penalties of correct, and	sets or fund balances. Subtract line 21 from line 20. Inature Block I perjury I declare that I have examined this return, including accompanying schedules complete Declaration of preparer (other than officer) is based on all information of which signature of other than officer. Signature of other CHAIRMAN	and statem preparer has	ents, end to the best of any knowledge.	31,5	30,87 96,95
er penalties of correct, and	sets or fund balances. Subtract line 21 from line 20. Inature Block I perjury declare that I have examined this return, including accompanying schedules complete bed a lation of preparer (other than officer) is based on all information of which Samuel Young CHAIRMAN CHAIRMAN	and statem preparer has	ents, end to the best of any knowledge.	31,5	30,87 96,95
ar penalties of correct, and	sets or fund balances. Subtract line 21 from line 20. Inature Block I perjury declare that I have examined this return, including accompanying schedules complete Declaration of preparer (other than officer) is based on all information of which Signature of a complete CHAIRMAN Preparer's signature Preparer's signature	and statem preparer has	ents, and to the best of any knowledge.	31,5	30,87 96,95
er penalties of correct, and	sets or fund balances. Subtract line 21 from line 20. Inature Block I perjury declare that I have examined this return, including accompanying schedules complete bed a lation of preparer (other than officer) is based on all information of which Signature of ditchr SAMUEL YOUNG CHAIRMAN Your or print name and title Your preparer's name Preparer's signature LEE ARMSTRONG Preparer's signature		ents, and to the best of any knowledge. Date	my knowledge an	30,87 96,95 nd belief,
er penalties of correct, and Print/ RUSS	sets or fund balances. Subtract line 21 from line 20. Inature Block I perjury declare that I have examined this return, including accompanying schedules complete bediatation of preparer (other than officer) is based on all information of which sample bediatation of preparer (other than officer) is based on all information of which sample bediatation of which sam	Date	ents, and to the best of any knowledge. Date Check	31,5 my knowledge an [8 - 20] If PTIN P00288	30,87 96,95 nd belief,
21 Total 22 Net as It Signs penalties of correct, and Print/ RUSS Firm's Firm's	sets or fund balances. Subtract line 21 from line 20. Inature Block I perjury declare that I have examined this return, including accompanying schedules complete bed a lation of preparer (other than officer) is based on all information of which Signature of ditchr SAMUEL YOUNG CHAIRMAN Your or print name and title Your preparer's name Preparer's signature LEE ARMSTRONG Preparer's signature	Date	ents, and to the best of any knowledge. Date Check	31,5 my knowledge an [8 - 20] If PTIN P00288	30,87 96,95 and belief,

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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OMB No. 1545-0047

Inspection

A I	or the	e 2018	calendar year, or tax year beginnin	g 07/01, 2018	, and ending			06/3	0, 20 1	.9	
			C Name of organization NATIONAL AVIA	ATION RESEARCH AND TECHNOLOGY			D Employer ider	ntification	number		
В	Check if a	pplicable:	PARK, INC.				26-3166	5908			
X	Addre		Doing business as								
X	7	change	Number and street (or P.O. box if mail	is not delivered to street address)	Room/suite		E Telephone nur	nber			
	+	return	600 AVIATION RESEARC	H BLVD.	120		(609) 36	5-218	3		
	→	return/	City or town, state or province, country		120		(005)	0 210			
	termir Amen		EGG HARBOR TOWNSHIP,				G Gross receipts	s	3	35	705.
	return Applic	n cation	F Name and address of principal officer:			_	H(a) Is this a grou				X No
	pendi	ing		H BLVD.120, EGG HARBOR	TOWNSHIP	,	subordinates' H(b) Are all subordi		\vdash	es	No
_	Tay-ov	empt sta						ach a list. (s			
÷			WWW.NARTP.COM	() ◄ (insert no.) 4947(a)(1)	01 521		H(c) Group exemp			,	
<u>к</u>			ization: X Corporation Trust	Association O her ▶	I Voor of	formati	ion: 2006 M s			silo:	NJ
	art I		mmary	Association	L Teal of	ioiiiiati	IOII. 2000 IVI .	state of le	gai donnic	ile.	110
				or most significant activities: THE O	DCANT7AT	TON!	S DDTMADV	FYFM	סיי דון	D DO	SF
•	l '	TS	ro Facti.Trate peseadoch	, DEVELOPMENT, AND INNO	WATTON T	M ZV	TATTON	1122111	11 10.	ICLO	<u> </u>
ü			HNOLOGIES.	, DEVELOTIENT, AND INNO	VALION	IV ZIV	IATION				
rua						050/					
Governance	2			discontinued its operations or dispos							13.
	3			ng body (Part VI, line 1a)				3			11.
es	4			of the governing body (Part VI, line 1b)				4			0.
ctivities &	5			alendar year 2018 (Part V, line 2a)				5			11.
\cti				essary)				6			0.
	1			VIII, column (C), line 12				7a			0.
	b	Net ur	nrelated business taxable income froi	m Form 990-T, line 38				7b			
	_						Prior Year	1	Curren		
ne	8						305,75				$\frac{789.}{016}$
Revenue	9						2,08		4	ZZ,	916.
Re	10			ines 3, 4, and 7d)				0.			0.
	11			5, 6d, 8c, 9c, 10c, and 11e)			207.02	0.	2.	2.5	0.
	12			ust equal Part VIII, column (A), line 12) .			307,83		3.	35,	705.
	13			olumn (A), lines 1-3)				0.			0.
	14			olumn (A), line 4)				0.		21	0.
es	15			enefits (Part IX, column (A), lines 5-10)			89,02		•	3⊥ ,	857.
Expenses	16 a			mn (A), line 11e)				0.			0.
Ϋ́	b		fundraising expenses (Part IX, columr	(b), line 20)).		420 70	1		0.0	750
_	17			11a-11d, 11f-24e)			430,70				759.
	18			ual Part IX, column (A), line 25)			519,72				616.
- W	19	Reven	ue less expenses. Subtract line 18 fr	om line 12			-211 , 88				911.
S ol						Begini	ning of Current Y		End of		
sset	20						175,09				924.
Net Assets or Fund Balances	21	Total I	liabilities (Part X, line 26)				1,576,13				878.
				21 from line 20			-1,401,04	3.	-1,59	96,	954.
	ırt II		gnature Block								
				this return, including accompanying sched nan officer) is based on all information of wh				my know	vledge an	d bel	ief, it is
	,					,					
Sig	ın		0:								
He		'	Signature of officer				Date				
110	10		SAMUEL YOUNG	CHAIRM	IAN						
		,	Type or print name and title								
Paid	4		Type preparer's name	Preparer's signature	Date		Check	if PTIN			
	a parer	RUSS	SLEE ARMSTRONG				self-employe	_	00288	3383	3
	Only	Firm's	name ▶GRANT THORNTON I	LLP			Firm's EIN ▶ 3				
	_		address ▶2001 MARKET STREET, SUI				Phone no. 2	15-56	1-420	0	
Ma	y the	IRS d	iscuss this return with the prepar	rer shown above? (see instructions)				X Yes		No
For	Paper	rwork	Reduction Act Notice, see the separ	rate instructions.					Form 9	90	(2018)

NATIONAL AVIATION RESEARCH AND TECHNOLOGY 26-3166908 Page 2 Form 990 (2018) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO ENHANCE THE EVOLUTION OF AVIATION SCIENCES BY CREATING AN ECOSYSTEM OF INDUSTRIAL, ACADEMIC, AND GOVERNMENTAL PARTNERSHIPS THAT FOSTER INNOVATION AND COLLABORATION AND PROMOTE SUSTAINED ECONOMIC GROWTH AND JOB CREATION THROUGHOUT NEW JERSEY. Did the organization undertake any significant program services during the year which were not listed on the 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? If "Yes," describe these changes on Schedule O. 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 \$ 505,955. including grants of \$) (Revenue \$ THE PURPOSE OF THE PARK IS TO CONDUCT RESEARCH AND DEVELOPMENT THAT WILL PROMOTE CONCEPT AND PRODUCT DEVELOPMENT USING EMERGING TECHNOLOGIES IN A LABORATORY AND OPERATIONAL ENVIRONMENT. THE PARK IS A FOCAL POINT FOR INTERACTION AND INNOVATION AMONG RESEARCHERS, ACADEMIA, GOVERNMENT, AND PRIVATE INDUSTRY IN DEVELOPING THE NEXT GENERATION AIR TRAFFIC CONTROL SYSTEM ("NEXTGEN") WHICH IS CRITICAL TO OUR NATION'S AVIATION SYSTEM. including grants of \$ 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code:) (Expenses \$ 4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ **4e** Total program service expenses ▶ 5

JSA 8E1020 1.000 Form **990** (2018)

505,955.

) (Revenue \$

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rari	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
0		-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
_	complete Schedule D, Part III	8		Λ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
D				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.46		Х
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Λ
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
_	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			.,
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	g		000	(2018
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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
-	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	-		
02	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		
J-7	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	200		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٥,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	01		
50	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part		- 55		
rart	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is conclude a contained response of note to any line in this fact v		Yes	No
1.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C		10	X	
	reportable gaming (gambling) winnings to prize winners?	1c	Λ	

Form **990** (2018)

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note . If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Λ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6-		Х
	solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
_	gifts were not tax deductible?	ab		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		Х
	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
		70		
	, , , , , , , , , , , , , , , , , , , ,	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
٠	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2018

Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			.,
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	Х	
	one or more members of the governing body?	1 a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
8	stockholders, or persons other than the governing body?			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	1 7 7 3	124		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?	122		
С	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Coot	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Section 6404 requires an experimentary to make its Forms 4003 (4004 or 4004 A if applicable), 000, and 000 T	/C==	tio- 5	04/->
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O)	(Sec	tion 5	001(C)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 record JENNIFER POTTER 101 VERA KING DR. GALLOWAY, NJ 08205	s 🕨		

Form **990** (2018)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.												
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle: er an	Pos heck ss pe	erson	e han o is both tor/trus: Highest compensated	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1)DR. EDWARD H. SALMON	2.00											
PRESIDENT	0.	Х		X				0.	0.	0.		
(2) DR. ANNE HARLAN	2.00											
VICE PRESIDENT	0.	Х		Х				0.	0.	0.		
(3)HON. DENNIS LEVINSON	2.00											
TRUSTEE	0.	Х						0.	0.	0.		
(4)STEPHEN DOUGHERTY	2.00											
TRUSTEE	0.	X						0.	0.	0.		
(5)TIM SULLIVAN	2.00											
TRUSTEE	0.	Х						0.	0.	0.		
(6) DR. HARVEY KESSELMAN	2.00											
TRUSTEE (PRESIDENT OF UNIV)	33.00	Х						0.	430,710.	187,648.		
(7)MICHAEL ANGULO, ESQ.	2.00											
TRUSTEE (VP A&F - UNIVERSITY)	33.00	X						0.	197,431.	37,111.		
(8)MEG WORTHINGTON	2.00											
TRUSTEE	0.	X						0.	0.	0.		
(9) SAMUEL YOUNG	2.00											
TRUSTEE	0.	X						0.	0.	0.		
(10) JOHN LAMEY, JR.	2.00											
TRUSTEE	0.	X						0.	0.	0.		
(11)MONICA O'KANE	2.00											
TRUSTEE	0.	X						0.	0.	0.		
(12) TED ONUWA, JR.	2.00											
TRUSTEE (END 12/31/18)	0.	X						0.	0.	0.		
(13) TYLER RODRIGUEZ	2.00											
TRUSTEE (BEG 2/20/19)	0.	X						0.	0.	0.		
(14)MATTHEW DOHERTY	2.00											
TRUSTEE	0.	X						0.	0.	0.		

Form 990 (2018)

JSA

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	ıplo	ye	es,	and I	ligi	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	(do r box, office	not cl unles	Pos heck ss pe	c) sition more erson direct	e han o	one an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest ∞mpensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) STEVE MAZUR	2.00			.,					0	
TREASURER 16) HOWARD KYLE	2.00			X				0.	0.	0
SECRETARY	0.	1		Х				0.	0.	0
17) JOHN WILEY (END 9/1/2018)	35.00									
EXECUTIVE DIRECTOR	0.	1		Х				32,000.	0.	0
		-								
		-								
		-								
		_								
1b Sub-total							•	0.	628,141.	224,759
c Total from continuation sheets to Part VII, S	ection A							32,000.	0.	224 , 759
d Total (add lines 1b and 1c)								32,000.	-	224, 159
2 Total number of individuals (including but not reportable compensation from the organizatio		0.		u a	DOV	e) wiid	o ie	cerved more man	\$ 100,000 OI	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	50,0	00?	? If	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors										
 Complete this table for your five highest com- compensation from the organization. Report of year. 										
							_	(B)		(C)

(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Part VIII Statement of Pevenue

ı u	VIII	Check if Schedule O contains a respor	se or note to ar	nv line in this Part \	/III		
				(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 b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . 1f	289,833. 22,956. 22,956.				
ရှိ ပိ	g	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		312,789.			
nue			Business Code				
Program Service Revenue	2a b c d	MEMBERSHIP FEES	926120	22,916.	22,916.		
Jrar	e						
Proc	f g	All other program service revenue Total. Add lines 2a-2f		22,916.			
	3	Investment income (including dividen and other similar amounts)	ds, interest,	0.			
	4	Income from investment of tax-exempt bond	proceeds . ►	0.			
	5	Royalties		0.			
	6a b c d 7a	Gross rents	(ii) Personal	0.			
	c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		0.			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0.				
U	1	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 a	_				
	b	Less: direct expenses b		0.			
	10a	Net income or (loss) from gaming activities. Gross sales of inventory, less returns and allowances	0.	0.			
		Less: cost of goods sold b		_			
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	0.			
	14-		Daomicos coue				
	11a b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions		335,705.	22,916.		
							000

NATIONAL AVIATION RESEARCH AND TECHNOLOGY

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 (D) Fundraising (C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 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. Compensation of current officers, directors, 0. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 22,230. 22,230. 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 9,627. 9,627. Other employee benefits 0. 11 Fees for services (non-employees): 339,602. 339,602 a Management 38,609. 38,609. 19,700. 19,700. c Accounting 0. d Lobbying 0. e Professional fundraising services. See Part IV, line 17. 0. f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 0 (A) amount, list line 11g expenses on Schedule O.). 63. 63. Advertising and promotion 12 193. 193. 13 Office expenses 0. 14 Information technology...... 0. 15 0. 16 0. 17 18 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 11,879. 11,879. Conferences, conventions, and meetings 19 60,474. 60,474. 0. 21 1,757. 1,757. 22 Depreciation, depletion, and amortization 5,768. 5,768. 23 24 Oher 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) 13,835. 13,835. aGENERAL MAINTENANCE DUES AND MEMBERSHIPS 520. 520. cLICENSES AND FEES 415. 415. dPOSTAGE/SHIPPING 21. 6,923. 6,923. e All other expenses 505,955 531,616. 25,661 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) 0.

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Part X Balance Sheet

		Check if Schedule O contains a response of	r not	e to any line in this Pa	art X		
-		·		-	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			7,924.		48,458.
	2	Savings and temporary cash investments			148,856.	2	138,690.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			0.	4	0.
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co			0	_	0
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	one (a	defined under section	0.	5	0.
	"	4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) volu			0.		0.
ts	_	organizations (see instructions). Complete Part II of Sche			2,084.		7,459.
Assets	7	Notes and loans receivable, net			2,004.	7	0.
ä	8	Inventories for sale or use			4,923.		375.
	9	Prepaid expenses and deferred charges			4,923.	9	373.
	TUA	Land, buildings, and equipment: cost or	10-	40,836.			
		other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a		11,309.	40-	38,942.
	11					11	0.
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11			0.		0.
	13	Investments - other securities, see Part IV, line 11 Investments - program-related. See Part IV, line 11			0.	12	0.
	14				0.	15	0.
	15	Intangible assets Other assets. See Part IV, line 11			0.	17	0.
	16	Total assets. Add lines 1 through 15 (must equal			175,096.	1.5	233,924.
-	17	Accounts payable and accrued expenses			117,219.		214,339.
	18	Grants payable			0.		0.
	19	Deferred revenue			0.	_	0.
	20	Tax-exempt bond liabilities			0.	_	0.
	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0.		0.
S	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen					
abi		disqualified persons. Complete Part II of Schedule	L		0.	22	0.
=	23	Secured mortgages and notes payable to unrelate			0.	23	-20,694.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			1,458,920.	25	1,637,233.
	26	Total liabilities. Add lines 17 through 25			1,576,139.	26	1,830,878.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here X and			
ăn Ç	27	Unrestricted net assets			-1,401,043.	27	-1,596,954.
3al	28	Temporarily restricted net assets			0.	28	0.
ĕ	29	Permanently restricted net assets			0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
Ş	30	_ ·				30	
set	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
As	32	Retained earnings, endowment, accumulated inco				32	
Net	33	Total net assets or fund balances	-,		-1,401,043.	33	-1,596,954.
_	34	Total liabilities and net assets/fund balances			175,096.	34	233,924.
	i				,		Form 990 (2018)

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Part								
	Check if Schedule O contains a response or note to any line in this Part XI	$\overline{}$			25.5	205		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			35,7			
2	Total expenses (must equal Part IX, column (A), line 25)	2			31,6			
3	Revenue less expenses. Subtract line 2 from line 1	3			95,9			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-1,401,043. 0.				
5	5 Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6				0.		
7	Investment expenses	7				0.		
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10	_	1,5	96,9	54.		
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: Cash X Accrual Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		L	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi		n a					
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis X Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	aht					
	of the audit, review, or compilation of its financial statements and selection of an independent acc		_	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, e							
	Schedule O.							
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in					
	the Single Audit Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the					
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of he Treasury Internal Revenue Service 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.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization NATIONAL AVIATION RESEARCH AND TECHNOLOGY Employer identification number PARK, INC. 26-3166908 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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 331/3 % 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 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) FIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2018

Total

Schedule A (Form 990 or 990-EZ) 2018

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 fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	326,000.	2,250.	293,105.	305,751.	312,789.	1,239,895.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	326,000.	2,250.	293,105.	305,751.	312,789.	1,239,895.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						0.			
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4						1,239,895.			
	tion B. Total Support						1,239,093.			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4 · · · · · · · · · ·	326,000.	2,250.	293,105.	305,751.	312,789.	1,239,895.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				·		0.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1		19,620.				19,620.			
11	Total support. Add lines 7 through 10						1,259,515.			
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	106,666.			
13	First five years. If the Form 990 is for organization, check this box and stop here.			d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶			
Sec	tion C. Computation of Public Supp	oort Percenta	ge							
14	Public support percentage for 2018 (lin					14	98.44%			
15	Public support percentage from 2017		•			15				
16a	331/3% support test - 2018. If the org						. 77			
	box and stop here . The organization qu	•		-						
b	331/3% support test - 2017. If the org									
47-	this box and stop here . The organization			_						
1/a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	_								
b	Part VI how the organization meets the organization	he "facts-and-c	ircumstances" te	est. The organiz	zation qualifies	as a publicly su	ipported			
	15 is 10% or more, and if the organization in Part VI how the organization supported organization	nization meets on meets the "	the "facts-and facts-and-circum	-circumstances" stances" test.	test, check the the organization	nis box and sto n qualifies as a	publicly			
18	Private foundation. If the organization instructions									

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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.)

202	tion A. Public Support			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/	
		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(u) 2014	(5) 2010	(6) 2010	(4) 2017	(e) 2010	(i) rotai
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here .						▶
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2018 (line 8,					. 15	%
16	Public support percentage from 2017 Sche					16	%
Sec	tion D. Computation of Investment					T T	
17	Investment income percentage for 2018 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2017 S					18	%
19 a	331/3% support tests - 2018. If the org			•		•	
	17 is not more than 331/3%, check thi	s box and stor	here. The orga	anization qualifies	s as a publicly	supported organi	zation . ►
b	331/3 % support tests - 2017. If the orga				•		
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and see instr	uctions >

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Part IV **Supporting Organizations**

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

Se

	on 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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10 a	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 10b below.	10a		

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.)

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	_		
04		2		
Section	on C. Type II Supporting Organizations		V	NI -
			res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Saction	on D. All Type III Supporting Organizations	1		
Section	on b. All Type III Supporting Organizations		Voc	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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 ins	tructi	ons).	
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izatio	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust (on Nov. 20, 1970 (explai	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	ations	must complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(7t) Thoi Teal	(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) Dries Vees	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	/ integ	rated Type III supporting	g organization (see

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instructions).

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

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rarı		Supporting Organizat	ions (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	46		
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	the organization is resp	onsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	Line 8 amount divided by line 9 amount		/** <u>)</u>	/····\
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from			
4	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			
			Cabadula	A /Form 990 or 990 E7) 2018

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

				•		•	,	
							ATTACHMENT 1	
SCHEDULE A,	PART I	I - OTHER	INCOME					
DESCRIPTION		2014	2015	5	2016	2017	2018	TOTAL
REIMBURSEMENT				2,000.				2,000.
MISCELLANEOUS			1	7,620.				17,620.
TOTALS				.9,620.			-	19,620.
TOTALD				3,020.			=	15,020.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of he Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

NATIONAL AVIATION RESEARCH AND TECHNOLOGY 26-3166908 PARK, INC. Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (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** $\lfloor exttt{X}
floor$ 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

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

Name of organization NATIONAL AVIATION RESEARCH AND TECHNOLOGY Employer identification number 26-3166908 PARK, INC.

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$ <u>289,833.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number Name of organization NATIONAL AVIATION RESEARCH AND TECHNOLOGY 26-3166908 PARK, INC.

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
1	LOAN DISCOUNT		
		\$\$22,956.	09/28/2018
(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
		\$	

Employer identification number

Name of organization NATIONAL AVIATION RESEARCH AND TECHNOLOGY

	PARK, INC.			26-3166908	
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use d	the year from any one co ons completing Part III, en e year. (Enter this informa	ontributor. Con Iter the total of ϵ	nplete columns (a) through (e) and exclusively religious, charitable, etc.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of git			
	Transferee's name, address, an	d ZIP + 4	Relationsh	ip of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, an	(e) Transfer of gif		ip of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of git	-		
	Transferee's name, address, an	d ZIP + 4	Relationsh	ip 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 git			
	Transferee's name, address, an		Relationship of transferor to transferee		

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

► 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.

2018
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service
Name of the organization

Department of the Treasury

NATIONAL AVIATION RESEARCH AND TECHNOLOGY

Employer identification number

PAF	K, INC.	26-3166908
$\overline{}$	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	
1 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	• • • • • • • • • • • • • • • • • • • •
2	Aggregate value of contributions to (during year)	
3		
4	Aggregate value of grants from (during year)	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	n donor advisod
3	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant full	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	
	conferring impermissible private benefit?	
Pa	rt Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	Yes L No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	-
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial organization's accounting for conservation easements.	ar statements that describes the
Pa	rt 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.	Olimai Abbeto.
1a		evenue statement and halance sheet
ıu	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ	eation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re works of art, historical treasures, or other similar assets held for public exhibition, educ	
	public service, provide the following amounts relating to these items:	auon, or research in futilierance of
	(i) Revenue included on Form 990, Part VIII, line 1	▶\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

Page 2 Schedule D (Form 990) 2018

Pa	t III Organizations Maintaining Col	lections of Art,	Historical Tre	asures,	or Oth	er Similar Ass	ets (cc	ontinued	()			
3	Using the organization's acquisition, acce	ession, and other	records, chec	k any of	the fol	lowing that are a	a signif	ficant us	e of its			
	collection items (check all that apply):											
а	Public exhibition		d Loan	or exchai	nge prog	grams						
b	Scholarly research		e Other									
С	Preservation for future generations											
4	Provide a description of the organization'	s collections and	d explain how	hey furtl	her the	organization's ex	xempt	purpose	in Part			
	XIII.											
5	During the year, did the organization solicit	or receive dona	tions of art, hist	orical tre	asures,	or other similar						
	assets to be sold to raise funds rather than	to be maintained	as part of the	organizat	tion's co	llection?	🗆	Yes	No			
Pa	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, custo							_				
	included on Form 990, Part X?						L	Yes	No			
b	If "Yes," explain the arrangement in Part X	III and complete	the following tal	ole:								
						Am	ount					
С	Beginning balance			[1c							
d	Additions during the year			🗠	1d							
е	Distributions during the year			[1e							
f	Ending balance				1f							
	Did the organization include an amount on							Yes	No			
	If "Yes," explain the arrangement in Part X	III. Check here it	the explanation	has bee	n provid	ed on Part XIII .						
Pa	t V Endowment Funds.	1.115.7 11										
	Complete if the organization an											
	(a) C	urrent year	(b) Prior year	(c) Two	years bac	k (d) Three years	back	(e) Four ye	ears back			
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the c	•	palance (line 1g,	column ((a)) held	as:						
а	Board designated or quasi-endowment	%										
	Permanent endowment											
С	Temporarily restricted endowment											
_	The percentages on lines 2a, 2b, and 2c s											
3a	Are there endowment funds not in the pos	session of the or	ganization that	are held	and ad	ministered for the		V	es No			
	organization by:								es NO			
	(i) unrelated organizations							3a(i)				
	(ii) related organizations							3a(ii) 3b				
	If "Yes" on line 3a(ii), are the related organ							30				
4	Describe in Part XIII the intended uses of tyle Land, Buildings, and Equipmen		s endowment iu	ius.								
Γα	Complete if the organization ar	nswered "Yes" o	on Form 990,	Part IV, I	line 11a	a. See Form 99	0, Par	t X, line	10.			
	Description of property	(a) Cost or other		or other bas		Accumulated	(d)	Book value	9			
1 =	Land	(investment)	(0	ther)	0	lepreciation						
	Buildings											
	Leasehold improvements			29,393	1.	123.		2.0	9,268.			
	Equipment		+	11,44		1,771.			9,674.			
	Other			,,					, -, -,			
	. Add lines 1a through 1e. (Column (d) mu). Part X. colum	n (B) line	2 10c.)	•		38	3,942.			

Schedule D (f	Form 990) 2018		Page 3
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	al derivatives		
(2) Closely	-held equity interests		
(3) Other_			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12)		
Part VIII	Investments - Program Related.	"Ves" 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:
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	n (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) Des	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	umn (b) must equal Form 990, Part X, col. (B) li	ino 15)	
Part X	Other Liabilities.), Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie l
(1) Feder	ral income taxes		
	PAYABLE TO UNIVERSITY	1,341,	700.
	REST PAYABLE TO UNIVERSITY	190,8	
(4) DUE	TO UNIVERSITY	104,	716.
(5)			
(6)			
(7)			
(8)			
(9)	# 15 000 D 12 17D 17	1 637 1	223

JSA 8E1270 1.000

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018 Page **4**

Part	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.	3
1 2 a b	Total revenue, gains, and other support per audited financial statements	1	382,063.
c d	Recoveries of prior year grants. Other (Describe in Part XIII.)	2e	46,358.
e 3 4 a b	Add lines 2a through 2d	3	335,705.
5 Part	Add lines 4a and 4b	4c 5 rn.	335,705.
1 2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4a Other (Describe in Part XIII.)	2e 3	577,974. 46,358. 531,616.
Provid 2; Part	Add lines 4a and 4b		531, 616. ne 4; Part X, line

JSA 8E1271 1.000

Part XIII Supplemental Information (continued)

ASC 740 (FIN 48) FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION FOLLOWS THE FINANCIAL ACCOUNTING STANDARDS BOARD

("FASB") GUIDANCE THAT REQUIRES A TAX POSITION TO BE RECOGNIZED OR

DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO BE SUSTAINED

IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE

ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF

THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY

BE CHALLENGED. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS

INCLUDE ANY UNCERTAIN TAX POSITIONS FOR WHICH RECOGNITION OR DISCLOSURE

IS WARRANTED. THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST RELATED

TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN

OPERATING EXPENSE. NO INTEREST OR PENALTIES WERE RECOGNIZED IN 2019.

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXATION, NEVERTHELESS, IT MAY BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE TAX YEARS ENDED JUNE 30, 2019, 2018, AND 2017 REMAIN OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

RECONCILIATION OF REVENUE WITH AFS

SCHEDULE D, PART XI, LINE 2D

IN KIND REVENUE - SERVICES \$46,358

Part XIII Supplemental Information (continued)

RECONCILIATION OF EXPENSES WITH AFS

SCHEDULE D, PART XII, LINE 2D

IN KIND EXPENSES - SERVICES \$46,358

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information
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.

NATIONAL AVIATION RESEARCH AND TECHNOLOGY

OMB No. 1545-0047

Open to Public Inspection

Schedule J (Form 990) 2018

Employer identification number 26-3166908

PARK, INC. Part I Questions Regarding Compensation

			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Discretionary spending account reisonal services (such as maid, chadiled)			
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	46		
•	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:	_		37
a	, , , , , , , , , , , , , , , , , , , ,	4a	37	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	37
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion 504/a\(2) 504/a\(4) and 504/a\(20) argonizations must complete lines 5.0			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
9	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:	E 0		X
a	The organization?	5a		X
b	,	5b		71
6	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
0				
_	compensation contingent on the net earnings of: The organization?	6a		X
a				X
D	Any related organization?	6b		Λ
_	,			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		Х
8	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
0				
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			Х
	in Part III	8		Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	_		
	Regulations Section 33.4830-0(C)?	9		1

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

26-3166908

Schedule J (Form 990) 2018 Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DR. HARVEY KESSELMAN	(i)	0.	0.	0.	0.	0.	0.	0.
1TRUSTEE (PRESIDENT OF UNIV)	(ii)	348,943.	0.	81,767.	187,000.	648.	618,358.	0.
MICHAEL ANGULO, ESQ.	(i)	0.	0.	0.	0.	0.	0.	0.
2TRUSTEE (VP A&F - UNIVERSITY)	(ii)	195,596.	0.	1,835.	16,665.	20,446.	234,542.	0.
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

Part | 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.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

DR. KESSELMAN PARTICIPATES IN TWO IRC SECTION 457(F) PLANS. STOCKTON

UNIVERSITY, A RELATED ORGANIZATION, CONTRIBUTED \$165,000 DURING THE

CALENDAR YEAR TO THE PLANS.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

PARK, INC.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization NATIONAL AVIATION RESEARCH AND TECHNOLOGY

Employer identification number 26-3166908

GOVERNING BODY DELEGATE AUTHORITY TO ACT ON ITS BEHALF FORM 990, PART VI, SECTION A, LINE 1

THE EXECUTIVE COMMITTEE OF THE BOARD SHALL CONSIST OF THE CHAIR, VICE CHAIR, SECRETARY, TREASURER, AND PRESIDENT OF THE ORGANIZATION. IN ADDITION, THE BOARD MAY IN ITS DISCRETION APPOINT AN ADDITIONAL MEMBER OF THE BOARD TO SERVE ON THE EXECUTIVE COMMITTEE. THE TERM OF ANY SUCH APPOINTMENT, IF MADE IN ANY GIVEN YEAR, SHALL BE ONE YEAR PROVIDED SUCH INDIVIDUAL CONTINUES TO SERVE AS A BOARD MEMBER. TO THE EXTENT ALLOWED BY LAW, THE EXECUTIVE COMMITTEE SHALL BE VESTED WITH ALL THE POWERS AND OBLIGATIONS OF THE BOARD OF DIRECTORS IN BETWEEN BOARD MEETINGS. ANY TIME IMMEDIATE ACTION IS REQUIRED TO BE TAKEN BY THE EXECUTIVE COMMITTEE SUCH ACTION SHALL BE RATIFIED AT THE NEXT REGULARLY SCHEDULED BOARD MEETING. AT ALL MEETINGS OF THE EXECUTIVE COMMITTEE, A MAJORITY OF THE MEMBERS OF THE EXECUTIVE COMMITTEE, AND SUFFICIENT TO CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS; AT A MEETING AT WHICH THERE IS A QUORUM PRESENT, ACTION BY A MAJORITY OF A QUORUM SHALL BE THE ACT OF THE EXECUTIVE COMMITTEE.

MEMBERS STOCKHOLDERS WHO MAY ELECT

FORM 990, PART VI, SECTION A, LINE 7A

THE BOARD OF DIRECTORS IS APPOINTED BY THE BOARD OF TRUSTEES OF STOCKTON UNIVERSITY. THE PRESIDENT OF THE UNIVERSITY NOMINATES THE MEMBERS OF THE BOARD OF DIRECTORS. THE PRESIDENT OF STOCKTON UNIVERSITY, OR HIS/HER DESIGNEE WILL HAVE CONTINUOUS APPOINTMENT ON THE BOARD.

Name of the organization NATIONAL AVIATION RESEARCH AND TECHNOLOGY

PARK, INC.

Employer identification number
26-3166908

COMMITTEE MEETINGS

FORM 990, PART VI, SECTION A, LINE 8B

WHILE THERE ARE NO FORMAL MINUTES TAKEN AT AUTHORIZED COMMITTEE MEETINGS,

STAFF SUPPORT MEMBERS PRESENT DO TAKE NOTES REGARDING DECISIONS THAT ARE

MADE AND FOLLOW-UP ACTIONS THAT MUST BE TAKEN.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11

THE FORM 990 IS PREPARED BY AN OUTSIDE PUBLIC ACCOUNTING FIRM BASED ON INFORMATION SUBMITTED BY MANAGEMENT OF THE ORGANIZATION. THE PREPARED 990 IS REVIEWED BY THE CHAIR OF FINANCE AND AUDIT COMMITTEE AND THEN ELECTRONICALLY SENT TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS FOR THE REVIEW AND COMMENT PRIOR TO FILING WITH THE IRS.

WRITTEN CONFLICT OF INTEREST POLICY
FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY IS REVIEWED AND FORMS ARE COMPLETED ANNUALLY.

THE FORMS ARE REVIEWED BY MANAGERIAL LEVEL STAFF. ALL INDIVIDUALS WITH

DECISION MAKING AUTHORITY ARE COVERED UNDER THE POLICY. POTENTIAL

CONFLICTS ARE REVIEWED BETWEEN THE PRESIDENT OF THE UNIVERSITY AND THE

BOARD CHAIR OF NARTP. ACTUAL CONFLICTS ARE DISCUSSED BY THE BOARD.

PERSONS WITH A CONFLICT ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION

OF THE SUBSTANCE OF ANY MATTER TOUCHING ON THE CONFLICT AND TO REFRAIN

FROM PARTICIPATING IN ANY DECISIONS RELATING TO THE AREA OF CONFLICT.

DETERMINING COMPENSATION OF ORGANIZATION TOP MANAGEMENT OFFICIAL FORM 990, PART VI, SECTION B, LINE 15

THE ORGANIZATION DOES NOT ITSELF COMPENSATE ANY OF THE TOP MANAGEMENT
OFFICIALS OR OTHER OFFICERS OF THE ORGANIZATION. A RELATED ORGANIZATION
ESTABLISHES THE COMPENSATION OF THOSE INDIVIDUALS COMPENSATED BY THAT
ENTITY. STOCKTON UNIVERSITY PARTICIPATES IN THE NEW JERSEY ASSOCIATION OF
STATE COLLEGES AND UNIVERSITIES (NJASCU). THE PRESIDENTS OF THE MEMBER
SCHOOLS OF NJASCU REGULARLY SHARE INFORMATION AND CONFER ABOUT THE
SALARIES OF THE TOP-LEVEL POSITIONS AT THEIR INSTITUTIONS. IN ADDITION,
AS WITH ALL PUBLIC EMPLOYEES IN NEW JERSEY, THE SALARY OF THE EXECUTIVE
DIRECTOR IS SUBJECT TO PUBLIC DISCLOSURE AND REVIEW.

ORGANIZATION MADE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 7

NATIONAL AVIATION RESEARCH AND TECHNOLOGY PARK, INC. DOES NOT HAVE ANY EMPLOYEES OR COMPENSATE ANY INDIVIDUALS. ALL INDIVIDUALS LISTED ON PART VII, ARE COMPENSATED BY A RELATED ORGANIZATION, STOCKTON UNIVERSITY.

THEREFORE, THE AMOUNTS REPORTED ON PART IX, LINE 7 (OTHER SALARIES AND WAGES) REPRESENT AN OVERHEAD CHARGE PAID TO STOCKTON UNIVERSITY.

FORM 990, PART X, LINE 24

Page 2 Schedule O (Form 990 or 990-EZ) 2018

Name of the organization NATIONAL AVIATION RESEARCH AND TECHNOLOGY Employer identification number PARK, INC. 26-3166908

FORM 990, PART X, LINE 24

UNSECURED NOTES AND LOANS PAYABLE TO UNRELATED THIRD PARTIES:

LOAN PAYABLE TO CASINO REINVESTMENT DEVELOPMENT AUTHORITY,

NET OF UNAMORTIZED DISCOUNT OF \$22,418 AT JUNE 30, 2019 \$51,117

LESS: DEFERRED FINANCING COSTS, NET (71,811)

LINE 24 (20,694)

=======

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization PARK, INC.

Part I

NATIONAL AVIATION RESEARCH AND TECHNOLOGY

Employer identification number

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

26-3166908

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state	Total income	End-of-year assets	Direct controlling
Name, address, and Lin (ii applicable) of disregarded entity	Filliary activity	Legal domicile (state or foreign country)	Total Income	Lifu-or-year assets	
		or foreign country)			entity
(4)					
<u>(1)</u>					
(2)					
(2)]				
(3)					
(0)	1				
(4)					
(4)	-				
(5)					
	-				
(6)					
(6)	1				
				1	I

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. Part II

(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	Section 5 contr enti	1) 12(b)(13) colled ity?
						Yes	No
(1) STOCKTON UNIVERSITY 22-2832788 101 VERA KING FARRIS GALLOWAY, NJ 08205			504 (5) (0)	0.5			
101 VERA KING FARRIS GALLOWAI, NO 00205	HIGHER ED	NJ	501 (C) (3)	06	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (g) (h) (j) (k) (e) Predominant Name, address, and EIN of Primary activity Legal Direct controlling Share of total Share of end-of-Code V - UBI General or Percentage Disproportionate income (related, related organization domicile income amount in box 20 entity year assets allocations? managing ownership unrelated. (state or of Schedule K-1 partner? excluded from foreign tax under sections 512 - 514) (Form 1065) country) Yes No Yes No (1) (2) (3) (4)

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	Sec 512(t contr ent	tion b)(13 troller tity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

(5)

(6)

(7)

Schedule R (Form 990) 2018

Scriedule R (F	-0111 990/2010	rage
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	. 1	a	X
b	Gift, grant, or capital contribution to related organization(s)	. 11	0	X
С	Gift, grant, or capital contribution from related organization(s)		6	X
	Loans or loan guarantees to or for related organization(s)		ı	X
	Loans or loan guarantees by related organization(s)		X	
·	Louis of four guarantoos by fouted organization(s)			
f	Dividends from related organization(s)	1	F	X
			-	Х
g		•		X
	Purchase of assets from related organization(s)	. —		X
!	Exchange of assets with related organization(s).	. –	_	X
J	Lease of facilities, equipment, or other assets to related organization(s)	· '		71
		41		X
k	Lease of facilities, equipment, or other assets from related organization(s)			X
ı	Performance of services or membership or fundraising solicitations for related organization(s)			X
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)	. 11		
0	Sharing of paid employees with related organization(s)	. 10	X	
р	Reimbursement paid to related organization(s) for expenses	. 1	X	
q	Reimbursement paid by related organization(s) for expenses	. 10	1	X
r	Other transfer of cash or property to related organization(s)	. 1	r	X
s	Other transfer of cash or property from related organization(s)	. 19	3	X
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 the	nresho	lds.	
	(a) (b) (c)	(d)		
		od of d		ing
	type (a 3)	Junt II	TOITCU	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2018

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

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

(a) Name, address, and E N of entity	(b) Primary activity Legal domicile (state or foreign country) Unrelated, excluded from tax under (stations?) (d) (e) Predominant income (related, excluded section from tax under (stations) (c) (d) (e) Predominant income (related, excluded from tax under (stations) (stations) (d) (e) Predominant income (stations) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		(f) Share of total income	Share of Share of			(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) eral or aging ner?	(k) Percentag ownership		
			sections 512-514)	No			Yes	No	(, , , , , , , , , , , , , , , , , , ,	Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)												

Schedule R (Form 990) 2018 Page 5

Part VII Supplemental Information

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

FEDERAL FOOTNOTES

FEDERAL FORM 990 AND 990T, NAME CHANGE: THE ORGANIZATION'S NAME HAS BEEN CORRECTED TO REMOVE THE AMPERSAND SIGN "&" AND TO SPELL OUT THE WORD "AND". THIS WAS NOT AN OFFICIAL CHANGE, BUT RATHER A CORRECTION OF AN ERROR.

Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0687 (and proxy tax under section 6033(e)) 07/01, 2018, and ending 06/30, 2019 For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Employer identification number Check box if Name of organiza ion (|X| Check box if name changed and see instruc ions.) (Employees' trust, see instructions.) address changed NATIONAL AVIATION RESEARCH AND TECHNOLOGY PARK, INC. B Exempt under section Print Number, street, and room or suite no. If a P.O. box, see instructions. 26-3166908 X 501(C) Unrelated business activity code 220(e) 408(e) Type (See instructions.) 600 AVIATION RESEARCH BLVD. 120 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) EGG HARBOR TOWNSHIP, NJ 08234 C Book value of all assets at end of year Group exemption number (See instructions.) 233,924. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust **H** Enter the number of the organization's unrelated trades or businesses. \blacktriangleright 1 Describe the only (or first) unrelated trade or business here ► ATCH 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. Yes X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶JENNIFER POTTER Telephone number ► 609-652-4381 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales b Less returns and allowances Cost of goods sold (Schedule A, line 7) 2 2 3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b 4c С 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 12 0. 13 Total. Combine lines 3 through 12. 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, Part II deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) Salaries and wages 15 15 16 Repairs and maintenance 16 17 17 18 Interest (attach schedule) (see instructions) 18 19 19 20 Charitable contributions (See instructions for limitation rules) 20 21 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22b 23 23 24 Contr butions to deferred compensation plans 24 25 Employee benefit programs Excess exempt expenses (Schedule I). 26 26 27 Excess readership costs (Schedule J) 27

For Paperwork Reduction Act Notice, see instructions. 8X2740 1 000 2 JM 700P 4/21/2020 6:00:

Other deductions (attach schedule) . . .

Total deductions. Add lines 14 through 28.

Unrelated business taxable income. Subtract line 31 from line 30

28

29

30

Form **990-T** (2018)

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

28

29

30

31

Form	990-1 (2018)			Page Z
Par	t III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions)	33		
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
00	instructions)	25		
		35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
	of lines 33 and 34	36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	38		0.
Par	t IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39		
		39		
40				
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40		
41	Proxy tax. See instructions	41		
42	Alternative minimum tax (trusts only)	42		
43	Tax on Noncompliant Facility Income. See instructions	43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		
Par	t V Tax and Payments			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
		-		
	Other credits (see instructions)	-		
	General business credit. Attach Form 3800 (see instructions)	4		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	_		
е	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46		
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47		
48	Total tax. Add lines 46 and 47 (see instructions)	48		0.
		49		
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
	Payments: A 2017 overpayment credited to 2018	-		
	2018 estimated tax payments	_		
C	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions)			
f		1		
a	Other credits, adjustments, and payments: Form 2439	1		
8				
-4		1		
51	Total payments. Add lines 50a through 50g	51		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶ Refunded ▶	55		
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	s)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		authority Y	es No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	_		
		Torcigii	country	Х
	here >		—— <u> </u>	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the transported and complete Declaration of expenses (other than to require the penalties of expenses that the penalties	est of my	knowledge and	belief, it is
Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		00 d: ::	
Her	- CAMILET VOLING	•	RS discuss th preparer show	
	- '		ns)? X Yes	No
	Print/Type preparer's name Preparer's signature Date		PTIN	110
Paid	Check			202
	RUSSLEE ARTSIKONG self-e	employed	P00288	
•	Firm's name FORANT THORNTON LLE	s EIN 🕨	36-60555	558
	Firm's address > 2001 MARKET STREET, SUITE 700, PHILADELPHIA, PA 19103 Phone	e no. 21!	5-561-42	00

Form **990-T** (2018)

Form 990-1 (2018)											Page 3
Schedule A - Cost of G	oods Sold. Er	ter method	d of invent	tory v	/aluation	>					
1 Inventory at beginning of y	year 1			6	Inventory	at end of year	ar	6			
2 Purchases	2						ld. Subtract line				
3 Cost of labor					6 from	line 5. Er	nter here and in				
4a Additional section 263A c				1				7			
(attach schedule)	1 1			8	Do the	rules of	section 263A (w	ith r	espect to	Yes	No
b Other costs (attach schedu				1			or acquired for		•		
5 Total. Add lines 1 through	,			1							Х
Schedule C - Rent Income		roperty a	nd Perso	nal	Property	Leased V	Vith Real Proper	tv)			
(see instructions)	o (i roin itoui i	. opolity a	114 1 0100	, i.a.	· · oporty		Titil Roal I Topol	٠,			
1. Description of property											
(1)											
(2)											
(3)											
(4)											
(4)	2. Rent recei	yod or accru	od								
							+				
(a) From personal property (if the for personal property is more the					onal property sonal propert		3(a) Deductions di in columns 2(a				
more han 50%					d on profit or		iii columnis 2(c	a) and 2	.(b) (attach 30	ilicaulc)	
(1)											
(2)											
(3)											
(4)											
Total		Total					(b) Total deductio	ns.			
(c) Total income. Add totals of c	` ,	,					Enter here and on	page '			
here and on page 1, Part I, line 6							Part I, line 6, colun	nn (B)	<u> </u>		
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instruct	tions)			Dadaadaa aliaadhaaa			l. I	
					ne from or	3.1	Deductions directly con debt-finance			DIE 10	
1. Description of de	bt-financed property		1	e to det proper	ot-financed tv		ht line depreciation		(b) Other ded		
			'		-,	(atta	ach schedule)		(attach sche	edule)	
<u>(1)</u>											
(2)											
(3)											
(4)	1										
 Amount of average acquisition debt on or 	5. Average adju of or alloca		6	. Colur	mn	7 0	to a constant of the	8.	Allocable de	ductions	s
allocable to debt-financed	debt-financed		1	4 divide			income reportable n 2 x column 6)	(colu	ımn 6 x total		กทร
property (attach schedule)	(attach sche	edule)	by	colum	nn 5	,	,		3(a) and 3	S(b))	
<u>(1)</u>					%						
(2)					%						
(3)					%						
(4)					%						
							re and on page 1,	Ente	er here and	on page	e 1,
						Part I, lir	ne 7, column (A).	Par	t I, line 7, co	olumn (l	В).
Totals					>						
Total dividends-received deduct	tions included in co	olumn 8									

Schedule F—Interest, Annu	uities, Royalties				m Contro		_	ions (see	instruction	ons)		
Name of controlled organiza ion	2. Employer identification numb		3. Net	unrela	ated income	4. Total	of specified	included	f column 4 the in the control ion's gross in	olling	6. Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organiz	zations						40.5					
7. Taxable Income	8. Net unrelated ir (loss) (see instruc		9. Total of specified payments made				inclu	ort of column led in the co zation's gros	ntrolling	11. Deductions directly connected with income column 10		
(1)												
(2)												
(3)												
(4)							A -1 -1	columns 5 a	-1.40		dd columns 6 and 11.	
Totals	ncome of a Sec	tion 5	 501(c))(7),			Enter Part	here and on I, line 8, colu	page 1, mn (A).	En	ter here and on page 1, art I, line 8, column (B).	
1. Description of income	2. Amount of	fincome			3. Deduction directly contact (attach sch	nnected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)												
(2)												
(3)							-					
(4) Totals ▶	Enter here and on pa Part I, line 9, column										Enter here and on page 1 Part I, line 9, column (B).	
Schedule I - Exploited Exe	mpt Activity In	come,	, Othe	r Th	an Advert	ising In	come (see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	conn prod ur	3. Expenses directly connected with production of unrelated usiness income		d with or business 2 minus col If a gain, cole 6 the		from a is not	ss income ctivity that unrelated ss income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)												
(2)												
(3)												
(4)												
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page	here an e 1, Par 10, col.	t I,							Enter here and on page 1, Part II, line 26.	
Schedule J- Advertising Ir	ICOME (see instr	uctions	:)									
Part I Income From Per	•		•	nsoli	dated Ba	sis						
1. Name of periodical	2. Gross adver ising income	3	3. Direct vertising costs		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		l	rculation come	6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))											Form 990-T (2018	

Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0687 (and proxy tax under section 6033(e)) 07/01, 2018, and ending 06/30, 2019 For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Employer identification number Check box if Name of organiza ion (|X| Check box if name changed and see instruc ions.) (Employees' trust, see instructions.) address changed NATIONAL AVIATION RESEARCH AND TECHNOLOGY PARK, INC. B Exempt under section Print Number, street, and room or suite no. If a P.O. box, see instructions. 26-3166908 X 501(C) Unrelated business activity code 220(e) 408(e) Type (See instructions.) 600 AVIATION RESEARCH BLVD. 120 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) EGG HARBOR TOWNSHIP, NJ 08234 C Book value of all assets at end of year Group exemption number (See instructions.) 233,924. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust **H** Enter the number of the organization's unrelated trades or businesses. \blacktriangleright 1 Describe the only (or first) unrelated trade or business here ► ATCH 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. Yes X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶JENNIFER POTTER Telephone number ► 609-652-4381 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales b Less returns and allowances Cost of goods sold (Schedule A, line 7) 2 2 3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b 4c С 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 12 0. 13 Total. Combine lines 3 through 12. 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, Part II deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) Salaries and wages 15 15 16 Repairs and maintenance 16 17 17 18 Interest (attach schedule) (see instructions) 18 19 19 20 Charitable contributions (See instructions for limitation rules) 20 21 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22b 23 23 24 Contr butions to deferred compensation plans 24 25 Employee benefit programs Excess exempt expenses (Schedule I). 26 26 27 Excess readership costs (Schedule J) 27

For Paperwork Reduction Act Notice, see instructions. 8X2740 1 000 2 JM 700P 4/21/2020 6:00:

Other deductions (attach schedule) . . .

Total deductions. Add lines 14 through 28.

Unrelated business taxable income. Subtract line 31 from line 30

28

29

30

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Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

28

29

30

31

Form	990-1 (2018)			Page Z
Par	t III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions)	33		
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
00	instructions)	25		
		35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
	of lines 33 and 34	36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	38		0.
Par	t IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39		
		39		
40				
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40		
41	Proxy tax. See instructions	41		
42	Alternative minimum tax (trusts only)	42		
43	Tax on Noncompliant Facility Income. See instructions	43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		
Par	t V Tax and Payments			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
		-		
	Other credits (see instructions)	-		
	General business credit. Attach Form 3800 (see instructions)	4		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	_		
е	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46		
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47		
48	Total tax. Add lines 46 and 47 (see instructions)	48		0.
		49		
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
	Payments: A 2017 overpayment credited to 2018	-		
	2018 estimated tax payments	_		
C	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions)			
f		1		
a	Other credits, adjustments, and payments: Form 2439	1		
8				
-4		1		
51	Total payments. Add lines 50a through 50g	51		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶ Refunded ▶	55		
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	s)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		authority Y	es No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	_		
		Torcigii	country	Х
	here >		—— <u> </u>	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the transported and complete Declaration of expenses (other than to require the penalties of expenses that the penalties	est of my	knowledge and	belief, it is
Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		00 d: ::	
Her	- CAMILET VOLING	•	RS discuss th preparer show	
	- '		ns)? X Yes	No
	Print/Type preparer's name Preparer's signature Date		PTIN	110
Paid	Check			202
	RUSSLEE ARTSIKONG self-e	employed	P00288	
•	Firm's name FORANT THORNTON LLE	s EIN 🕨	36-60555	558
	Firm's address > 2001 MARKET STREET, SUITE 700, PHILADELPHIA, PA 19103 Phone	e no. 21!	5-561-42	00

Form **990-T** (2018)

Form 990-1 (2018)											Page 3
Schedule A - Cost of G	oods Sold. Er	ter method	d of invent	tory v	/aluation	>					
1 Inventory at beginning of y	year 1			6	Inventory	at end of year	ar	6			
2 Purchases	2						ld. Subtract line				
3 Cost of labor					6 from	line 5. Er	nter here and in				
4a Additional section 263A c				1				7			
(attach schedule)	1 1			8	Do the	rules of	section 263A (w	ith r	espect to	Yes	No
b Other costs (attach schedu				1			or acquired for		•		
5 Total. Add lines 1 through	,			1							Х
Schedule C - Rent Income		roperty a	nd Perso	nal	Property	Leased V	Vith Real Proper	tv)			
(see instructions)	o (i roin itoui i	. opolity a	114 1 0100	, i.a.	· · oporty		Titil Roal I Topol	٠,			
1. Description of property											
(1)											
(2)											
(3)											
(4)											
(4)	2. Rent recei	yod or accru	od								
							+				
(a) From personal property (if the for personal property is more the					onal property sonal propert		3(a) Deductions di in columns 2(a				
more han 50%					d on profit or		iii columnis 2(c	a) and 2	.(b) (attach 30	ilicaulc)	
(1)											
(2)											
(3)											
(4)											
Total		Total					(b) Total deductio	ns.			
(c) Total income. Add totals of c	` ,	,					Enter here and on	page '			
here and on page 1, Part I, line 6							Part I, line 6, colun	nn (B)	<u> </u>		
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instruct	tions)			Dadaadaa aliaadhaaa			l. I	
					ne from or	3.1	Deductions directly con debt-finance			DIE 10	
1. Description of de	bt-financed property		1	e to det proper	ot-financed tv		ht line depreciation		(b) Other ded		
			'			(atta	ach schedule)		(attach sche	edule)	
<u>(1)</u>											
(2)											
(3)											
(4)	1										
 Amount of average acquisition debt on or 	5. Average adju of or alloca		6	. Colur	mn	7 0	to a constant of the	8.	Allocable de	ductions	s
allocable to debt-financed	debt-financed		1	4 divide			income reportable n 2 x column 6)	(colu	ımn 6 x total		กทร
property (attach schedule)	(attach sche	edule)	by	colum	nn 5	,	,		3(a) and 3	S(b))	
<u>(1)</u>					%						
(2)					%						
(3)					%						
(4)					%						
							re and on page 1,	Ente	er here and	on page	e 1,
						Part I, lir	ne 7, column (A).	Par	t I, line 7, co	olumn (l	В).
Totals					>						
Total dividends-received deduct	tions included in co	olumn 8									

Schedule F—Interest, Annu	uities, Royalties				m Contro		_	ions (see	instruction	ons)	
Name of controlled organiza ion	2. Employer identification number		3. Net unrelated i		ited income	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations						40.5				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)			Total of specified payments made			 Part of column 9 that is included in the controlling organization's gross income 			11. Deductions directly connected with income in column 10	
(1)											
(2)											
(3)											
(4)							A -1 -1	columns 5 a	-1.40		dd columns 6 and 11.
Totals	ncome of a Sec	tion 5	 501(c))(7),			Enter Part	here and on I, line 8, colu	page 1, mn (A).	En	ter here and on page 1, art I, line 8, column (B).
1. Description of income	2. Amount of income			3. Deductions directly connected (attach schedule)				t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)							-				
(4) Totals ▶	Part I, line 9, c	Enter here and on page 1, Part I, line 9, column (A).								Enter here and on page 1 Part I, line 9, column (B).	
Schedule I - Exploited Exe	mpt Activity In	come,	, Othe	r Th	an Advert	ising In	come (see instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	Expenses directly connected with production of unrelated business income		4. Net incor from unrelar or business 2 minus co If a gain, c cols. 5 thre	ted tradé (column lumn 3). ompute	5. Gross incon from activity th is not unrelate business incon		6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page	Enter here and on page 1, Part I, line 10, col. (B).			·					Enter here and on page 1, Part II, line 26.
Schedule J- Advertising Ir	ICOME (see instr	uctions	:)								
Part I Income From Per	•		•	nsoli	dated Ba	sis					
1. Name of periodical	2. Gross adver ising income	3	3. Direct advertising costs		4. Adver gain or (los 2 minus c a gain, co	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		5. Circulation income		ership ts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))											Form 990-T (2018

FEDERAL FOOTNOTES

FEDERAL FORM 990 AND 990T, NAME CHANGE: THE ORGANIZATION'S NAME HAS BEEN CORRECTED TO REMOVE THE AMPERSAND SIGN "&" AND TO SPELL OUT THE WORD "AND". THIS WAS NOT AN OFFICIAL CHANGE, BUT RATHER A CORRECTION OF AN ERROR.

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

1. Name of periodical	2. Gross adver ising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						
Schodule K - Compensatio	n of Officers F	iroctors and Tr	uetone (con inctr	uotione)	·	·

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

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

Form **990-T** (2018)

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR.

FEDERAL FOOTNOTES

FEDERAL FORM 990 AND 990T, NAME CHANGE: THE ORGANIZATION'S NAME HAS BEEN CORRECTED TO REMOVE THE AMPERSAND SIGN "&" AND TO SPELL OUT THE WORD "AND". THIS WAS NOT AN OFFICIAL CHANGE, BUT RATHER A CORRECTION OF AN ERROR.