(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public Inspection

A	or th	e 2019	calendar year, or tax year beginning	07/01,2019	, and ending			06	5/30, 20	20	
_			C Name of organization NATIONAL AVIAT	ION RESEARCH AND TECHNOLOGY			D Employer ider	ntifica	ation numbe	er	
B	Check if a	pplicable:	PARK INC.				26-3166	590	8		
	Addr chan		Doing business as		***************************************						
	7	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		E Telephone nur	mber			
	┪	1 return	600 AVIATION RESEARCH	BLVD	120		(609) 36.	5 – 2	21.83		
	Final	return/	City or town, state or province, country,	and ZIP or foreign postal code							
	Ame		EGG HARBOR TOWNSHIP,	= '			G Gross receipts	. .		824	599.
		ication	F Name and address of principal officer:	HOWARD KYLE			H(a) Is this a grou				X No
L	pend	ing	· · ·	BLVD, EGG HARBOR TOWN	ICHTD MIT		subordinates	?		ŀ	
	Tay o	kempt st			· · · · · · · · · · · · · · · · · · ·		H(b) Are all subord			Yes [No
÷			atus: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1)	or 527				list. (see instru	ictions)	
			nization: X Corporation Trust	Association Other	1 //		H(c) Group exemption: 2006 M :		<u>.</u>	-1-11	NJ
	art I		immary	Association Other	L Year of	iormat	ion: 2000 ivi s	State	or legal don	niciie:	140
	1		y describe the organization's mission o	THE O	DC NIT 7 NT	TONI	C DDTMADV	υv	מ יייכואוים	TIDDA	CE
4)			y describe the organization's mission of TO FACILITATE RESEARCH,			TOIN	2 LVIMAVI		EMF1 F	UKPO	
ü			AVIATION TECHNOLOGIES.	DEVELOPMENT, AND INNO	VALION						
Governance	2		parameter and the second secon	Barra Maria and Barra		0.50/					
Š	3			iscontinued its operations or dispose				1 1			17.
প্ত	1 .	Numb	per of voting members of the governing	body (Part VI, line 1a)				3			15.
Activities &	4		per of independent voting members of the					4			0.
Ξ	5		number of individuals employed in cale					5			
4ct	6	rotai	number of volunteers (estimate if neces	sary)	* * * • • •			6			15.
			unrelated business revenue from Part V					7a			$\frac{0.}{0.}$
	Q	Net u	nrelated business taxable income from	Form 990-1, line 39				7b			
ne							Prior Year			ent Ye	
	8		ibutions and grants (Part VIII, line 1h).				312,78			824,	599.
Revenue	9		am service revenue (Part VIII, line 2g)				22,91				0.
Re	10		tment income (Part VIII, column (A), line					0.			0.
	11		revenue (Part VIII, column (A), lines 5,				225 72	0.		004	0.
	12		revenue - add lines 8 through 11 (must				335,70			824,	
	13		s and similar amounts paid (Part IX, col					0.			0.
	14		its paid to or for members (Part IX, colu			0.	0.				
ses	15		es, other compensation, employee bene		31,85	0					
Expenses	16 a		ssional fundraising fees (Part IX, columr	_			0.			0.	
Ä	_ b		fundraising expenses (Part IX, column ().		100 55				
	17		expenses (Part IX, column (A), lines 11				499,75				497.
	18		expenses. Add lines 13-17 (must equal				531,61			614,	
- v	19	Rever	nue less expenses. Subtract line 18 fron	n line 12			-195,91			789,	
Net Assets or Fund Balances						Begin	ning of Current Y			of Year	
sse	20		assets (Part X, line 16)				233,92				136.
at A	21		liabilities (Part X, line 26)				1,830,87			699,	
			ssets or fund balances. Subtract line 21	from line 20			-1,596,95	4.	-3,	386,	852.
	irt II		gnature Block								
Un- true	der pe e, corre	nalties o ect, and	of perjury, I declare that I have examined the complete. Declaration of preparer (other than	is return, including accompanying sched n officer) is based on all information of wh	ules and staten ich preparer ha:	nents, a s anv kr	ind to the best of nowledge.	my l	knowledge a	and bel	ief, it is
				,							
Sig	ın	-	Signature of officer				05/1	4/2	021		
He		•					Date				
		- 🕒	HOWARD KYLĖ	SECRET	ARY						
			Type or print name and title	I Day and all a							
Paid	i		Type preparer's name	Preparer's signature Suco Co & annothing	Date	2024	Check	"	PTIN		_
	a parer	KUS	SLEE ARMSTRONG		05/14/	ZUZT	self-employe		P0028		
	Only		s name ▶GRANT THORNTON LL	<u> </u>		Firm's EIN ▶ 36-6055558					
			s address >2001 MARKET STREET, SUITE				Phone no. 2	15-	-561-42	Т	
	'		iscuss this return with the prepare	· · · · · · · · · · · · · · · · · · ·) <u></u>						No
For	Pape	rwork	Reduction Act Notice, see the separat	te instructions					Form	ี	(2019)

Page 2 Form 990 (2019) 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.) (Expenses \$ 2,562,668. including grants of \$ 4a (Code: o.) (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, ACADEMIC, GOVERNMENT, AND PRIVATE INDUSTRY IN DEVELOPING THE NEXT GENERATION AIR TRAFFIC CONTROL SYSTEM ("NEXTGEN") WHICH IS CRITICAL TO OUR NATION'S AVIATION SYSTEM. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe on Schedule O.) including grants of \$ (Expenses \$) (Revenue \$ **4e** Total program service expenses ► 2,562,668.

JSA 9E1020 2.000 Form 990 (2019)
Part IV Page 3

Part	V 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	X	
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		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			,,
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		X	
	complete Schedule D, Part VI	11a	Λ	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			v
_	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			Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	114		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
	Did the organization report an amount for other nabilities in Part X, line 25? If res, complete schedule D, Part X	116		
٠.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
129	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	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,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Λ

Form **990** (2019) PAGE 6

Form 990 (2019) Page 4

Part	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		res	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			v
L	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	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?			
25 a	$\textbf{Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations}. \ \textbf{Did the organization engage in an excess benefit}$			
	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?	25b		Х
26	If "Yes," complete Schedule L, Part I	230		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			Х
28	persons? If "Yes," complete Schedule L, Part III	27		^
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
20	"Yes," complete Schedule L, Part IV	28c 29	X	X
29 30	Did the organization receive more than \$25,000 in hor-cash contributions? If res, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
•••	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? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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, 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		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	$\textbf{Section 501(c)(3) organizations.} \ \ \text{Did the organization make any transfers to an exempt non-charitable}$			
	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	27		Х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		Λ
00	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			
	Estable number and in Day 2 of Estable 2000 Estable 2 if and and it is		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_ `	reportable gaming (gambling) winnings to prize winners?	1c	X	
JSA 9E1030	2.000	Form	990	
	1322JM 700P 5/12/2021 3:37:07 PM V 19-8.4F 0193082		P	AGE

Page 5 Form 990 (2019)

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 e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	$See \ instructions \ for \ filing \ requirements \ for \ Fin CEN \ Form \ 114, \ Report \ of \ For eign \ Bank \ and \ Financial \ Accounts \ (FBAR).$			
5a	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		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			.,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	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	_		v
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- -		Х
	required to file Form 8282?	7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
14 a	Did the organization receive any payments for indoor tanning services during the tax year? \dots	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	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.			

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					
	Check if Schedule O contains a response or note to any line in this Part VI		<u>.</u>			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	1a	17			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re-	ations	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or ur	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint			
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under					
•	the year by the following:	ortant	in during			
а	The governing body?			8a	Χ	
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					
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte			_)	l
			101011110		Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of	· · ·	oboptore			
ь	affiliates, and branches to ensure their operations are consistent with the organization's exempt po			10b		
44.	,			11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	iing th	e iom?.			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			124		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests	nat c	oula give	12b	Х	
	rise to conflicts?			120		
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"	120	Х	
	describe in Schedule O how this was done			12c 13	X	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?			14	7.	
15	Did the process for determining compensation of the following persons include a review ar		_			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			45-	X	
а	The organization's CEO, Executive Director, or top management official			15a	Λ	X
b	Other officers or key employees of the organization			15b		Λ
	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	r arra	ngement			77
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap Own website X Another's website X Upon request Other (explain on Sc	ply.		(Sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents,	conflict o	f inter	rest p	olicy,
	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 language potter, cfo 101 vera king dr. Galloway, NJ 08205 609-652-4381	ooks	and record	s 🕨		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor	any related	lorga	niza	ition	co	mpen	sate	ed any current offic	er, 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	Pos heck ss pe	erson lirect	e han of is both tor/trust employee	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. HARVEY KESSELMAN	2.00															
DIRECTOR (PRESIDENT OF UNIV.)	33.00	_						0.	438,536.	157,822						
(2)MICHAEL ANGULO, ESQ.	2.00							•	130,030.	101/022						
DIRECTOR (UNIV. VP GOVT REL)	33.00	_						0.	199,190.	37,211						
(3) SAMUEL YOUNG	2.00	_								,						
CHAIR	0.	Х		Х				0.	0.	0						
(4) MARK LOEBEN	2.00															
VICE-CHAIR	0.	X		Х				0.	0.	0						
(5) STEPHEN DOUGHERTY	2.00															
DIRECTOR	0.	Х						0.	0.	0						
(6) JOHN LAMEY, JR.	2.00															
DIRECTOR	0.	X						0.	0.	0						
(7) HON. DENNIS LEVINSON	2.00															
DIRECTOR	0.	X						0.	0.	0						
(8) MONICA O'KANE	2.00															
STUDENT DIRECTOR (END 12.31.19)	0.	X						0.	0.	0						
(9) TIM SULLIVAN	2.00															
DIRECTOR	0.	X						0.	0.	0						
(10) MEG WORTHINGTON	2.00															
DIRECTOR	0.	X						0.	0.	0						
(11) DR. EDWARD SALMON	2.00															
DIRECTOR	0.	X						0.	0.	0						
(12) TYLER RODRIGUEZ	2.00	-														
STUDENT DIRECTOR	0.	X						0.	0.	0						
(13) MATTHEW DOHERTY	2.00	4														
DIRECTOR	0.	X						0.	0.	0						
(14) IAN MAUL	2.00	4														
STUDENT DIRECTOR	0.	X				1		0.	0.	0						

Form 990 (2019)

9E1041 2.000

JSA

(A) Name and title	(B) Average			(0	-)			(D)	(E)		(F)	
	hours per week (list any hours for related	box, office	not ch unles er and	s pe	more rson irect	e han o	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Est am c comp	timated ount of other oensation om the	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1033-MISO)	and	anizatior I related nization	
ANNE HARLAN	2.00											
CTOR	0.	X						0.	0.			
EN MOORE	2.00											
CTOR	0.	X						0.	0.			
DOUGLAS STANLEY	2.00											
CTOR	0.	X						0.	0.			
D SWEET	2.00											
CTOR	0.	X						0.	0.			
K LOBIONDO	2.00											
CTOR	0.	X						0.	0.			
ANTHONY LOWMAN	2.00											
CTOR	0.	X						0.	0.			
HEN MAZUR	2.00								_			
SURER	0.			X				0.	0.			
RD KYLE	2.00											
ETARY	0.			X				0.	0.			
	 											
tal							•	0.	637,726.	1	95,0	33
rom continuation sheets to Part VII, S	ection A				٠.			0.	0.			C
add lines 1b and 1c)							-	0.	637,726.	1	95,0	33
umber of individuals (including but not	limited to t		liste				о ге	eceived more than				
		-									Yes	No
e organization list any former offic ree on line 1a? If "Yes," complete Sched										3		X
y individual listed on line 1a, is the												
ation and related organizations gr	eater than	\$15	0,00	00?	lf.	"Yes	5," (complete Schedu	le J for such	4	X	
										5		Х
Independent Contractors	,,											
y p vice In e	person listed on line 1a receive or es rendered to the organization? If "You dependent Contractors this table for your five highest com	person listed on line 1a receive or accrue contest rendered to the organization? If "Yes," completed the contractors this table for your five highest compensated in	person listed on line 1a receive or accrue compens rendered to the organization? If "Yes," complete Schedependent Contractors this table for your five highest compensated independent	person listed on line 1a receive or accrue compensations rendered to the organization? If "Yes," complete Schedudependent Contractors this table for your five highest compensated independent	person listed on line 1a receive or accrue compensation of the services rendered to the organization? If "Yes," complete Schedule 3 dependent Contractors this table for your five highest compensated independent to the services of the ser	person listed on line 1a receive or accrue compensation from the serious rendered to the organization? If "Yes," complete Schedule J for dependent Contractors this table for your five highest compensated independent contractors	person listed on line 1a receive or accrue compensation from any as rendered to the organization? If "Yes," complete Schedule J for such dependent Contractors this table for your five highest compensated independent contractor	person listed on line 1a receive or accrue compensation from any unes rendered to the organization? If "Yes," complete Schedule J for such perdependent Contractors this table for your five highest compensated independent contractors to	person listed on line 1a receive or accrue compensation from any unrelated organizations rendered to the organization? If "Yes," complete Schedule J for such person dependent Contractors this table for your five highest compensated independent contractors that received more	•	derson listed on line 1a receive or accrue compensation from any unrelated organization or individual ses rendered to the organization? If "Yes," complete Schedule J for such person 5 dependent Contractors this table for your five highest compensated independent contractors that received more than \$100,000 of	derson listed on line 1a receive or accrue compensation from any unrelated organization or individual as rendered to the organization? If "Yes," complete Schedule J for such person 5 dependent Contractors this table for your five highest compensated independent contractors that received more than \$100,000 of

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

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

Page 9

Part VIII Statement of Pevenue

ı	VIII	Check if Schedule O contains a response	se or note to an	v line in this Part V	TII		
		Oncok ii Concadio C Containo a respons		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
۵٤	С	Fundraising events 1c					
IT A	d	Related organizations 1d					
⊡ຼ	e	Government grants (contributions) 1e	824,599.				
Sin	f	All other contributions, gifts, grants,					
e iii		and similar amounts not included above . 1f	0.				
들된	a	Noncash contr butions included in					
ĔĞ	•	lines 1a-1f	806,789.				
ပို့ မြ	h	Total. Add lines 1a-1f		824,599.			
			Business Code				
Ce	2a						
و چَ	b						
Š	c						
eve eve	d						
Program Service Revenue	e						
Ţ	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	0.			
	3	Investment income (including dividends,	1				
		other similar amounts)		0.			
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	▶	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
e	b	Less: cost or other basis					
evenue		and sales expenses 7b					
	С	Gain or (loss) 7c					
Other F	d	Net gain or (loss)	▶	0.			
ŧ	8a	Gross income from fundraising					
0		events (not including \$					
		of contr butions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events.	▶	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory.		0.			
Sn		-	Business Code				
Jeo ue	11a						
Miscellaneous Revenue	b						
Re	c						
Σ	d	All other revenue					
		Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions	🕨 📗	824,599.			1

Forr	n 990 (2019) NATIONAL A	VIATION RESEARG	CH AND TECHNOLO	OGY 26-3	3166908 Page 10
Pá	art IX Statement of Functional Expenses				
Se	ction 501(c)(3) and 501(c)(4) organizations must	complete all columns	a. All other organization	ons must complete col	umn (A).
	Check if Schedule O contains a respo	nse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (nonemployees):	0 471 550	0 471 550		
ā	Management	2,471,553.	2,471,553.	02.270	
ŀ	Legal	23,379.		23,379.	
(Accounting	17,200.		17,200.	
•	Lobbying	0.			
•	Professional fundraising services. See Part IV, line 17.	0.			
	f Investment management fees	0.			
ç	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0.			
12	Advertising and promotion	26.	26.		
13	Office expenses	4,251.		4,251.	
14	Information technology	220.		220.	
15	Royalties	0.			
16		0.			
17	Travel	0.			
18					
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	470.	470.		

80,560.

3,105.

6,779.

5,170.

1,025.

2,614,497.

619.

105.

35.

0.

0.

Form **990** (2019)

c PRINTING

e All other expenses

Depreciation, depletion, and amortization

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 if following SOP 98-2 (ASC 958-720)

aGENERAL MAINTENANCE bDUES AND MEMBERSHIP

dLICENSES AND FEES

80,560.

3,105.

5,170.

1,025.

2,562,668.

619

105.

35.

6,779.

51,829.

Form 990 (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	48,458.	1	273,899.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	138,690.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ģ	7	Notes and loans receivable, net	7,459.		2,500.
Assets	8	Inventories for sale or use	0.	_	0.
As	9	Prepaid expenses and deferred charges	375.		900.
	_	Land, buildings, and equipment: cost or other		_	
	104	basis. Complete Part VI of Schedule D 10a 40,836.			
	h	Less: accumulated depreciation	38,942.	100	35,837.
	11	Investments - publicly traded securities	0.	_	0.
	12	Investments - other securities. See Part IV, line 11	0.		0.
	13	Investments - program-related. See Part IV, line 11.	0.		0.
	14	Intangible assets	0.		0.
	15	Other assets. See Part IV, line 11	0.	17	0.
	16		233,924.		313,136.
		Total assets. Add lines 1 through 15 (must equal line 33)	214,339.		8,090.
	17	Accounts payable and accrued expenses	0.		0,000.
	18	Grants payable	0.		293,500.
	19	Deferred revenue.	0.		293,300.
	20	Tax-exempt bond liabilities	0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ē		trustee, key employee, creator or founder, substantial contributor, or 35%	0		0
ā		controlled entity or family member of any of these persons	0.		1 714 152
_	23	Secured mortgages and notes payable to unrelated third parties	-20,694.		1,714,152.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	1 (27 222		1 604 246
		of Schedule D	1,637,233.		
	26	Total liabilities. Add lines 17 through 25	1,830,878.	26	3,699,988.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	-1,596,954.	27	-3,386,852.
å	28	Net assets with donor restrictions	0.		0.
Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
sts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds			
t A		Total net assets or fund balances	-1,596,954.	31	-3,386,852.
Net	32			32	313,136.
_	33	Total liabilities and net assets/fund balances	233,924.	33	Form 990 (2019)

Page 12 Form 990 (2019)

011111 01	70 (2013)				1 00	yc
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8	24,5	599.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,6	14,4	197.
3	Revenue less expenses. Subtract line 2 from line 1	3				398.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-	-1,5	96,9	954.
5	Net unrealized gains (losses) on investments	5				0.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	-	-3,3	86,8	352.
Part						
	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," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor		- 1			
	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	Χ	
-	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	of			
•	the audit, review, or compilation of its financial statements and selection of an independent accounts	_		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, e		- 1			
	Schedule O.	Apidiri	-			
3.2	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the			
Ja	Single Audit Act and OMB Circular A-133?			3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	lergo 1	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	_	- 1	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of he Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization NATIONAL AVIAT PARK INC.

NATIONAL AVIATION RESEARCH AND TECHNOLOGY

Employer identification number 26–3166908

Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	complet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated t		a college or universit	y owne	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	•			•	<i>/ / / / / / / / / /</i>	
7	7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general p						om the general public	
_		described in section 170(b)		•				
8		A community trust describe	•		•			
9		An agricultural research org				•	•	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	the college or
40		university:	II	45 224/20/ -5:4-			-4-:b4:	fd
10		An organization that norma receipts from activities rela support from gross investm	ted to its exempt f	functions - subject to	certain e	exception	s, and (2) no more tha	n 331/3% of its
		acquired by the organizatio						businossos
11		An organization organized	and operated excl	usively to test for publ	c safety.	See sec	tion 509(a)(4).	
12		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	arry out the purposes
		of one or more publicly su	pported organizati	ions described in sec	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	supporting organization. \	You must complet	te Part IV, Sections A	and B.			
b		Type II. A supporting org	anization supervis	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of			the sam	e persor	ns that control or man	age the supported
	_	organization(s). You must	-	•				
С	L	Type III functionally integ					•	ly integrated with,
	Г	its supported organization		•		•		
d	L	Type III non-functionally			•		• • • • • • • • • • • • • • • • • • • •	. ,
		that is not functionally inte					•	d an attentiveness
	Г	requirement (see instruct	•	•		•		
е	L	Check this box if the orga						I, Type III
	г.	functionally integrated, or			porting o	organizat	ion.	
'		iter the number of supported ovide the following information						
9		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) le the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	value of supported organization	(11) 2.11	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
					163	NO		
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

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

Par	Complete only if you checket Part III. If the organization fail	d the box on I	ine 5, 7, or 8 d	of Part I or if th	ne organizatio	n failed to qual	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,250.	293,105.	305,751.	312,789.	824,599.	1,738,494.
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	2,250.	293,105.	305,751.	312,789.	824,599.	1,738,494.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						1,738,494.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2,250.	293,105.	305,751.	312,789.	824,599.	1,738,494.
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						1,758,114.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	81,666.
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup						00.00
14	Public support percentage for 2019 (lin						98.88 % 98.44 %
15	Public support percentage from 2018						
16a	331/3% support test - 2019. If the org						. 77
	box and stop here. The organization quality 331/3% support test - 2018. If the organization						
ь	this box and stop here . The organization						
179	10%-facts-and-circumstances test - 2	•		_			
174	10% or more, and if the organization						
	Part VI how the organization meets t						
	organization			_			▶
b	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the organization in Part VI how the organization supported organization	nnization meets on meets the "	the "facts-and facts-and-circum	-circumstances' estances" test.	test, check the the organization	nis box and sto n qualifies as a	publicly
18	Private foundation. If the organization						
	instructions						

Page 3 Schedule A (Form 990 or 990-EZ) 2019

(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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activi ies 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						
D	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(4) 2010	(2) 20 10	(5) 25 11	(2) 20 10	(0,2010	(4)
	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						
С	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 f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2019 (line 8					15	%
16	Public support percentage from 2018 Sche					16	%
Sec	tion D. Computation of Investmen					T T	
17	Investment income percentage for 2019 (li						%
18	Investment income percentage from 2018						%
19 a	331/3% support tests - 2019. If the or			•			
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2018. If the org				•		· —
	line 18 is not more than 331/3%, check		•				
20	Private foundation. If the organization (nd not check a	i nox on line 1	4 1921 OT 19h	Check this box	and see instru	CHORS -

Schedule A (Form 990 or 990-EZ) 2019 Page 4

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.)

S

-	ion 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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5а		
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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 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? <i>If "Yes," provide detail in Part VI.</i>	6		
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

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

10b Schedule A (Form 990 or 990-EZ) 2019

10a

determine whether the organization had excess business holdings.)

supporting organizations)? If "Yes," answer 10b below.

Schedule A (Form 990 or 990-EZ) 2019

				-
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)	44-		
	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a		
	, , , , , , , , , , , , , , , , , , , ,	11b 11c		
	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.	110		
J CCtit	71 B. Type I Supporting Significations		Yes	Nο
	Did the directors to the consequence of the consequ		100	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		V	A1 -
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Section	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	one)	
' a	The organization satisfied the Activities Test. Complete line 2 below.	uuuu	OHS).	
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	instruc	ctions).	
_			Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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? <i>Provide details in Part VI.</i>	30		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization			-
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
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-functionall	y integra	ted Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	<u> </u>
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Page 8 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.)

		и по ран и по	,			
					ATTACHMENT	1
SCHEDULE A, PART II	- OTHER INCO	ME				
	2015	2016	2017	2010	2010	
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
REIMBURSEMENT	2,000.					2,000.
MISCELLANEOUS INCOME	17,620.					17,620.
TOTALS	19,620.					19,620.

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

2019

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** \mid X \mid 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, 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) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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		\$\$	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.)
(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	
	LOAN DISCOUNT			
2				
		\$806,789.	07/15/2019	
(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	Exclusively religious, charitable, etc., c (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	e year from any one of s completing Part III, e rear. (Enter this information	contributor. Com nter the total of e	plete columns (a) through (e) and xclusively 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 g	ift	
	Transferee's name, address, and 2			o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Re			o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift (c) Uso			(d) Description of how gift is held
		ift		
	Transferee's name, address, and ZIP + 4 Relat			o 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, and 2	(e) Transfer of g		o of transferor to transferee

SCHEDULE D (Form 990)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

NATIONAL AVIATION RESEARCH AND TECHNOLOGY

Employer identification number

PAF	RK INC.	26-3166908
Pa	rt Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
	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 fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	Yes . No
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 (for example, recrea ion or education)	of a historically important land area
	Protection of natural habitat Preservation o	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the conservation contribution	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		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 termin	·
•	tax year	ation by the organization during the
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
3		
6	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
-	Annual of comment in control in c	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
_	> \$	470/LV/4VDV
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	
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 financia	al statements that describes the
Do	organization's accounting for conservation easements.	Oimiles Accets
Pá	organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Similar Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	atement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶\$
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under FASB 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) 2019

Pa	rt III Organizations Maintaini	na Collections o	of Art. Histo	rical Treas	sures. o	Other Similar	Assets (c	continued)
3	Using the organization's acquisitio							,	
	collection items (check all that appl			40, 0110011 0	, 0	o ronoming and	mane eigi		
а	Public exhibition)/·	d	Loan or	exchange	e program			
b	Scholarly research		e	Other	oxonange	program			
c	Preservation for future gener	rations							
4	Provide a description of the organ		ns and exnl	ain how the	v further	the organization	n's exemn	t nurnose	in Part
-	XIII.	iization 3 concetion	iis and expi	alli now the	y ruitioi	the organization	irs exemp	t purpose	iii i dit
5	During the year, did the organizatio	n solicit or receive	donations of	of art historia	cal troaci	ires or other sim	ilar		
•	assets to be sold to raise funds rath					•	_	Yes	No
Da	rt IV Escrow and Custodial A		itained as po	art or the org	jariizatioi	13 CONECTION?		103	140
Га	Complete if the organiza		/es" on For	m 990 Par	rt I\/ line	9 or reported	an amour	nt on Forn	n
	990, Part X, line 21.	don answered	163 011101	111 330, 1 ai	t iv, iiiic	s s, or reported	an amou	it on i on	"
10	Is the organization an agent, truste	o custodian or ot	hor intermed	diany for con	tributions	or other assets r	ot		
ıa							_	Yes	No
	included on Form 990, Part X? If "Yes," explain the arrangement in	Dort VIII and con					L	Tes	NO
b	ii res, explain the arrangement ii	I Part Aill and con	irpiete trie io	llowing table.			Amount		
_	Deginning belones						Amount		
C	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am			•			_	Yes	No
	If "Yes," explain the arrangement in	n Part XIII. Check	here if the e	xplanation ha	as been p	rovided on Part X	III		
Pa	rt V Endowment Funds.	tion on account III	/" -	000 D	-4 IV / Iim -	. 10			
	Complete if the organiza								
	-	(a) Current year	(b) Prid	or year	(c) Two yea	rs back (d) Three	years back	(e) Four yea	ars 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 current yea	r end baland	e (line 1g, co	olumn (a))	held as:			
а	Board designated or quasi-endowm	•	<u></u> %	, 3,					
b	Permanent endowment	%							
С	Term endowment ▶	%							
	The percentages on lines 2a, 2b, a	nd 2c should equa	II 100%.						
3a	Are there endowment funds not in	the possession of	the organiza	ation that are	e held an	d administered fo	or the		
	organization by:							Ye	s No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u								
Pa	rt VI Land, Buildings, and Equ	ipment.							
	Complete if the organiza	ation answered "						•	
	Description of property		or other basis estment)	(b) Cost or o		(c) Accumulated depreciation	(d) Book value	
1a	Land	,		(510	*	p			
b	Buildings								
6	Leasehold improvements			2	9,391.	1,593		27	,798.
d	Equipment				1,445.	3,406			,039.
_	Other				,	2,230			
	I. Add lines 1a through 1e. (Column		rm 990 Part	X column (B) line 10	Oc.)	•	35	,837.

Schedule D (Form 990) 2019

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 99	0, Part IV, line 11b. See Form 990, F	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n:
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12) .			
Part VIII				
	Complete if the organization answered	l "Yes" on Form 99	0, Part IV, line 11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	n: value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13)。 🕨			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 99	0, Part IV, line 11d. See Form 990, F	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) I	ine 15)		
Part X	Other Liabilities.			
r urt X	Complete if the organization answered line 25.	l "Yes" on Form 99	0, Part IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
	ral income taxes			
. ,	PAYABLE TO UNIVERSITY			1,441,700.
. ,	REST PAYABLE TO UNIVERSITY			242,546.
(4)				
(6)				
(7)				
(8)				
(9)				
. ,	nn (b) must equal Form 990, Part X, col. (B) line 25.)			1,684,246.
	or uncertain tax positions. In Part XIII provide the			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Page 4 Schedule D (Form 990) 2019

Ochedu	C D (1 0111 330) 2013		rage 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
		1	958,095.
1	Total revenue, gains, and other support per audited financial statements	-	300,030.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	- 1	
b	Donated Services and use of lacinities	1	
С	Recoveries of prior year grants	- 1	
d	Other (Describe in Part XIII.)	-	133,496.
е	Add lines 2a through 2d	2e	824,599.
3	Subtract line 2e from line 1	3	024,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	1	
b	Other (Describe III at Alli.)	4c	
С 5	Add lines 4a and 4b	5	824,599.
Part			· · · · · ·
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,747,993.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	133,496.
3	Subtract line 2e from line 1	3	2,614,497.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,614,497.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.	nation.	
SEE	PAGE 5		

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 MATERIAL UNCERTAIN TAX POSITIONS FOR WHICH RECOGNITION OR DISCLOSURE IS WARRANTED. NO INTEREST OR PENALTIES WERE RECOGNIZED IN FISCAL YEAR 2020.

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXATION, BUT IT MAY BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE.

SCHEDULE J (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PARK INC.

NATIONAL AVIATION RESEARCH AND TECHNOLOGY

Employer identification number 26-3166908

Par	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)						
h	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	1b					
2	explain	ID					
2	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 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:	4a		X			
a	Receive a severance payment or change-of-control payment?						
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the revenues of:						
а	The organization?	5a		X			
b	Any related organization?	5b		X			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the net earnings of:						
а	The organization?	6a		X			
b	Any related organization?	6b		X			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			v			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			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)?	9					

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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 o	f W-2 and/or 1099-MI	SC 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.
1 DIRECTOR (PRESIDENT OF UNIV.)	(ii)	356,110.	0.	82,426.	157,400.	422.	596 , 358.	0.
MICHAEL ANGULO, ESQ.	(i)	0.	0.	0.	0.	0.	0.	0.
2DIRECTOR (UNIV. VP GOVT REL)	(ii)	197,286.	0.	1,904.	16,846.	20,365.	236,401.	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)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

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 \$135,000 DURING THE

CALENDAR YEAR TO THE PLANS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of he Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization NATIONAL AVIATION RESEARCH AND TECHNOLOGY

Employer identification number

PAR	K INC.				26-3	166908			
Par	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		Method of ncash conti			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
6									
7	Boats and planes								
8	Intellectual property				-				
9	Securities - Publicly traded				-+				
10	Securities - Closely held stock				-+				
11	Securities - Partnership, LLC,								
	or trust interests				$+\!-$				
12	Securities - Miscellaneous								
13	Qualified conservation								
	contribution - Historic								
	structures								
14	Qualified conservation								
	contribution - Other				$+\!-$				
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other				+				
18	Collectibles				+				
19	Food inventory				+				
20	Drugs and medical supplies				+				
21	Taxidermy				$+\!-$				
22	Historical artifacts				$+\!-$				
23	Scientific specimens								
24	Archeological artifacts	X	1.	806,78	O EV	IR MARK	<u>тт т</u>	77\ T TT	F
25	Other ►(LOAN DISCOUNT)	Λ	1.	000,70.). FA	III HANN	EI V	импол	E .
26	Other ►()								
27	Other ►()								
28	Other ►()				+	Т			
29	Number of Forms 8283 received								
	which the organization completed F	-orm 8283,	Part IV, Donee Acknowledg	jement	. 29			Yes	No
00-	Dunion the constitution of the constitution		h	ation and a district Death I	li 4	45		169	NO
Sua	During the year, did the organizat								
	28, that it must hold for at least the	•		•			200		Х
	to be used for exempt purposes for		olding period?				30a		21
	If "Yes," describe the arrangement i		tones notice that assume	a the review of		tond			
31	Does the organization have a					standard	24		Х
00-	contributions?						31		^
32a	Does the organization hire or use	•	_				20-		Х
	contributions?						32a		Λ
	If "Yes," describe in Part II.	amau=+ :	solumn (a) for - timef	north for which column	· (a) :- :	book - d			
33	If the organization didn't report an describe in Part II.	amount in d	column (c) for a type of pro	perty for which column	(a) IS C	пескеа,			

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page 2

Part II Suppleme

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) (2019)

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.

on 2019
Open to Public Inspection
Employer identification number

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

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, A MAJORITY OF THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE NECESSARY 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 11B

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

THE 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.

Name of the organization NATIONAL AVIATION RESEARCH AND TECHNOLOGY

PARK INC.

Employer identification number
26-3166908

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

THE ORGANIZATION DOES NOT ITSELF COMPENSATE ANY OF THE TOP MANAGEMENT
OFFICALS 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.

CHANGE TO GOVERNING DOCUMENTS

FORM 990, PART VI, SECTION A, LINE 4

THE BOARD OF DIRECTORS AMENDED THE NATIONAL AVIATION RESEARCH AND

TECHNOLOGY PARK'S BYLAWS ON OCTOBER 31, 2019. THE AMENDMENT ALLOWED FOR

THE BOARD TO INCREASE THE NUMBER OF PUBLIC SECTOR MEMBERS BY 10. THE

AMENDMENT ALSO ADDED A BOARD MEMBER EMERITUS DESIGNATION TO ALLOW FOR A

BOARD MEMBER IN GOOD STANDING, WHO SERVED 10 OR MORE CONSECUTIVE YEARS,

TO HOLD AN INDEFINITE TERM AS A BOARD EMERITUS MEMBER UPON RETIREMENT

FROM THE BOARD OF DIRECTORS. THE BOARD CHANGED THE TITLES FOR THE NARTP

Name of the organization NATIONAL AVIATION RESEARCH AND TECHNOLOGY

PARK INC.

Employer identification number
26-3166908

BOARD, FROM PRESIDENT AND VICE-PRESIDENT TO CHAIR AND VICE-CHAIR; THE EXECUTIVE DIRECTOR TITLE WAS CHANGED TO PRESIDENT AND CHIEF EXECUTIVE OFFICER.

UNSECURED NOTES AND LOANS PAYABLE TO UNRELATED THIRD PARTIES FORM 990, PART X, LINE 23

UNSECURED NOTES AND LOANS PAYABLE TO UNRELATED THIRD PARTIES:

LOAN PAYABLE TO CASINO REINVESTMENT DEVELOPMENT AUTHORITY,

NET OF UNAMORTIZED DISCOUNT OF \$802,672 AT JUNE 30, 2020 \$1,783,666

LESS: DEFERRED FINANCING COSTS, NET (\$69,514)

ADJUSTED SECURED MORTGAGES & N/P TO UNRELATED 3RD PARTIES \$1,714,152

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

 $\blacktriangleright \mbox{ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.}$

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL AVIATION RESEARCH AND TECHNOLOGY

Employer identification number

26-3166908

PARK INC.

Part I

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr enti	j) 12(b)(13) rolled ity?
						Yes	No
(1) STOCKTON UNIVERSITY 22-2832788							
101 VERA KING FARRIS DR. GALLOWAY, NJ 08205	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) 2019

JSA

Schedule R (Form 990) 2019

Part III	Identification of Relat because it had one or	ted Organizations more related orga	Taxable anization	e <mark>as a Partnersl</mark> ns treated as a p	nip. Complete if the artnership during th	e organization a e tax year.	nswered "Yes"	on Forn	n 990, Part Ⅳ,	line 34,	
											Ē

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets		h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	1 partner?		(k) Percentage ownership
		country		333.3.13 3.12 3.1.7			Yes	No		Yes	No	
_(1)	_											
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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	(e)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
							1	Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2019

Schedule K (I	Foliii 350/2015	rage
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Y	es l	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	а		X
	Gift, grant, or capital contribution to related organization(s)	_	b		X
	Gift, grant, or capital contribution from related organization(s)		С		X
	Loans or loan guarantees to or for related organization(s)		d		X
	Loans or loan guarantees by related organization(s)		е	X	
	<i>y y y y y y y y y y</i>				
f	Dividends from related organization(s)	1	lf		Χ
	Sale of assets to related organization(s)		g		X
	Purchase of assets from related organization(s).		h		X
ï	Exchange of assets with related organization(s).		li		X
÷	Lease of facilities, equipment, or other assets to related organization(s).		lj		X
,	Louise of Identities, equipment, of other description organization(s).				
b	Lease of facilities, equipment, or other assets from related organization(s)	1	k		Χ
ı	Performance of services or membership or fundraising solicitations for related organization(s)		11		X
, 	Performance of services of membership of fundraising solicitations by related organization(s)	–	-		X
			-	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	–	0	X	—
0	Sharing of paid employees with related organization(s)	· · ·	•		
		4	_	Х	
_	Reimbursement paid to related organization(s) for expenses		P		X
q	Reimbursement paid by related organization(s) for expenses	1	q		Λ
					X
	Other transfer of cash or property to related organization(s)	—	r	+	X
	Other transfer of cash or property from related organization(s).		s		_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				—
	(a) (b) (c) Name of related organization Transaction Amount involved Met	d thod of d		nining	,
		amount			
(1)					

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

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 EIN of entity	(state or foreign income (related Sect						(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	j) eral or aging ner?	(k) Percentag ownership
			sections 512-514)	Yes	No		Yes	No	(FOIII 1005)	Yes	No	1	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)												-	
(14)													
(15)													
(16)										edule			

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Page 5

Part VII Supplemental Information

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

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

		For cale	ndar year 2019 or other tax year begin	ning	07/01, 2019	, and endir	ng 06/30, 2	o <u>20</u> .	2	019
	ment of the Treasury		Go to www.irs.gov/Form990						Open to P	ublic Inspection for
A	Check box if	▶ Do	Name of organization (Check be		(-/(-/	Organizations Only cation number				
^ _	address changed		NATIONAL AVIATION RE		ne changed and see		·			e instructions.)
B Exe	empt under section		PARK INC.		11.15	011110110				
	501(C)(3)	Print	Number, street, and room or suite no. I	f a P.O.	box, see instruction	ıs.		26-3	166908	
	408(e) 220(e)	or								ss activity code
	408A 530(a)	Туре	600 AVIATION RESEARC	(See instructions.)						
	529(a)		City or town, state or province, country	, and Z	IP or foreign postal	code				
	ok value of all assets		EGG HARBOR TOWNSHIP	, NJ	08234					
at e	end of year		up exemption number (See instructi					,		
	313,136.	G Che	ck organization type X 501	(c) cor	poration	501(c)	trust	401(a)	trust	Other trust
H Er	nter the number of	the orga	nization's unrelated trades or busine	sses.				-	(or first) u	
	ade or business her						complete Parts I-			describe the
	·		end of the previous sentence, cor	nplete	Parts I and II, cor	mplete a So	chedule M for eac	ch additio	nal	
	ade or business, th									v
	-		corporation a subsidiary in an affili	_		ubsidiary c	ontrolled group?		▶∟	Yes X No
			identifying number of the parent cor	poration	on. ▶	Talanhan	e number ► 60	0-652	_/201	
			or Business Income		(A) Incon				1 201	(C) Not
			DI Business income		(A) Incom	ile	(B) Expen	ses		(C) Net
1a	Gross receipts or		c Balance ▶	1.						
ь 2	Less returns and allowa		ule A, line 7)	1c 2						
3			2 from line 1c	3						
4a			ttach Schedule D)	4a						
b			Part II, line 17) (attach Form 4797)	4b						
c			rusts	4c						
5			r an S corporation (attach statement)	5						
6			an o corporation (attach statement)	6						
7			come (Schedule E)	7						
8			nts from a controlled organization (Schedule F)	8						
9			1(c)(7), (9), or (17) organization (Schedule G)	9						
10	Exploited exempt	activity in	ncome (Schedule I)	10						
11			lule J)	11						
12	Other income (Se	e instruc	tions; attach schedule)	12						
13	Total. Combine li	nes 3 thr	ough 12	13		0.				
Par			Taken Elsewhere (See instr		ns for limitation	ons on d	eductions.) ([Deducti	ons mus	t be directly
	connecte	d with th	ne unrelated business incom	e.)						
14			directors, and trustees (Schedule K)							
15	Salaries and wage	es						15		
16										
17										
18			(see instructions)							
19			4500)			1		19		
20			4562)							
21			on Schedule A and elsewhere on re					21b		
22			compensation plans							
23 24			compensation plans							
24 25			Schedule I).							
26			chedule J)							
27			chedule)							
28			s 14 through 27						1	
29			le income before net operating							
30			g loss arising in tax years beginning							
31			e income. Subtract line 30 from line	-						

For Paperwork Reduction Act Notice, see instructions.

Form	990-T (2019) NATIONAL AVIATION RESEARCH AND TECHNOLOGY	26-3166908	Page 2
Par	t III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	32	
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
	34 from the sum of lines 32 and 33	35	0.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	33	
30		20	
27	instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		0
111 11675	enter the smaller of zero or line 37	39	0.
	t IV Tax Computation	T T	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		
	the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041),	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
Par			
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
b	Other credits (see instructions)		
С	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Other (attach schedule).	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
		30	
	Payments: A 2018 overpayment credited to 2019		
	2019 estimated tax payments		
	Tax deposited with Form 8868	-	
	Foreign organizations: Tax paid or withheld at source (see instructions)	- 1	
е	Backup withholding (see instructions)		
f			
g			
	Form 4136 Other Total ▶ 51g]	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded ▶	56	
Pai	tVI Statements Regarding Certain Activities and Other Information (see instruction	s)	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	-	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	-	
	here ▶	- ,	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	X
-	If "Yes," see instructions for other forms the organization may have to file.	J	
59	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	pest of my knowledge	and belief, it is
Sig	true correct, and complete. Declaration of preparer (other than taypayer) is based on all information of which preparer has any knowledge	. 3-	,
Her	OF /14/2001 PORGRETARY	ay the IRS discuss	
1161	with the state of	th the preparer she instructions)? X	
	Print/Type preparer's name Preparer's signature Date	PTIN	es No
Paic	Check	K If	88383
	Self-control of the self-c	employed P002 s EIN ► 36-605	
-	Only Firms name GRANT THORNTON HEE	$\frac{1}{2}$ EIN $\frac{1}{2}$ 30-603	
	Limita duntasa 🗲 — o o m		4 L U U

Form 990-T (2019)							Pa	age 3		
Schedule A - Cost of Go	ods Sold. Er	iter method	d of invent	ory valuation	>					
1 Inventory at beginning of y	ear 1			6 Inventory	at end of yea	ar	6			
2 Purchases						ld. Subtract line				
3 Cost of labor				6 from lii	ne 5. Enter	here and in Part				
4a Additional section 263A co	sts			I, line 2			7			
(attach schedule)	4a			8 Do the rules of section 263A (with respect to						
b Other costs (attach schedu						or acquired fo				
5 Total. Add lines 1 through				to the org	anization?			X		
Schedule C - Rent Income	(From Real P	roperty a	nd Perso	nal Property	Leased V	Vith Real Prope	rty)			
(see instructions)	•					•				
Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent recei	ved or accru	ed							
(a) From personal property (if the	nercentage of rent	(b) F	rom real and	I personal property	(if the	3(a) Deductions d	lirectly connected with the incon	ne		
for personal property is more th		percent	age of rent fo	or personal property	exceeds		(a) and 2(b) (attach schedule)	.0		
more than 50%)		50% o	if the rent is	s based on profit or	income)					
(1)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of co	olumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and or				
here and on page 1, Part I, line 6,	` ,	,				Part I, line 6, colu				
Schedule E - Unrelated De			e instructi	ions)			` , ,			
		,		income from or	3. [nnected with or allocable to			
1. Description of deb	t-financed property			to debt-financed	(a) Chroini		ced property			
			p	roperty		ht line depreciation ach schedule)	(b) Other deductions (attach schedule)			
(1)							· · · · · · · · · · · · · · · · · · ·			
(2)										
(3)										
(4)										
4. Amount of average	5. Average adju	sted basis		0-1			O Allegable deductions			
acquisition debt on or allocable to debt-financed	of or alloca debt-financed			Column divided		income reportable	8. Allocable deductions (column 6 x total of column	s		
property (attach schedule)	(attach sche		by	column 5	(colum	n 2 x column 6)	3(a) and 3(b))			
(1)				%						
(2)				%						
(3)				%						
(4)				%						
			1		Enter her	re and on page 1,	Enter here and on page	1,		
						ne 7, column (A).	Part I, line 7, column (B)			
Totals				.						
Totals Total dividends-received deducti										

Form 990-T (2019) NATIONAL AVIATION RESEARCH AND TECHNOLOGY 26-3166908 Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 1. Name of controlled 2. Employer 5. Part of column 4 that is 6. Deductions directly 3. Net unrelated income 4. Total of specified included in the controlling connected with income organization identification number (loss) (see instructions) payments made organization's gross income in column 5 (1) (2) (3) (4)Nonexempt Controlled Organizations 10. Part of column 9 that is 11. Deductions directly 9. Total of specified included in the controlling 7. Taxable Income connected with income in (loss) (see instructions) payments made column 10 organization's gross income (1) (2) (3) (4) Add columns 5 and 10. Add columns 6 and 11. Enter here and on page 1, Enter here and on page 1, Part I, line 8, column (A). Part I, line 8, column (B). Schedule G-Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Deductions 5. Total deductions 4. Set-asides directly connected (attach schedule) 1. Description of income 2. Amount of income and set-asides (col. 3 (attach schedule) plus col. 4) (1) (2) (3)(4)Enter here and on page 1, Enter here and on page 1, Part I, line 9, column (A). Part I, line 9, column (B). Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3. Expenses 7. Excess exempt from unrelated trade 2. Gross directly connected with 5. Gross income expenses Expenses unrelated or business (column from activity that (column 6 minus attributable to 2 minus column 3). 1. Description of exploited activity business income production of is not unrelated column 5, but not If a gain, compute column 5 from trade or unrelated business income more than business cols. 5 through 7. business income column 4). (1)(2)(3)(4) Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 25. line 10, col. (A). line 10, col. (B). Schedule J- Advertising Income (see instructions) Income From Periodicals Reported on a Consolidated Basis 4. Advertising 7. Excess readership costs (column 6 2. Gross gain or (loss) (col. 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising minus column 5, but 2 minus col. 3). If advertising costs income costs income not more than a gain, compute column 4). cols. 5 through 7. (1)

Form **990-T** (2019)

(2)(3)(4)

Totals (carry to Part II, line (5))

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 advertising 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 26.		
Totals, Part II (lines 1-5) ▶								
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. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1. Part II. line 14			

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR TAX YEAR ENDED JUNE 30, 2020.