

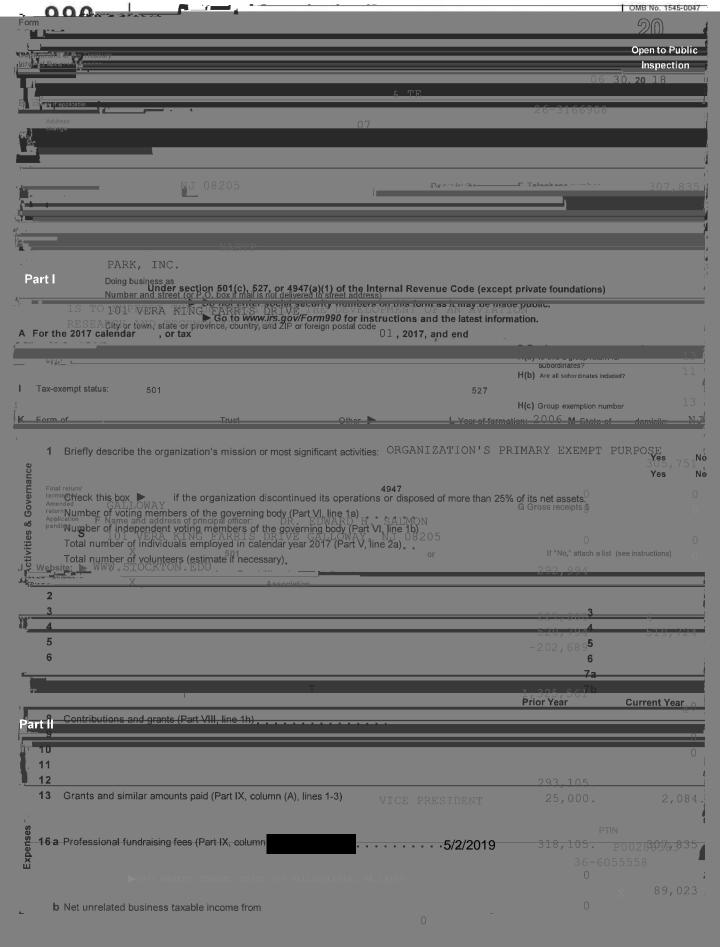
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Philadelphia, PA 19103

fl 215-561-4200

215-561-1066



Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return r 5(t) Tj 11 0 Td (h) Tj 20 0 Td OMB No. 2

File a separate application for each return.
Information about Form 8868 and its instructions is at www.irs.gov/form8868.

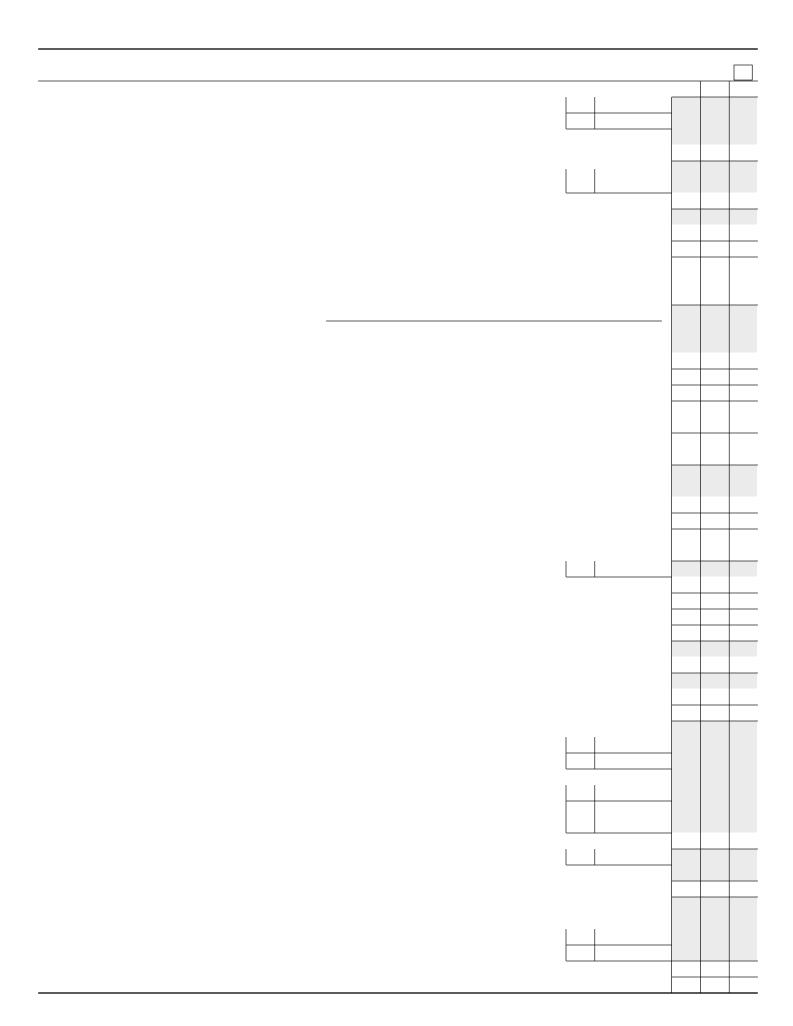
OMB No. 1545-1709

forms listed Contracts, for	ing (e-file). You can electronically file Form below with the exception of Form 8870, which an extension request must be sent torm, visit www.irs.gov/efile, click on Charities	Information o the IRS i	on Return for Trans n paper format (see	fers Associated \ instructions). For	With Certain Pers	onal Benefi
-						
		_				

Form 990	(2017)	Page 2					
Part III	Statement of Program Service Accomplishments Check if Schedule						
	Check ii Schedule						
							
			_				

Form 990 (2017) Page 3

Part	t IV 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 MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM	ท 🗀	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	ห	_
	Did the organization required to complete ochedule B, schedule of contributors (see instructions):	• •	_
3		n 📗	
	candidates for public office? If "Yes," complete Schedule C, Part I	1 B	-
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	n	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	I #	
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	n	
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	n I	
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	n.	
0	· · · · · · · · · · · · · · · · · · ·		-
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	n. 📗	
_	complete Schedule D, Part III	I B	-
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		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u>~</u>	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V [] [] [] []	10	
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,"	_	
	• • • • • • • • • • • • • • • • • • • •	n _a	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	ก Ы	
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		_
Ū		n.	
٦	Did the organization report an amount for other assets in Part X, line d(a)(T)(a)(a)(b)(a)(T) 200pTell(a)(T)(20		AAA
u	Did the organization report an amount for other assets in Part A, line ditoy, jizze voicut(dies, j zouphenens jugizeudhe die A	I	
		11d	
е		11e	-
f			
		11f	
12a			
		12a	
		12b	
13		13	
14		14a	
		14b	
4.5		140	
15		4.5	
		15	
16			
		16	-
17			
		17	
18			
		18	
19			
		19	



Page 6 Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b Did adl/n 2 3 16 3 4 4 5 5 6 6 7a 7a b 7b 8 8a а 8b b 9 10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b

Form 990 (20	17)										Page 7
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

Form 990 (2017) Page 9

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or (C) Unrelated (D) Revenue exempt business excluded from tax function under sections revenue revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns Membership dues Fundraising events С Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions incl Total. Add lines 1a-1f Program Service Revenue **Business Code** 2a b All other program service Total. Add lines 2a-2f Investment income (including dividends, 6a b С b

Form 990 (2017)	and Evnance				Page 1(
Part IX Statement of Functi Section 501(c)(3) and 501(c)(4) or	onal Expenses	all columns. All oth	or organizations	s must so must s	
Section 501(c)(3) and 501(c)(4) of	rganizations must complete	an columns. An ou	iei organizations	s must co must c	
	1	1			

Form 990 (2017) Page 11 Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, key employees, and highest Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Sched 6 7 8 9 10c 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Page 12 Form 990 (2017)

Part		~~~	~~~	_
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		\coprod
1	Total revenue (must equal Part VIII, column (A), line 12)		07,8	
2	Total expenses (must equal Part IX, column (A), line 25)	51	19,7	24.
3	Revenue less expenses. Subtract line 2 from line 1	-21	11,8	89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	-1,18	39,1	54.
5	Net unrealized gains (losses) on investments 111111111111111111111111111111111111			0.
6	Donated services and use of facilities 111111111111111111111111111111111111			0.
7	Investment expenses 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0.
8	Prior period adjustments 8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B)) 10	-1,40	01,0	43.
Part			~~~	_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	\mathbf{m}	\prod
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a 📗		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis X Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A

Public Charity Status and Public Support

(Form 990 or 990-EZ)

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.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Reason for Public Cha	rity Status (All c	organizations must c	omplete	e this pa	art.T e (a)Tj 30 0 Td(r	<u>Tj 21 s31450 0 Td(r</u>)Tj 21 s

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

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. include any "unusual grants.")	n					
2	Tax revenues levied for the organization's benefit and aither poid to or expended on its behalf	n					
3	The value of services or facilities furnished by a governmental unit to the organization without charge	n N					
4 5	Total. Add lines 1 through 3 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 shown on line 11, column (f)	~					
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support endar year (or fiscal year_beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(a) 2013	(b) 2014	(0) 2015	(u) 2010	(e) 2017	(i) iotai
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties similar sources	n					
9	Net income from unrelated business activities, whether or matter business is regularly carried on	n					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)I. 26						

20

Part III Support Schedule for Organ

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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	M					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	n					
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	n					
5	The value of services or facilities						
J	furnished by a governmental unit to the						
	organization without charge	n					
6	Total. Add lines 1 through 5	'n					
7.	•						
ı a	Amounts included on lines 1, 2, and 3	n					
b	received from disqualified persons Amounts included on lines 2 and 3	<u> </u>	-		+		
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	n		-			
_	Add lines 7a and 7b	<u> </u>					
8	Public support. (Subtract line 7c from	n					
	line 6.)						
	tion B. Total Support	() 2212		() 2245	() 0040	() 0047	T (0 = 1.1
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	•	n					
	rents, royalting grant g						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	n					
	acquired after June 30, 1975	Ų					
С	Add lines 10a and 10b	I I					
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on	n					
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)	n					
13	Total support (Add lines 9, 10c, 11						
	and 12.)	n					
14	First five years. If the Form 990 is f	or the organiza	ition's first seco	and third, fourth	or fifth tax v	ear as a section	
	organization, check this box and stop here		mmm	\mathbf{m}	mm	m	
Sec	tion C. Computation of Public Sup		nde				
<u> 15</u>	Public support percentage for 2017 (line 8		•	mn (f)) m	\mathbf{m}	$\mathbf{n}_{\scriptscriptstyle{5}}$	%
16	Public support percentage from 2016 Sche			$\gamma \gamma $	mmm		
	tion D. Computation of Investmen				<u> </u>	= I=U	
	•			12 column (f))	mmm	Mz	0/
17	Investment income percentage for 2017 (li			13, COIUITIN (T))	++++++++++++++++++++++++++++++++++++	1 2'	<u>%</u>
18	Investment income percentage from 2016				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 8 - 4	<u>%</u>
19 a	331/3% support tests - 2017. If the or	-					
_	1 j 2 (4) ali (1 2/81) 9 ja n-a l(1\$13/11] f12230011 iip (8) 9 2/ 3 8) iip (6 01) ii -	pykłyk up Nobl("Mecj (FJ518)?	n es varjalgajskij koskiria)	mppupy)sup nuo iOd(md)(di)) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	u lod(a)) jj81810Tod(i)T	p(a)uj1104(n)uj <u>f9(a)</u> Tp(
b	5 e organizatdisq						
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Page 5 Schedule A (Form 990 or 990-F7) 2017

	C N (1 01111 000 01 000 EZ) 2011			age C
Part	V Supporting Organizations (continued)			
4.4	Here the executive accepted a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	71 11 3 3		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			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	'		
2	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.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inatru	otiona)	
С	The organization supported a governmental entity. Describe in Part vi now you supported a government entity (see	msuu	Yes	
2	Activities Test. Answer (a) and (b) below.		103	140
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			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organizations: if 163, describe in Fait vittle fole played by the organization in this fegald.	∟งม		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	ıs	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	-		
		•	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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 Discoun			

Page 7 Schedule A (Form 990 or 990-EZ) 2017

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt 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 2017 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-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
a	mm			
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 8

Scriedule A (Form 990 of 990-EZ)

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

					ATTACHMENT 1	
SCHEDULE A, PART II	- OTHER INCOM	E				
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
DET MOVID GEMENT			2.000			2 000
REIMBURSEMENT			2,000.			2,000.
MISCELLANEOUS			17,620.			17,620.
TOTALS		_	19,620.			19,620.

Schedule B

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

Name of the organization

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047



Employer identification number

Organization type (check one):
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
-	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	of filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.
Special Rules	
regulations under s	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line d that received from any one contributor, during the year, total contributions of the greater of (1) sreater

Schedule of Contributors

Name of c	PARK, INC.	CHNOLOGI	26-3166908
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$ 305,751.	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule D (Form 990) 2017 Page 3

Part VII	Investments - Other Securities. Complete if the organization answered "	Yes" on Form 990.	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(4) Financi	al derivatives mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm	1	,
` '			
	r-held equity interests		
(3) Other_			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		Yes" on Form 990,	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
I all IX		Yes" on Form 990	Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Desc		(b) Book value
(1)	(a) Desc	приоп	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		m	mmmmmh
	umn (b) must equal Form 990, Part X, col. (B) line	e 15.)	1111111111111111111111
Part X	Other Liabilities. Complete if the organization answered " line 25.	Yes" on Form 990,	, Part IV, line 11e or 11f. See Form 990, Part X,
		(L) D. L. L.	
1.	(a) Description of liability	(b) Book value	
	ral income taxes	1 001 5	100
	PAYABLE TO UNIVERSITY	1,291,7	
	REST PAYABLE TO UNIVERSITY	132,6	
	TO UNIVERSITY	34,6	516.
(5)			
(6)			
(7)			
(8)			
(9)	-		
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	1,458,9	20.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedul	e D (Form 990) 2017 Page
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.
1	Total revenue, gains, and other support per audited financial statements
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:
а	Net unrealized gains (losses) on investments
b	Donated services and use of facilities 2 2 2 5
С	Recoveries of prior year grants 42c
d	Other (Describe in Part XIII.)
е	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:
а	Investment expenses not included on Form 990, Part VIII, line 7b.
b	Other (Describe in Part XIII)
c	Add lines 4a and 4b
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
rail	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.
1	Total expenses and losses per audited financial statements
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:
а	Donated services and use of facilities ANNANANANANANANANANANANANANANANANANANA
b	Prior year adjustments 10101010101010101010101010101010101010
С	Other losses 22c
d	Other (Describe in Part XIII,)
е	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:
а	Investment expenses not included on Form 990, Part VIII, line 7b
b	Other (Describe in Part XIII)
C	Add lines 4a and 4b Total our areas Add lines 3 and 4a (This must ague) Form 000 Port Line 48)
5 (Thi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.
(1111	eappreniental information.

Part XIII Supplemental Information (continued)

ASC 740 (FIN 48) FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION FOLLOWS THE FINANCIAL ACCOUNTING STANDARDS BOARD

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

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

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

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

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

BE CHALLENGED. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS

INCLUDE ANY UNCERTAIN TAX POSITIONS FOR WHICH RECOGNITION OR DISCLOSURE

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

TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN

OPERATING EXPENSE. NO INTEREST OR PENALTIES WERE RECOGNIZED IN 2018.

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXATION, NEVERTHELESS, IT MAY BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE TAX YEARS ENDED JUNE 30, 2018, 2017, AND 2016 REMAIN OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

RECONCILIATION OF REVENUE WITH AFS

SCHEDULE D, PART XI, LINE 2D

IN KIND REVENUE - SERVICES \$87,159

Form 990) 2017 Supplemental Information (conti Td(i)Tj 92I	
Suppremental information (continuity) 921	

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

Employer identification number

Part	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)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or reimbursement or provision of all of the expenses described above? If "No." complete Part III, to		
	explain 11 1 1	o	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		
	1a?		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	Compensation committee Written employment contract		
	Independent compensation consultant Compensation survey or study		
	Form 990 of other organizations Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		
•	organization or a related organization:		
а	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?)	
	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?	а	
b	Any related organization?)	
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		
	compensation contingent on the net earnings of: The organization? The organization? The organization?		
a b	The organization? Any related organization?	_	
D	If "Yes" on line 6a or 6b, describe in Part III.	,	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		
•	payments not described on lines 5 and 6? If "Yes," describe in Part III		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		
	to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe		
	in Part III		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		
	Regulations section 53.4958-6(c)?		<u> </u>

Schedule J (Form 990) 2017

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. f189 90i

NATIONAL AVIATION RESEARCH & TECHNOLOGY 26-3166908

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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 \$120,000 DURING THE

CALENDAR YEAR TO THE PLANS.

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

YEARS.

APRIL 26, 2018 THE BOARD VOTED TO CHANGE THE ORGANIZATION'S NAME FROM STOCKTON AVIATION RESEARCH AND TECHNOLOGY PARK OF NEW JERSEY, INC TO NATIONAL AVIATION RESEARCH AND TECHNOLOGY PARK, INC.

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.

COMMITTEE MEETINGS

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

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

STAFF SUPPORT MEMBERS PRESENT DO TAKE NOTES REGARDING DECISIONS THAT ARE

MADE AND FOLLOW-UP ACTIONS THAT MUST BE TAKEN.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11

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

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Schedule O	(FOIIII	990 0	990-62	12017

Name of the organization Employer identification number

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

ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 7

NATIONAL AVIATION RESEARCH & TECHNOLOGY PARK, INC. DOES NOT HAVE ANY EMPLOYEES OR COMPENSATE ANY INDIVIDUALS. ALL INDIVIDUALS LISTED ON PART VII, ARE COMPENSATED BY A RELATED ORGANIZATION, STOCKTON UNIVERSITY. THEREFORE, THE AMOUNTS REPORTED ON PART IX, LINE 7 (OTHER SALARIES AND WAGES) REPRESENT AN OVERHEAD CHARGE PAID TO STOCKTON UNIVERSITY.

ATTACHMENT 1

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
CONSULTING FEES	230,420.	230,420.	O.	O.
TOTALS	230,420.	230,420.	0.	0.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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



Name of the organization						Employer rue	illiication n	iuiiibei
Identification of Disregarded Entities. Complete if the	ne organization	answe	ered "Yes" on	Form 990, Part I	/, line 33.			
					<u>'</u>	1		

Part	III Identification of Rela	ated Organization r more related org	s Taxable janization	e as a s trea	Partners ited as a p	hip. Co partner	omplete if ship during	the g the	organizatio tax year.	n ar	nswered "Ye	es" on	Forn	n 990, Part IV,	, line	34,	
	(a) Name, address, and EIN of related organization	, address, and EIN of ated organization Primary activity d			(d) t 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) oportionate cations?	amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managing partner?		(k) Percentage ownership
			country)					_				Yes	No		Yes	No	
(1)		_															
(2)																	
(3)																	
(4)																	
(5)																	
(6)																	
(7)																	
Part	Identification of Rela	 ated Organization ad one or more re	s Taxable lated orga	e as a anizat	Corporations treat	l tion or ed as a	Trust. Co a corporati	mple on o	ete if the or r trust durir	rgan ng th	ization ansv ne tax year.	vered	"Yes	 " on Form 990), Pa	art IV,	
		a) IN of related organization			(b) Primary a		(c) Legal domicile (state or foreign country)		(d) ect controlling entity	Ty (C cor	(e) ype of entity p,						

Schodula B (Form 000) 2017

Schedule R (Form 990) 2017	Page 3

Part	V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Not	e: Con	nplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	'es	No
1	During	g 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	Recei	ipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b		grant, or capital contribution to related organization(s)		X
		grant, or capital contribution from related organization(s)		X
		s or loan guarantees to or for related organization(s) description description of the state of t		Χ
е	Loans	s or loan guarantees by related organization(s)	X	
f	Divide	ends from related organization(s) MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM		Х
g	Sale	of assets to related organization(s)		X
h	Purch	hase of assets from related organization(s)		X
i	Excha	ange of assets with related organization(s)		X
j	Lease	e of facilities, equipment, or other assets to related organization(s)		X
l.	1	o of fostilities agreement, or other accosts from related agreenization(s).		X
K	Lease	e of facilities, equipment, or other assets from related organization(s) 111111111111111111111111111111111111		X
I 		ormance of services of membership of fundraising solicitations for related organization(s)		X
n	Chari	ng of facilities, equipment, mailing lists, or other assets with related organization(s)	Х	
		ng of paid employees with related organization(s)	Х	
U	Silaili	ng of paid employees with related organization(s)		
n	Reim	bursement paid to related organization(s) for expenses	Х	
q		bursement paid by related organization(s) for expenses MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM		X
ч	1101111	Sursomerik pala sy relation digarizzation (e) nor expenses		
r	Other	r transfer of cash or property to related organization(s)		Х
		r transfer of cash or property from related organization(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 thresholds		
		(a) (b) (c) (d)		
		Name of related organization Transaction Amount involved Method of determ type (a-s) Amount involved amount involved amount involved)
(4)				
(1)				
(2)				
(3)				
(3)				
(4)				
(5)				
\- <i>/</i>				
(6)				

JSA 7E1309 2.000 Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

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 country) income (related unrelated, exclud from tax under		(d) Predominant income (related, unrelated, excluded from tax under	(e) (f) Are all partners section 501(c)(3) organizations?			(f) (g) Share of Share of al income end-of-year assets		(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No		Yes	No		
_(2)														
(3)														
(4)														
(5)														
(6)														
(8)														
(9)														
(10)														
(11)														
(12)														
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(14)														
(15)														
(16)														

Schedule R (Form 990) 2017

JSA

Schedule R (Form 990) 2017 Page 5

Part VII Supplemental Information

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