

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTREPID MUSEUM FOUNDATION, INC.		D Employer identification number 13-3062419
	Doing business as		E Telephone number (212) 245-0072
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 52,113,821.
	WEST 46TH ST & 12TH AVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10036		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: SUSAN MARENOFF-ZAUSNER SAME AS C ABOVE			If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.INTREPIDMUSEUM.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1982 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	506
	6 Total number of volunteers (estimate if necessary)	6	173
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	154,151.
b Net unrelated business taxable income from Form 990-T, line 38	7b	214,833.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,046,255.	5,362,948.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,038,942.	19,564,207.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,196,728.	2,537,687.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,520,272.	7,003,935.
		26,802,197.	34,468,777.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	79,602.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,543,804.	20,834,987.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,566,431.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,126,325.	14,035,818.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,670,129.	34,950,407.	
19 Revenue less expenses. Subtract line 18 from line 12	3,132,068.	-481,630.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	99,739,001.	94,644,581.
	22 Net assets or fund balances. Subtract line 21 from line 20	22,010,727.	21,706,020.
	77,728,274.	72,938,561.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	SUSAN MARENOFF-ZAUSNER, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	GARRETT M. HIGGINS	GARRETT M. HIGGINS	11/13/19		P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945			
Firm's address ▶ 665 FIFTH AVENUE NEW YORK, NY 10022			Phone no. 212-286-2600		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: AS AN EDUCATIONAL AND CULTURAL NONPROFIT INSTITUTION, THE INTREPID MUSEUM PROMOTES THE AWARENESS AND UNDERSTANDING OF HISTORY, SCIENCE AND SERVICE THROUGH ITS COLLECTIONS, EXHIBITIONS AND PROGRAMMING IN ORDER TO HONOR OUR HEROES, EDUCATE THE PUBLIC AND INSPIRE OUR YOUTH.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 20,886,850. including grants of \$) (Revenue \$ 18,873,039.) EXHIBITS AND MUSEUM SERVICES:

IN FY 2018, THE MUSEUM CONTINUED ITS STRONG ATTENDANCE, ONCE AGAIN HOSTING MORE THAN 1 MILLION VISITORS. THE MUSEUM SERVICES DEPARTMENT CONTINUED ITS SUPPORT OF THE OVERALL VISITOR EXPERIENCE IN THE BOX OFFICE AND THROUGHOUT THE COMPLEX. THE SUBMARINE GROWLER EXPERIENCE WAS EXPANDED IN MAY WITH THE ADDITION OF "A VIEW FROM THE DEEP: THE SUBMARINE GROWLER & THE COLD WAR". THIS NEW EXHIBITION LOCATED ON THE PUBLIC PIER WAS INTEGRATED INTO THE QUEUING FOR VISITORS PRIOR TO EXPERIENCING THE SUBMARINE. [SEE SCHEDULE O FOR CONTINUATION]

4b (Code:) (Expenses \$ 6,410,905. including grants of \$ 79,602.) (Revenue \$ 691,168.) EDUCATION:

THE MUSEUM'S EDUCATION DEPARTMENT SERVED MORE THAN 30,000 INDIVIDUALS THROUGH VARIOUS TYPES OF FORMAL PROGRAMMING IN THE FISCAL YEAR SPANNING JANUARY 1, 2018 DECEMBER 31, 2018 AND TENS OF THOUSANDS MORE THROUGH PUBLIC EDUCATION PROGRAMS SUCH AS TOURS, TALKS AND DEMONSTRATIONS.

THE MUSEUM OFFERS MULTIDISCIPLINARY, DYNAMIC PROGRAMS FOR SCHOOLS AND FAMILIES, AUDIENCES WITH SPECIAL NEEDS, VULNERABLE GROUPS, VETERANS AND COMMUNITY GROUPS AS WELL AS THE GENERAL VISITING PUBLIC. [SEE SCHEDULE O FOR CONTINUATION]

PROGRAMS HAPPEN AT THE MUSEUM, IN THE COMMUNITIES OF NEW YORK CITY AND

4c (Code:) (Expenses \$ 2,361,440. including grants of \$) (Revenue \$) TOTAL DAYS OF PROGRAMMING IN FY 2018: 44

THE MUSEUM PRODUCES POPULAR FESTIVALS THAT ATTRACT FAMILY AUDIENCES FROM NEW YORK CITY AND BEYOND AND BUILD A SENSE OF COMMUNITY ON THE FAR WEST SIDE OF MANHATTAN. ADDITIONALLY, THE PROGRAMMING TEAM COLLABORATES WITH HIGH-PROFILE ARTS ORGANIZATIONS TO STAGE MISSION-SPECIFIC PERFORMANCES THAT APPEAL TO NEW AUDIENCES.

KIDS WEEK

FEBRUARY 18, 2018 FEBRUARY 24, 2018

TOTAL ATTENDANCE: 26,000 [SEE SCHEDULE O FOR CONTINUATION]

4d Other program services (Describe in Schedule O.) (Expenses \$ 113,269. including grants of \$) (Revenue \$)

4e Total program service expenses 29,772,464.

Part 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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV 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 Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 126	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 22; 1b Enter the number of voting members included in line 1a... 22; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records PATRICIA BEENE, CHIEF FINANCIAL/ADMIN OFFICER - 646-381-5250 WEST 46TH ST & 12TH AVE, NEW YORK, NY 10036

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH FISHER CO-CHAIRMAN	5.00	X		X				0.	0.	0.
(2) BRUCE MOSLER CO-CHAIRMAN	5.00	X		X				0.	0.	0.
(3) DENIS A. BOVIN VICE-CHAIRMAN	3.00	X		X				0.	0.	0.
(4) CHARLES DE GUNZBURG VICE-CHAIRMAN	3.00	X		X				0.	0.	0.
(5) MARTIN L. EDELMAN VICE-CHAIRMAN	3.00	X		X				0.	0.	0.
(6) MEL IMMERGUT VICE-CHAIRMAN	3.00	X		X				0.	0.	0.
(7) RICHARD SANTULLI VICE-CHAIRMAN	1.00	X		X				0.	0.	0.
(8) CHARLES BOLDEN TRUSTEE	1.00	X						0.	0.	0.
(9) GERRY BYRNE TRUSTEE	1.00	X						0.	0.	0.
(10) STEVEN FISHER TRUSTEE	1.00	X						0.	0.	0.
(11) WINSTON FISHER TRUSTEE	1.00 0.10	X						0.	0.	0.
(12) THOMAS HIGGINS TRUSTEE	1.00	X						0.	0.	0.
(13) STANLEY S. HUBBARD TRUSTEE	1.00	X						0.	0.	0.
(14) KENT L. KAROSEN TRUSTEE UNTIL DEC 6 2018	1.00	X						0.	0.	0.
(15) MARK LAPIDUS TRUSTEE	1.00	X						0.	0.	0.
(16) PAMELA LIEBMAN TRUSTEE	1.00	X						0.	0.	0.
(17) JOHN MCAVOY TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAURA MCDONNELL TRUSTEE	1.00	X					0.	0.	0.	
(19) JAMES L. NEDERLANDER, JR. TRUSTEE	1.00 0.10	X					0.	0.	0.	
(20) CHARLES PHILLIPS TRUSTEE	1.00	X					0.	0.	0.	
(21) THOMAS F. SECUNDA TRUSTEE	1.00	X					0.	0.	0.	
(22) FRANCES F. TOWNSEND TRUSTEE	1.00	X					0.	0.	0.	
(23) DAVID H. W. TURNER TRUSTEE	1.00	X					0.	0.	0.	
(24) SUSAN MARENOFF-ZAUSNER PRESIDENT	50.00			X			585,141.	0.	23,958.	
(25) DAVID A. WINTERS EXECUTIVE VICE PRESIDENT/SECRETARY	45.00 3.00			X			292,614.	0.	25,982.	
(26) PATRICIA BEENE-COLASANTI CFO/CAO	50.00			X			333,621.	0.	26,482.	
1b Sub-total							1,211,376.	0.	76,422.	
c Total from continuation sheets to Part VII, Section A							2,443,269.	0.	278,489.	
d Total (add lines 1b and 1c)							3,654,645.	0.	354,911.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **19**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CH2M HILL PO BOX 201869, DALLAS, TX 75320-1869	ENGINEERING SERVICES	469,210.
PKF O'CONNOR DAVIES, LLP 665 FIFTH AVENUE, NEW YORK, NY 10022	ACCOUNTING & AUDIT SERVICES	113,320.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,657,551.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,026,558.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,678,839.				
	g Noncash contributions included in lines 1a-1f: \$		27,802.				
	h Total. Add lines 1a-1f		5,362,948.				
	Program Service Revenue	2 a ADMISSIONS	Business Code 900099	18,262,085.	18,262,085.		
b MEMBERSHIPS		900099	610,954.	610,954.			
c MUSEUM TOURS & EXHIBITS		900099	510,006.	510,006.			
d EDU. PGMS & WORKSHOPS		900099	181,162.	181,162.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f			19,564,207.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		730,077.			730,077.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	5,331,011.				
		(ii) Personal	49,935.				
		b Less: rental expenses	0.	10,784.			
		c Rental income or (loss)	5,331,011.	39,151.			
	d Net rental income or (loss)		5,370,162.		39,151.	5,331,011.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	19,102,120.				
		(ii) Other	152,500.				
		b Less: cost or other basis and sales expenses	17,447,010.	0.			
		c Gain or (loss)	1,655,110.	152,500.			
	d Net gain or (loss)		1,807,610.			1,807,610.	
	8 a Gross income from fundraising events (not including \$ 1,657,551. of contributions reported on line 1c). See Part IV, line 18	a	156,000.				
		b Less: direct expenses	187,250.				
c Net income or (loss) from fundraising events			-31,250.			-31,250.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a CONCESSIONS		900099	1,397,592.			1,397,592.	
	b INSURANCE SETTLEMENT		900099	134,536.		134,536.	
	c SPONSORSHIP REVENUE		900099	115,000.	115,000.		
	d All other revenue		900099	17,895.		17,895.	
	e Total. Add lines 11a-11d			1,665,023.			
12 Total revenue. See instructions			34,468,777.	19,564,207.	154,151.	9,387,471.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	27,102.	27,102.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	52,500.	52,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,314,762.	2,832,563.	306,091.	176,108.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,646,059.	11,660,964.	1,260,100.	724,995.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	129,126.	117,328.	7,908.	3,890.
9 Other employee benefits	2,182,292.	1,970,716.	140,654.	70,922.
10 Payroll taxes	1,562,748.	1,405,114.	104,243.	53,391.
11 Fees for services (non-employees):				
a Management				
b Legal	199,880.	164,542.	34,459.	879.
c Accounting	87,670.		87,670.	
d Lobbying	114,894.		114,894.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	138,552.		138,552.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	629,152.	513,501.	17,999.	97,652.
12 Advertising and promotion	1,471,484.	1,384,707.	17,881.	68,896.
13 Office expenses	769,931.	662,991.	78,836.	28,104.
14 Information technology	386,851.	281,930.	77,646.	27,275.
15 Royalties				
16 Occupancy	1,734,392.	1,537,246.	179,826.	17,320.
17 Travel	120,917.	106,157.	10,904.	3,856.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	97,671.	85,749.	8,808.	3,114.
20 Interest	325,326.	268,275.	55,631.	1,420.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,020,948.	4,136,290.	862,641.	22,017.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UBI TAX PAYMENT	50,354.	44,207.	4,541.	1,606.
b EVENT & PROGRAM EXPENSE	1,448,405.	1,180,982.	24,251.	243,172.
c REPAIRS AND MAINTENANCE	692,592.	667,133.	22,738.	2,721.
d CONTRACT SVC/ RENTAL EQ	336,553.	312,297.	18,245.	6,011.
e All other expenses	410,246.	360,170.	36,994.	13,082.
25 Total functional expenses. Add lines 1 through 24e	34,950,407.	29,772,464.	3,611,512.	1,566,431.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	6,695,505.	1	6,777,432.
	2 Savings and temporary cash investments	6,205,185.	2	6,321,947.
	3 Pledges and grants receivable, net	2,506,091.	3	1,785,949.
	4 Accounts receivable, net	2,358,198.	4	1,983,648.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	204,837.	9	189,294.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 119,216,995.		
	b Less: accumulated depreciation	10b 68,340,626.	52,903,460.	10c 50,876,369.
	11 Investments - publicly traded securities	28,865,725.	11	26,709,942.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	99,739,001.	16	94,644,581.	
Liabilities	17 Accounts payable and accrued expenses	3,051,035.	17	3,344,281.
	18 Grants payable		18	
	19 Deferred revenue	3,368,069.	19	3,035,986.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	10,037,500.	23	9,865,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,554,123.	25	5,460,753.
	26 Total liabilities. Add lines 17 through 25	22,010,727.	26	21,706,020.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	46,639,831.	27	43,773,349.
	28 Temporarily restricted net assets	8,691,482.	28	6,751,692.
	29 Permanently restricted net assets	22,396,961.	29	22,413,520.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	77,728,274.	33	72,938,561.	
34 Total liabilities and net assets/fund balances	99,739,001.	34	94,644,581.	

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	34,468,777.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,950,407.
3	Revenue less expenses. Subtract line 2 from line 1	3	-481,630.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77,728,274.
5	Net unrealized gains (losses) on investments	5	-4,308,083.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	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	72,938,561.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash 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?
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?
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 Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9192075.	7921602.	5331533.	5046255.	5362948.	32854413.
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	18631983.	18934469.	21669058.	15038942.	19564207.	93838659.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge	447,000.	462,000.	462,000.	308,000.	462,000.	2141000.
6 Total. Add lines 1 through 5	28271058.	27318071.	27462591.	20393197.	25389155.	128834072
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	505,831.	560,056.	973,961.	618,417.	1081583.	3739848.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	505,831.	560,056.	973,961.	618,417.	1081583.	3739848.
8 Public support. (Subtract line 7c from line 6.)						125094224

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	28271058.	27318071.	27462591.	20393197.	25389155.	128834072
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4395303.	4665727.	5463588.	4763488.	6061088.	25349194.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	13,157.	10,353.	8,913.			32,423.
c Add lines 10a and 10b	4408460.	4676080.	5472501.	4763488.	6061088.	25381617.
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.)	2085126.	1171615.	1265329.	1097014.	1550023.	7169107.
13 Total support. (Add lines 9, 10c, 11, and 12.)	34764644.	33165766.	34200421.	26253699.	33000266.	161384796

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	77.51 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	77.19 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	15.73 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	16.95 %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section 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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	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)? <i>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).</i>		

Section 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

CONCESSIONS

2014 AMOUNT: \$ 719,048.

2015 AMOUNT: \$ 1,171,615.

2016 AMOUNT: \$ 1,265,329.

2017 AMOUNT: \$ 1,097,014.

2018 AMOUNT: \$ 1,397,592.

MISCELLANEOUS INCOME

2014 AMOUNT: \$ 28,208.

2018 AMOUNT: \$ 969.

INSURANCE PROCEEDS

2014 AMOUNT: \$ 1,337,870.

2018 AMOUNT: \$ 134,536.

REIMBURSEMENT

2018 AMOUNT: \$ 16,926.

PART III, SHORT YEAR EXPLANATION:

2017 WAS A SHORT YEAR RETURN FROM 5/1/17 - 12/31/17.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

INTREPID MUSEUM FOUNDATION, INC.

Employer identification number

13-3062419

Organization type (check one):

Filers of:

Section:

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

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 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).

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>507,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>420,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>416,245.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>213,559.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>184,948.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>109,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>97,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>93,583.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>89,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ <u>83,344.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ <u>74,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ <u>72,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ <u>65,244.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ <u>64,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ <u>60,086.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 57,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 48,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 47,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	_____ _____ _____	\$ <u>42,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ <u>42,370.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ <u>41,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ <u>37,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____ _____ _____	\$ <u>25,344.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	_____ _____ _____	\$ 20,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	_____ _____ _____	\$ 20,124.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	 <hr/> <hr/> <hr/>	\$ <u>19,167.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	 <hr/> <hr/> <hr/>	\$ <u>19,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	 <hr/> <hr/> <hr/>	\$ <u>18,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	 <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	 <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	 <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	_____ _____ _____	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	_____ _____ _____	\$ 13,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	_____ _____ _____	\$ 12,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ 11,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	 <hr/> <hr/> <hr/>	\$ <u>9,688.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	 <hr/> <hr/> <hr/>	\$ <u>9,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	 <hr/> <hr/> <hr/>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	_____ _____ _____	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____ _____ _____	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	_____ _____ _____	\$ <u>6,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	 <hr/> <hr/> <hr/>	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	 <hr/> <hr/> <hr/>	\$ <u>6,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	 <hr/> <hr/> <hr/>	\$ <u>5,833.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	 <hr/> <hr/> <hr/>	\$ <u>5,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	 <hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
37	330 SHARES OF CON EDISON STOCK _____ _____ _____	\$ 25,344.	04/13/18
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2018**

LHA
832041 11-08-18

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		114,894.
j Total. Add lines 1c through 1i			114,894.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE FOUNDATION USED LOBBYING SERVICES TO FACILITATE MEETINGS AND SUCH TO SECURE GOVERNMENT GRANTS FOR CAPITAL NEEDS AND PROGRAM SUPPORT.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization INTREPID MUSEUM FOUNDATION, INC. **Employer identification number** 13-3062419

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	28,928,387.	26,494,747.	23,990,233.	24,381,065.	22,805,039.
b Contributions	600,000.	600,000.	600,000.	600,000.	600,000.
c Net investment earnings, gains, and losses	-1,958,014.	2,316,275.	2,591,024.	-359,832.	1,546,026.
d Grants or scholarships					
e Other expenditures for facilities and programs	763,734.	482,635.	686,510.	631,000.	570,000.
f Administrative expenses	138,453.				
g End of year balance	26,668,186.	28,928,387.	26,494,747.	23,990,233.	24,381,065.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.00 %
 - b Permanent endowment 79.37 %
 - c Temporarily restricted endowment 20.63 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		22,328,737.	6,432,392.	15,896,345.
d Equipment		7,797,069.	7,086,937.	710,132.
e Other		89,091,189.	54,821,297.	34,269,892.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				50,876,369.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	11,029.
(2) CAPITALIZED LEASE OBLIGATION	514,727.
(3) DUE TO FEDERAL AGENCY	4,934,997.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,460,753.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	31,156,335.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-4,308,083.
b	Donated services and use of facilities	2b	1,123,409.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	10,784.
e	Add lines 2a through 2d	2e	-3,173,890.
3	Subtract line 2e from line 1	3	34,330,225.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	138,552.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	138,552.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	34,468,777.

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

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

1	Total expenses and losses per audited financial statements	1	35,946,048.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,123,409.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	10,784.
e	Add lines 2a through 2d	2e	1,134,193.
3	Subtract line 2e from line 1	3	34,811,855.
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	138,552.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	138,552.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	34,950,407.

Part XIII Supplemental Information.

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

PART III, LINE 1A:

THE INTREPID AND CERTAIN EXHIBITS WERE PLACED ON LOAN TO THE FOUNDATION BY THE UNITED STATES DEPARTMENT OF THE NAVY ("NAVY") AND BRITISH AIRWAYS, AND THE VALUE THEREOF IS NOT READILY DETERMINABLE. ACCORDINGLY, THE MUSEUM HAS FOLLOWED THE ACCOUNTING POLICY OF MOST MUSEUMS WITH RESPECT TO COLLECTIONS AND EXHIBITS ON LOAN AND HAS NOT INCLUDED THOSE ASSETS IN THE FINANCIAL STATEMENTS. MAJOR REPAIRS AND IMPROVEMENTS WHICH PRESERVE THESE COLLECTIONS AND EXHIBITS AND/OR INCREASE THE FUTURE ECONOMIC USEFULNESS OF THE ASSETS ARE CAPITALIZED.

THE SUBMARINE, GROWLER, WAS SIMILARLY LOANED BY THE NAVY TO THE FOUNDATION, AND WAS OPENED TO THE PUBLIC IN MAY 1989.

Part XIII Supplemental Information (continued)

THE CONCORDE G-BOAD WAS LOANED TO THE MUSEUM BY BRITISH AIRWAYS ON NOVEMBER 24, 2003 FOR AN UNSPECIFIED PERIOD OF TIME. THE LOAN AGREEMENT CANNOT BE CANCELLED BY THE MUSEUM BEFORE NOVEMBER 2013.

ON NOVEMBER 22, 2011, THE MUSEUM ENTERED INTO A CONTRACT FOR THE CONDITIONAL TRANSFER OF TITLE TO NASA HISTORIC ARTIFACT(S) WITH THE NATIONAL AERONAUTICS AND SPACE ADMINISTRATION (NASA) TO ACQUIRE THE SPACE SHUTTLE ORBITER ENTERPRISE. NASA TRANSFERRED THE TITLE TO THE MUSEUM SUBJECT TO CERTAIN CONDITIONS AND RESTRICTIONS FOR A 20-YEAR PERIOD. NASA PHYSICALLY DELIVERED THE ENTERPRISE TO THE MUSEUM AT JFK AIRPORT ON APRIL 27, 2012. THE ENTERPRISE EXHIBIT WAS OFFICIALLY OPENED TO THE PUBLIC ON JULY 19, 2012.

PART III, LINE 4:

THE INTREPID SEA, AIR & SPACE MUSEUM COLLECTS A WIDE RANGE OF ARTIFACTS TO DOCUMENT ITS RICH HISTORY AS A U.S. NAVAL VESSEL FROM 1943 TO 1974. MANY OF THESE ARTIFACTS INCLUDE THE PERSONAL MEMORABILIA OF BOTH FORMER CREW MEMBERS AND OFFICERS ALIKE. PHOTOGRAPHS, LETTERS, MANUSCRIPTS, CERTIFICATES, MEDALS, SOUVENIRS, AND OTHER EPHEMERA HELP US TO INTERPRET THE LIVES OF THE MEN WHO WORKED AND SLEPT ON THE AIRCRAFT CARRIER. FURTHERMORE, THE "SAILOR ART" DESIGNED AND CREATED BY THE SERVICEMEN ON BOARD ALLOWS US A UNIQUE GLIMPSE INTO THE PERSONAL SIDE OF LIFE ON THE SHIP. EXAMPLES OF SUCH ART INCLUDE SKETCHES ON THE BACKS OF HANDKERCHIEFS, AN ASHTRAY CONSTRUCTED FROM A SHELL FIRED BY THE INTREPID, AS WELL AS DETAILED WALL PAINTINGS SCATTERED THROUGHOUT THE INTERIOR OF THE VESSEL. OUR VAST COLLECTION OF UNIFORMS, FROM FLIGHT SUITS TO OFFICERS' DRESS "BLUES," PROVIDES US WITH AN UNDERSTANDING OF THE DIFFERENT DUTIES AND

Part XIII Supplemental Information (continued)

JOB FOR WHICH THE SERVICEMEN WOULD HAVE BEEN RESPONSIBLE.

SIMILARLY, OUR COLLECTIONS INCLUDE AN ARRAY OF GEAR AND EQUIPMENT ASSOCIATED WITH THE SHIP AND THE AIRCRAFT THAT FLEW FROM HER. THESE OBJECTS INCLUDE LANDING SIGNAL PADDLES AND AIRCRAFT TIE-DOWNS, AS WELL AS FLIGHT HELMETS AND PLOTTING BOARDS. OUR COLLECTION OF LARGER SCALE ARTIFACTS, SUCH AS AIRCRAFT, SPECIFICALLY RELATE TO THE INTREPID'S YEARS OF SERVICE FROM WORLD WAR II THROUGH THE COLD WAR. FINALLY, ROUNDING OUT THE COLLECTIONS ARE ACCURATE MODELS OF OTHER AIRCRAFT AND SHIPS ASSOCIATED WITH THE PERIOD OF THE INTREPID'S NAVY SERVICE, PROVIDING US WITH YET ANOTHER MEANS OF VISUALIZING PAST TECHNOLOGIES.

PART V, LINE 4:

UNDER THE MUSEUM'S SPENDING POLICY, UP TO 5% OF THE AVERAGE FAIR AND UNRESTRICTED VALUE OF THE INVESTMENTS AT THE END OF THE PRIOR THREE CALENDAR YEARS IS AVAILABLE FOR OPERATIONS. THE AMOUNT APPROVED FOR OPERATIONS DURING THE YEAR ENDED DECEMBER 31, 2018 WAS \$763,734 (3%). THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO SUPPORT THE ORGANIZATION'S OPERATIONS.

PART X, LINE 2:

THE MUSEUM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE MUSEUM HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE MUSEUM IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR TAX YEARS PRIOR TO FISCAL 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

PERSONAL PROPERTY RENTAL EXPENSE 10,784.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PERSONAL PROPERTY RENTAL EXPENSE 10,784.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SALUTE TO FREEDOM DINN (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	1,813,551.		1,813,551.
	2	Less: Contributions	1,657,551.		1,657,551.
	3	Gross income (line 1 minus line 2)	156,000.		156,000.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	187,250.		187,250.
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-31,250.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **INTREPID MUSEUM FOUNDATION, INC.** Employer identification number **13-3062419**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EDUCATION DEVELOPMENT CENTER, INC. 43 FOUNDRY AVENUE WALTHAM, MA 02453	04-2241718	501(C)(3)	20,421.	0.			SUBAWARD
NATIONAL GIRLS COLLABORATIVE 4616 25TH AVENUE NE #248 SEATTLE, WA 98105	47-1608990	501(C)(3)	6,681.	0.			SUBAWARD

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

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRAVEL STIPEND	25	52,500.	0.		

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

PART I, LINE 2:

THE MUSEUM OFTEN PARTNERS WITH OUTSIDE ORGANIZATIONS TO APPLY FOR GRANTS.
 IF THE GRANT IS AWARDED, THE INTREPID MUSEUM EXECUTES A SUBAWARD AGREEMENT
 WITH THIS ORGANIZATION, WHICH BECOMES A SUBRECIPIENT FOR THE GRANT. THE
 THIRD PARTY SUBRECIPIENT IS DISTINCT FROM A VENDOR OR INDEPENDENT
 CONTRACTOR IN THAT THE SUBRECIPIENT IS LISTED IN THE PROPOSAL, HAS ALREADY
 BEEN APPROVED BY THE FUNDING AGENCY/FUNDER AND PROVIDES SUBSTANTIVE WORK
 DIRECTLY RELATED TO THE SCOPE OF THE AWARD.

Part IV Supplemental Information

TO FORMALIZE A THIRD PARTY RELATIONSHIP WITH ANOTHER ORGANIZATION (SUBRECIPIENT), THE INTREPID MUSEUM EXECUTES A SUBAWARD AGREEMENT. SUBAWARD AGREEMENT OFTEN INCLUDES ADDITIONAL EXHIBITS DETAILING SCOPE OF WORK AND THE BUDGET. SUBRECIPIENTS ARE REIMBURSED BASED ON THE INVOICES THAT THEY SUBMIT TO THE MUSEUM. PRINCIPLE INVESTIGATOR (PROJECT DIRECTOR) AND GRANTS-FINANCE REVIEW THE INVOICES TO ENSURE THAT THE COSTS ARE ALLOWABLE, WITHIN THE BUDGET, AND IN LINE WITH THE DELIVERABLES AND THE SCOPE OF WORK BEFORE THE INVOICES ARE PAID.

IN AUGUST 2018, IMF'S EDUCATION DEPARTMENT FACILITATED NEH SUMMER INSTITUTE FOR K12 EDUCATORS, THE COLD WAR THROUGH THE COLLECTIONS OF THE INTREPID MUSEUM. TWENTY-FIVE TEACHERS FROM 12 STATES WERE SELECTED TO PARTICIPATE IN THE INSTITUTE. EACH TEACHER RECEIVED A STIPEND OF \$2,100 TO OFFSET THEIR RESPECTIVE TRAVEL COSTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **INTREPID MUSEUM FOUNDATION, INC.**
 Employer identification number: **13-3062419**

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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 provision of all of the expenses described above? If "No," complete Part III to explain **1b**

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

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

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

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

a Receive a severance payment or change-of-control payment? **4a**

b Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**

c Participate in, or receive payment from, an equity-based compensation arrangement? **4c**

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:

a The organization? **5a**

b Any related organization? **5b**

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization? **6a**

b Any related organization? **6b**

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 **7**

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 **8**

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN MARENOFF-ZAUSNER PRESIDENT	(i)	531,575.	52,876.	690.	2,500.	21,458.	609,099.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID A. WINTERS EXECUTIVE VICE PRESIDENT/SECRETARY	(i)	280,651.	11,273.	690.	2,500.	23,482.	318,596.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PATRICIA BEENE-COLASANTI CFO/CAO	(i)	301,376.	30,265.	1,980.	2,500.	23,982.	360,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MATTHEW WOODS SVP ENGINEERING/FACILITIES	(i)	291,656.	29,634.	690.	2,500.	29,283.	353,763.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELAINE CHARNOV SVP EXHIBITS/EDUCATION	(i)	262,685.	26,286.	1,290.	2,500.	21,982.	314,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARC LOWITZ SVP BUSINESS DEVELOPMENT	(i)	253,660.	10,268.	690.	2,500.	29,933.	297,051.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) VINCENT FORINO VP, INFORMATION TECHNOLOGY	(i)	178,586.	18,559.	1,980.	2,500.	29,878.	231,503.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LYNDA KENNEDY VP, EDUCATION & EVALUATION	(i)	177,573.	18,438.	690.	2,500.	29,871.	229,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL ONYSKO VP, MARKETING	(i)	165,912.	13,757.	300.	2,500.	31,193.	213,662.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ALEXIS MARION VP, INSTITUTIONAL ADVANCEMENT	(i)	175,027.	17,510.	270.	2,500.	10,811.	206,118.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) THOMAS COUMBE VP, HUMAN RESOURCES	(i)	148,248.	15,000.	1,980.	2,500.	13,324.	181,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LISA YACONIELLO VP, VENUE SALES & EVENTS	(i)	154,590.	2,500.	270.	0.	9,775.	167,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 7:

AT THE END OF THE FISCAL YEAR, ALL STAFF, INCLUDING SENIOR STAFF, UNDERGO PERFORMANCE REVIEWS. SENIOR MANAGEMENT PERFORMANCE IS EVALUATED BASED ON GOALS SET FOR THE MUSEUM, EACH DEPARTMENT, MANAGEMENT OF RESPECTIVE TEAMS, AND SUCCESS OF OVERALL VENUE. (SUCCESS IS MEASURED THROUGH REVENUE, BRAND AWARENESS, CUSTOMER SATISFACTION, GROWTH OF PROGRAMMING AND CONTENT, GROWTH IN ATTENDANCE, INTEGRITY AND UPKEEP OF SAFE INFRASTRUCTURE.) BASED ON THOSE ASSESSMENTS, THE PRESIDENT RECOMMENDS SALARY INCREASES AND BONUSES FOR EACH MEMBER OF SENIOR MANAGEMENT TO THE COMPENSATION COMMITTEE BASED ON ACHIEVEMENTS AND BUDGET AVAILABILITY.

THE COMPENSATION COMMITTEE ENGAGES A COMPENSATION CONSULTANT TO PERFORM MARKET STUDIES OF COMPARABLE ORGANIZATIONS AND SENIOR MANAGEMENT POSITIONS. IT MEETS WITH THE CONSULTING FIRM AND THE PRESIDENT OF THE MUSEUM. IF THE COMPENSATION COMMITTEE HAS ANY QUESTIONS OR RECOMMENDATIONS, THE PRESIDENT ADDRESSES THEM AND MAKES REVISIONS. THE COMMITTEE THEN CONSIDERS THE PRESIDENT'S RECOMMENDATIONS AND APPROVES THEM OR DIRECTS THE PRESIDENT TO MODIFY HER RECOMMENDATIONS BASED ON OTHER FACTORS.

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.

THE PRESIDENT ALSO PRESENTS HER ACCOMPLISHMENTS TO THE CO-CHAIRMEN OF BOARD FOR REVIEW. THE CO-CHAIRMEN CONSULT WITH THE COMPENSATION COMMITTEE AND COMPENSATION CONSULTANT TO APPROVE SALARY INCREASES AND BONUSES FOR THE PRESIDENT.

AFTER BONUS AND SALARY INCREASES ARE APPROVED BY THE COMPENSATION COMMITTEE, THE CHAIRMAN OF THE COMPENSATION COMMITTEE ADVISES THE PRESIDENT WHO PREPARES THE PROPER DOCUMENTATION. IT IS THEN SUBMITTED TO FINANCE AND HUMAN RESOURCES FOR PROCESSING AND PAYMENT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the 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 **INTREPID MUSEUM FOUNDATION, INC.** Employer identification number **13-3062419**

Part I 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 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures	X	96	0.	
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	27,802.	AVG. SELLING PRICE
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				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Part II **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, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART 1, COLUMN (B) OF SCHEDULE M.

SCHEDULE M, LINE 33:

REVENUE NOT REPORTED IN PART I, LINE 2, COLUMN C:

CONTRIBUTED ARTWORK COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS BECAUSE THE MUSEUM DOES NOT HOLD COLLECTION ITEMS FOR RESALE. COMPONENTS OF THE MUSEUM'S COLLECTION, WHICH HAVE BEEN ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

INTREPID MUSEUM FOUNDATION, INC.

Employer identification number

13-3062419

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MUSEUM'S MISSION IS REALIZED IN THREE WAYS: 1) DISPLAYING
COLLECTIONS AND EXHIBITIONS THAT OFFER INTERPRETATIONS OF AMERICAN AND
GLOBAL HISTORY; 2) PROVIDING INNOVATIVE SCIENCE, HISTORY AND LEADERSHIP
PROGRAMS FOR STUDENTS; AND 3) PLAYING AN INTEGRAL ROLE IN THE LOCAL AND
NATIONAL COMMUNITY BY HOSTING A WIDE RANGE OF PUBLIC EVENTS FOR YOUTH,
FAMILIES, SENIOR CITIZENS, VETERANS, AND THE MEN AND WOMEN IN SERVICE
TO OUR NATION. THE MUSEUM'S MISSION IS AT THE CORE OF ITS STRATEGIC
PLAN AND GUIDES ALL DECISION-MAKING, WHETHER PROGRAMMATIC, CURATORIAL,
OPERATIONAL OR FINANCIAL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MUSEUM SERVICES STAFF FACILITATED THIS PROCESS WHICH WAS FREE TO THE
PUBLIC AND PROVIDED ACCESS TO THOSE WHO WERE PREVIOUSLY UNABLE TO
EXPERIENCE GROWLER'S HISTORY. OVER 350,000 VISITORS EXPERIENCED THIS
NEW ADDITION THROUGHOUT FY2018. THE MUSEUM SERVICES DEPARTMENT ALSO
EXPANDED THE TRAINING CURRICULUM TO INCLUDE BEHIND THE SCENES TALKS
WITH KEY MUSEUM STAKEHOLDERS TO EXPAND THE LEVEL OF ENGAGEMENT FOR
FRONT LINE STAFF AND IMPROVE THE VISITOR EXPERIENCE.

VOLUNTEERS

THE EXPANSION AND ENHANCEMENT OF OUR MUSEUM VOLUNTEER PROGRAM CONTINUED
IN FY 2018. VISITOR FEEDBACK REPORTED INTERACTION WITH OUR VOLUNTEERS
AS A FAVORITE ASPECTS OF THE MUSEUM EXPERIENCE. OUR ACTIVE AND GROWING
TEAM OF VOLUNTEERS, MANY OF WHOM ARE VETERANS AND SOME OF WHOM ARE

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

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

832211 10-10-18

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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INTREPID FORMER CREW MEMBERS, OFFERED THE PUBLIC A UNIQUE PERSPECTIVE ON OUR EXHIBITS AND ARTIFACTS, WITH STORIES AND ANECDOTES FROM THEIR OWN SERVICE TO OUR COUNTRY. IN FY 2018, 155 VOLUNTEERS GAVE MORE THAN 21,118 HOURS OF THEIR TIME TO THE MUSEUM.

IN ADDITION TO WORKING WITH THE PUBLIC, VOLUNTEERS ALSO ASSISTED IN THE INFORMATION TECHNOLOGY, INSTITUTIONAL ADVANCEMENT, MEMBERSHIP AND EXHIBITS DEPARTMENTS, AND APPROXIMATELY 13 DEDICATED VOLUNTEERS HELPED OUR AIRCRAFT RESTORATION STAFF SAND, PAINT, WASH AND DUST THE HISTORICAL AIRCRAFT. VOLUNTEERS ASSISTED WITH AN INCREASING NUMBER OF EDUCATION PROGRAMS, SUCH AS INTREPID AFTER HOURS, TEACHER PROFESSIONAL DEVELOPMENT WORKSHOPS, AND PROGRAMS FOR CHILDREN WITH AUTISM. A DEDICATED TEAM OF VOLUNTEERS CONTINUED THE WORK OF TRANSCRIBING THE MUSEUM'S INTERVIEWS OF FORMER CREW MEMBERS OF INTREPID AND GROWLER FOR ITS ORAL HISTORY PROJECT. TO DATE, VOLUNTEERS HAVE ASSISTED IN TRANSCRIBING MORE THAN 155 OF THE 6090-MINUTE INTERVIEWS, EACH OF WHICH TAKES APPROXIMATELY EIGHT TO TWELVE HOURS OF WORK. VOLUNTEER STAFF ALSO CONTINUED TO PARTNER WITH AMAC (ASSOCIATION FOR METRO-AREA AUTISTIC CHILDREN) AS WELL AS THE COOKE SCHOOL, TO PROVIDE OPPORTUNITIES FOR SOME OF THEIR STUDENTS TO GAIN WORK EXPERIENCE AND DEVELOP SOCIAL AND SPEAKING SKILLS. IN ADDITION, THE VOLUNTEER STAFF WORKED WITH THE BRONX INTERNATIONAL HIGH SCHOOL TO PROVIDE VOLUNTEER OPPORTUNITIES FOR A SMALL NUMBER OF THEIR STUDENTS, MANY OF WHOM HAVE ONLY BEEN IN THE UNITED STATES FOR A FEW YEARS, IN ORDER TO IMPROVE THEIR PUBLIC SPEAKING AND ENGLISH LANGUAGE SKILLS AS WELL AS PREPARE THEM FOR COLLEGE OR A WORK ENVIRONMENT.

GROUPS

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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IN FY 2018 THE INTREPID MUSEUM'S GROUP SALES OFFERINGS INCLUDED A VARIETY OF PROGRAMS FOR MANY DIFFERENT GROUP TYPES. THESE PROGRAMS WERE ALIGNED WITH OUR MISSION AND OFFERED OUR GUESTS THE OPPORTUNITY TO EXPLORE AND LEARN IN AN INFORMAL SETTING. DURING FY 2018, THE MUSEUM OFFERED SPECIALIZED CHILDREN'S BIRTHDAY PARTIES WITH THEMES OF SEA, AIR AND SPACE, CONSISTENT WITH OUR EXHIBITIONS. WE HOSTED 275 BIRTHDAY PARTIES ATTENDED BY OVER 5,060 GUESTS ABOARD INTREPID. OUR OVERNIGHT PROGRAM, OPERATION SLUMBER, SUCCESSFULLY COMPLETED 26 OVERNIGHTS INVOLVING OVER 4,380 CHILDREN AND THEIR PARENTS AND CHAPERONES. DURING FY 2018, WE HOSTED DAY CAMP GROUPS DURING THE SUMMER MONTHS WELCOMING OVER 8,700 CHILDREN AND ADULTS. WE HOSTED OVER 73,000 GUESTS THIS YEAR THROUGH OUR RECEPTIVE OPERATORS AND OVER 4,300 GUESTS VIA OUR TOUR OPERATOR PARTNERS. WE CONTINUED TO HOST YOUTH ORCHESTRAS, BANDS, CHOIRS AND DANCE GROUPS FOR PERFORMANCES ONBOARD, GIVING THEM THE OPPORTUNITY TO HONOR AND INSPIRE BY SHARING THEIR PERFORMANCES WITH MUSEUM GUESTS. THE MUSEUM ALSO HOSTED COMMISSIONING CEREMONIES ON BOARD, WHICH INCLUDED COMPLIMENTARY ADMISSION TO VETERANS AND ACTIVE MEMBERS OF THE MILITARY AND THEIR FAMILIES PRESENT TO CELEBRATE A MILITARY ENLISTMENT OR PROMOTION, AS WELL AS RETIREMENT CEREMONIES. IN FY 2018, WE HOSTED FIVE COMMISSIONING CEREMONIES WITH OVER 200 GUESTS ATTENDING. GROUPS VISITING THE MUSEUM ARE VARIED AND HAVE INCLUDED VISUALLY IMPAIRED GROUPS, HEARING IMPAIRED GROUPS AND GROUPS WITH LEARNING DISABILITIES AND PHYSICAL DISABILITIES, AS WELL AS FAMILIES AFFECTED BY AUTISM.

EXHIBITS

EXHIBITIONS

THE FOLLOWING EXHIBITIONS INCREASED THE VISIBILITY OF MUSEUM ARTIFACTS

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AND EXPANDED OPPORTUNITIES FOR MUSEUM TOUR GUIDES AND EDUCATORS TO
ENHANCE THE VISITOR EXPERIENCE.

A VIEW FROM THE DEEP: THE SUBMARINE GROWLER AND THE COLD WAR

LONG-TERM EXHIBITION OPENED MAY 11, 2018

1,900 SQUARE-FOOT EXHIBITION SPACE ON THE PIER

ATTENDANCE: APPROXIMATELY 350,000 (BETWEEN MAY 11, 2018 AND DECEMBER
31, 2018)

THE LONG-TERM EXHIBITION A VIEW FROM THE DEEP EXPLORES THE HISTORY AND
DESIGN OF USS GROWLER, ONE OF AMERICA'S FIRST NUCLEAR-MISSILE
SUBMARINES. HISTORICAL ARTIFACTS, ORAL HISTORIES AND IMMERSIVE
EXPERIENCES OFFER A BEHIND-THE-SCENES LOOK AT LIFE ON BOARD. OPENED IN
CONJUNCTION WITH GROWLER'S 60TH COMMISSIONING ANNIVERSARY, A VIEW FROM
THE DEEP IS PRESENTED IN A NEWLY- BUILT STRUCTURE ON THE MUSEUM'S PIER.
UNLIKE THE SUBMARINE ITSELF, THE EXHIBITION SPACE IS ACCESSIBLE,
ALLOWING ALL VISITORS TO IMMERSE THEMSELVES IN THE HISTORY OF GROWLER.

THE MUSEUM COLLABORATED WITH NUMBER OF OUTSIDE PARTNERS TO REALIZE A
VIEW FROM THE DEEP. CO-CURATOR ALEX WELLERSTEIN, A PROFESSOR AT THE
STEVENS INSTITUTE OF TECHNOLOGY, WORKED WITH INTREPID MUSEUM STAFF IN
DEVELOPING THE EXHIBITION. THE MUSEUM ALSO PARTNERED WITH SCENE LAB AT
THE STEVENS INSTITUTE OF TECHNOLOGY TO CREATE ACCESSIBLE, IMMERSIVE
INTERACTIVE ELEMENTS. FUNDING FROM THE INSTITUTE FOR MUSEUM AND LIBRARY
SERVICES SUPPORTED THE DEVELOPMENT OF THESE INTERACTIVE EXPERIENCES, AS
WELL AS EFFORTS TO COLLECT ORAL HISTORIES THAT FORMED THE BASIS OF THE
CONTENT.

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INTREPID A TO Z

AUGUST 14, 2018 JANUARY 13, 2019

500 SQUARE-FOOT SPACE IN HANGAR 1

ESTIMATED ATTENDANCE: 425,000 VISITORS (BETWEEN AUGUST 14, 2018 AND
DECEMBER 31, 2018)

THE TEMPORARY EXHIBITION INTREPID A TO Z PRESENTED AN ALPHABETIZED
COLLECTION OF OBJECTS THAT REVEALED THE EXPERIENCES OF DAILY LIFE ON
BOARD THE AIRCRAFT CARRIER INTREPID, WHICH SERVED IN THE U.S. NAVY FROM
1943 UNTIL 1974. THE EXHIBITION OPENED IN CONJUNCTION WITH THE MUSEUM'S
CELEBRATION OF THE 75TH COMMISSIONING OF INTREPID.

MOST OF THE OBJECTS IN THE EXHIBITION HAD NEVER BEFORE BEEN DISPLAYED.

EACH ITEM WAS ACCOMPANIED BY COMMENTARY FROM FORMER CREW MEMBERS,
VETERANS OR THE MUSEUM'S CURATORIAL STAFF. THE EXHIBITION INCLUDED
DIGITIZED VERSIONS OF INTREPID'S CRUISE BOOKS, WHICH ARE SIMILAR TO
YEARBOOKS AND WERE CREATED BY CREW MEMBERS TO REMEMBER THEIR ADVENTURES
ON BOARD. THE MUSEUM ALSO ENGAGED AN ILLUSTRATOR TO CREATE THREE
TWO-MINUTE ANIMATED FILMS THAT TELL THE STORIES OF INTREPID'S FORMER
CREW MEMBERS AND THEIR FAMILIES BASED ON A SELECTION OF ORAL HISTORIES
FROM OUR COLLECTION. THE RESULTS OF THIS COLLABORATION TITLED INTREPID
ANIMATED WERE ON DISPLAY WITHIN INTREPID A TO Z.

PERSONAL SPACE

SEPTEMBER 20, 2018 SEPTEMBER 2019

50 SQUARE-FOOT CASE IN THE PAVILION

ESTIMATED ATTENDANCE: >150,000 (BETWEEN SEPTEMBER 20, 2018 AND DECEMBER
31, 2018)

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WHAT DO A GUITAR PICK, A COPY OF PRIDE AND PREJUDICE AND A STUFFED SNOOPY DOLL HAVE IN COMMON? THEY'VE ALL BEEN TO SPACE AND ARE NOW ON VIEW IN THE MUSEUM'S SPACE SHUTTLE PAVILION. THIS NEW EXHIBITION OFFERS A GLIMPSE INTO THE LIVES OF 11 ASTRONAUTS THROUGH SPECIAL OBJECTS THEY BROUGHT WITH THEM ON MISSIONS: YOU CAN LISTEN TO FORMER ASTRONAUT AND NASA ADMINISTRATOR CHARLES BOLDEN'S FAVORITE TUNES, SEE NICOLE STOTT'S WATERCOLOR WAVES AND GET SENTIMENTAL OVER ELLEN BAKER'S FAMILY KEEPSAKES, TO NAME A FEW. ALL TEXT PANELS WERE CREATED IN BOTH ENGLISH AND SPANISH, THE FIRST TIME BILINGUAL TEXT PANELS HAVE BEEN USED AT THE MUSEUM.

ISS VR EXPERIENCE

INTERNATIONAL SPACE STATION (ISS) VR EXPERIENCE

OPENING: NOVEMBER 21, 2018 MID-2019

TAKE A VIRTUAL REALITY TRIP OUT OF THIS WORLD AND VISIT THE INTERNATIONAL SPACE STATION! EVER WANTED TO EXPERIENCE WHAT IT IS LIKE TO WORK, LEARN AND LIVE IN THE MICROGRAVITY ENVIRONMENT OF THE INTERNATIONAL SPACE STATION (ISS). THIS EXHIBIT ENGAGED AUDIENCES WITH NEW VIRTUAL REALITY TECHNOLOGY THAT BROUGHT THAT EXPERIENCE TO LIFE.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

COLLECTIONS

OVER THE PAST FISCAL YEAR THE MUSEUM'S COLLECTIONS TEAM RECEIVED AND PROCESSED 96 DONATIONS. THIS YEAR'S INCREASE IS DUE TO THE FOCUSED OUTREACH SURROUNDING GROWLER'S 60TH AND INTREPID'S 75TH COMMISSIONING

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ANNIVERSARIES.

-102 ACQUISITIONS: 4 PURCHASES, 2 TRANSFERS, 96 DONATIONS

-1,066 NEW ARTIFACTS, CONSISTING OF 121 OBJECTS, 874 IMAGES, 71

ARCHIVES

-20 REPEAT DONORS

-9 OF THE 2018 ORAL HISTORY PARTICIPANTS DONATED ARTIFACTS (26% OF NARRATORS THIS YEAR)

DONATION HIGHLIGHTS INCLUDE THE FOLLOWING:

-LETTERS AND DOCUMENTS FROM THREE DIFFERENT FAMILIES WHOSE LOVED ONES WERE KILLED IN KAMIKAZE ATTACKS ON THE SHIP IN WORLD WAR II. TOGETHER THE LETTERS SHARE THE OPTIMISM OF A SAILOR WRITING HOME FROM HIS NEW STATION, THE SUPPORT OF A COMMUNITY TO A FAMILY IN TIMES OF GRIEF, AND TWO LETTERS WERE RETURNED UNDELIVERABLE TO A NEWLY WIDOWED YOUNG WOMAN.

-BEAUTIFULLY DECORATED CANVAS ART CELEBRATING THE VAW-33 SQUADRON FROM 1963 (ARTIST UNKNOWN).

-A PIECE OF SHRAPNEL FROM REGULUS MISSILE TESTS THE FIRST PHYSICAL ARTIFACT RELATED TO THE REGULUS MISSILE.

ORAL HISTORY PROJECT

OVER THE PAST FISCAL YEAR, THE TEAM RECORDED 34 ORAL HISTORIES. WE HOSTED TWO CREW REUNIONS THIS PAST YEAR, WHICH ENABLED US TO CAPTURE A LARGE NUMBER OF INTERVIEWS ON SITE. WE RECORDED EIGHT INTERVIEWS AT THE GROWLER CREW REUNION IN MAY AND 11 INTERVIEWS AT THE INTREPID 75TH ANNIVERSARY CELEBRATION IN AUGUST, THREE OF WHOM SERVED ON BOARD THE SHIP DURING WORLD WAR II. IN JANUARY, THE MUSEUM'S TWO CURATORS TRAVELED TO JACKSONVILLE, FLORIDA, WHERE THEY CAPTURED FOUR INTERVIEWS

Name of the organization

INTREPID MUSEUM FOUNDATION, INC.

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AT THE REUNION OF A VIETNAM WAR-ERA INTREPID SQUADRON.

AIRCRAFT RESTORATION

TWO AIRCRAFT, THE ISRAELI KFIR FIGHTER JET AND THE GRUMMAN F11F BLUE ANGELS AIRPLANE, WERE REPAINTED AND REFURBISHED. BOTH AIRCRAFT SUFFERED CORROSION DAMAGE NECESSITATING REPAIRS AND TREATMENT WITH INTERNAL CORROSION INHIBITORS. THE AIRCRAFT RESTORATION TEAM ALSO CONTINUED WORK ON THE MULTIYEAR RESTORATION OF THE DOUGLAS A-1 SKYRAIDER. A SIMULATED ORDNANCE LOAD WAS INSTALLED REQUIRING THE PRECISION FABRICATION OF MOUNTING HARDWARE. THIS SKYRAIDER PROJECT WAS COMPLETED IN THE FIRST QUARTER OF 2019.

THE AIRCRAFT RESTORATION TEAM ALSO CREATED MANY SOCIAL MEDIA VIDEOS, INCLUDING STEP-BY-STEP REPAIRS ON THE SKYRAIDER AND SIX OTHER AIRCRAFT IN THE COLLECTION.

AIRCRAFT ACCESSION - NO ACCESSIONS IN FY 2018.

AIRCRAFT DEACCESSION

THE FRENCH ETENDARD JET WAS TRANSFERRED TO THE PIMA AIR & SPACE MUSEUM IN TUCSON, ARIZONA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THROUGH DISTANCE LEARNING NATIONALLY AND INTERNATIONALLY. THE MUSEUM PRIORITIZES SECURING FUNDING THAT ALLOWS IT TO OFFER MANY EDUCATION PROGRAMS AT NO COST TO STUDENTS AND FAMILIES FROM HIGH-NEED SCHOOLS AND COMMUNITIES. A LARGE PERCENTAGE OF THOSE SERVED ARE SPECIAL NEEDS

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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GROUPS, INCLUDING ENGLISH LANGUAGE LEARNERS.

SCHOOL AND TEACHER PROGRAMS

OVER 20,000 PARTICIPANTS FROM K12 SCHOOLS TOOK PART IN EDUCATIONAL EXPERIENCES AT THE MUSEUM. PROGRAMS FOCUSED ON CULTURE, SCIENCE AND HISTORY AND WERE ALIGNED WITH THE STATE STANDARDS, THE NEW YORK CITY SCOPE & SEQUENCE AND THE NEXT GENERATION SCIENCE STANDARDS. THESE PROGRAMS INCLUDED EXPLORATION OF THE SHIP'S RESTORED HISTORIC SPACES, INQUIRY-BASED DISCUSSIONS, PRIMARY SOURCE ANALYSIS AND DESIGN CHALLENGES. STUDENTS VIEWED THE MUSEUM'S HISTORIC AIRCRAFT COLLECTION, DISCUSSED AIRCRAFT DESIGN AND USE, AND ENGAGED IN PHYSICS DEMONSTRATIONS AND EXPERIMENTS TO DISCOVER HOW FLIGHT IS POSSIBLE. THEY PARTICIPATED IN SPACE SCIENCE PROGRAMS FOCUSING ON THE SPACE SHUTTLE ENTERPRISE, THE HISTORY OF THE SPACE RACE AND SPACE EXPLORATION IN RELATION TO INTREPID'S OWN HISTORY, CREATED ROBOTIC ARMS, EXPERIENCED SIMULATED MICROGRAVITY, DISCOVERED HOW ASTRONAUTS WORK IN SPACE AND COMPETED IN THEIR OWN RACE TO THE MOON, DISCUSSED WATERWAYS, THE NEED FOR WATER ON A U.S. NAVY SHIP AND PRESERVATION CHALLENGES FOR A SHIP DOCKED ON THE HUDSON RIVER AND CONDUCTED EXPERIMENTS UTILIZING HYDROMETERS TO TEST SALINITY AND DISCOVER ITS RELATION TO CORROSION. A SCHOOL RESIDENCY WAS BEGUN WITH A PUBLIC SCHOOL IN BROOKLYN, BRINGING IN-SCHOOL PROGRAMMING TO THE ENTIRE 4TH AND 5TH GRADES. AN ADDITIONAL 5,345 STUDENTS FROM ALL OVER THE UNITED STATES AND FROM MULTIPLE COUNTRIES HAVE EXPERIENCED VIRTUAL TOURS OF MUSEUM SPACES AND COLLECTIONS, LED BY AN EDUCATOR WHOM THEY INTERACT WITH IN REAL TIME.

THE MUSEUM'S EDUCATION TEAM ALSO ENGAGED MORE THAN 947 STUDENTS WITH PHYSICAL, COGNITIVE OR EMOTIONAL CHALLENGES THROUGH TAILORED PROGRAMS

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THAT INVOLVED MOVEMENT, SOUND, STORYTELLING, USE OF TOUCH-COLLECTION OBJECTS, PICTURES AND CLOSE EXAMINATION OF ARTIFACTS SUCH AS THE T-34A MENTOR AIRPLANE AND HH-52A SEA GUARDIAN HELICOPTER. MANY OF THESE PROGRAMS, PARTICULARLY THOSE FOR STUDENTS WITH AUTISM, INCLUDED A PRE-VISIT EXPERIENCE.

FOR TEACHERS, MUSEUM EDUCATORS LED FREE AND LOW-COST PROFESSIONAL DEVELOPMENT PROGRAMS FOR OVER 250 TEACHERS OF GRADES PRE-K12. PROGRAMS FOCUSED ON HISTORY AND STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH). THE FORMAT OF THESE OFFERINGS RANGED FROM FULL-DAY EXPERIENCES TO 36 HOUR COURSES APPROVED BY BOTH THE NEW YORK CITY DEPARTMENT OF EDUCATION AND BY THE NEW YORK STATE DEPARTMENT OF EDUCATION FOR PROFESSIONAL DEVELOPMENT CREDIT, THE NECESSARY AMOUNT TO MAINTAIN CREDENTIALING. THESE PROGRAMS, IN TURN, BENEFITED 12,500 STUDENTS IN THE CLASSROOM, A FIGURE ESTIMATED USING A MODEL OF 1 TEACHER TO 50 STUDENTS. CONSIDERING THAT MANY TEACHERS HAVE MORE THAN TWO CLASSES OF STUDENTS DURING THE DAY, THE NUMBER COULD CONCEIVABLY BE MUCH LARGER. IN ADDITION, THE MUSEUM RECEIVED FUNDING FROM THE NATIONAL ENDOWMENT OF THE HUMANITIES (NEH) TO BRING 25 HISTORY AND SCIENCE TEACHERS FROM ACROSS THE NATION TO STUDY THE COLD WAR THROUGH THE COLLECTIONS OF THE MUSEUM FOR A TWO-WEEK NEH SUMMER INSTITUTE IN JULY/AUGUST OF 2018.

THE MUSEUM IS ALSO A HUB FOR A NUMBER OF FREE NYC DEPARTMENT OF EDUCATION EVENTS, DURING WHICH STUDENT PROJECTS ARE FEATURED AND TEACHERS, FRIENDS AND FAMILY ARE INVITED TO CELEBRATE THEIR ACHIEVEMENTS. THE MUSEUM HOSTED THE DISTRICT 75 STEM FAIR FOR THE SECOND YEAR IN A ROW FOR 800 SPECIAL NEEDS SCIENCE STUDENTS. DURING THE STEM RESEARCH SYMPOSIUM MIDDLE AND HIGH SCHOOL STUDENTS PRESENTED TED

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STYLE TALKS TO THEIR PEERS AND IMMERSSED THEMSELVES IN SCHOLARLY CONTENT. THE INTREPID MUSEUM IS COMMITTED PARTNERING WITH THE DOE TO CREATE AN EDUCATIONAL AND INSPIRATIONAL SPACE FOR STUDENTS WHERE THEY CAN SHOWCASE THEIR CREATIVE WORK THROUGHOUT THE YEAR.

IN ORDER TO PROVIDE TIMELY AND RELEVANT SUPPORT TO NEW YORK CITY TEACHERS, MUSEUM EDUCATORS CONTINUED TO ACTIVELY PARTICIPATE IN PROFESSIONAL WORKSHOPS AND TAKE PART IN NEW YORK CITY DEPARTMENT OF EDUCATION TRAINING, PARTNER MEETINGS AND EVENTS. THEY ALSO ATTEND PROFESSIONAL NETWORKING GROUPS SUCH AS 100K IN 10, THE NEW YORK CITY MUSEUM EDUCATION ROUNDTABLE AND THE STEM EDUCATION NETWORK.

YOUTH LEADERSHIP INITIATIVE & CAREER PATHWAY UPPER ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS PARTICIPATED IN THE MUSEUM'S PROPRIETARY YOUTH LEADERSHIP PROGRAMS, CULMINATING IN A FIRST-TIME WORK EXPERIENCE FOR INTERESTED STUDENTS. THESE PROGRAMS INCLUDE THE YOUTH LEADERSHIP INSTITUTE @INTREPID (YLI) A YEARLONG PROGRAM SERVING 30 STUDENTS, AND GOALS (GREATER OPPORTUNITIES ADVANCING LEADERSHIP AND SCIENCE) FOR GIRLS, CONSISTING OF AN INTENSIVE, SIX-WEEK SUMMER SCIENCE PROGRAM FOR 50 GIRLS AS WELL AS SCIENCE AND COLLEGE-READINESS FORUMS THROUGHOUT THE YEAR SERVING HUNDREDS OF GOALS ALUMNAE. TWO SEPARATE STRANDS OF PAID INTERNSHIPS FOR ALUMNI OF GOALS AND YLI FEED INTO A JUNIOR EDUCATOR POSITION ALLOWING THESE YOUNG ADULTS TO CONTINUE GAINING WORK EXPERIENCE AS THEY MOVE THROUGH THE END OF HIGH SCHOOL AND INTO COLLEGE. FOUR OF OUR ALUMNI HAVE NOW MOVED FROM BEING A PAID INTERN INTO A "FIRST RUNG" JOB IN THE EDUCATION DEPARTMENT ON AN HOURLY BASIS WHILE THEY ARE IN COLLEGE.

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ACCESS, VETERAN AND MILITARY FAMILY PROGRAMS

PROGRAMS WERE PROVIDED FOR 2,775 PEOPLE WITH COGNITIVE, SENSORY, PHYSICAL OR EMOTIONAL NEEDS, ALONG WITH THEIR FAMILIES OR SUPPORT STAFF. PROGRAMS WERE OFFERED REGULARLY DURING WEEKDAYS AND WEEKENDS. OFFERINGS INCLUDED AMERICAN SIGN LANGUAGE (ASL) LED PUBLIC TOURS FOR ADULTS; ASL-INTERPRETED SCHOOL PROGRAMS FOR STUDENTS IN GRADES K12; VERBAL DESCRIPTION AND TOUCH TOURS FOR ADULTS WHO ARE BLIND OR HAVE LOW VISION; VERBAL DESCRIPTION AND TOUCH TOURS FOR STUDENT GROUPS; MODIFIED SCHOOL PROGRAMS FOR K12 STUDENTS; PROGRAMS FOR VISITORS WITH DEMENTIA AND THEIR CAREGIVERS; FAMILY PROGRAMS FOR CHILDREN WITH DEVELOPMENTAL OR LEARNING DISABILITIES AND THEIR FAMILIES; AND EARLY MORNING OPENINGS FOR FAMILIES AFFECTED BY AUTISM. THE MUSEUM'S ACCESS PROGRAMS ARE DESIGNED TO HONE SOCIAL AND COMMUNICATION SKILLS, AND THEY INCORPORATE ACTIVITIES, TACTILE SUPPORTS, TOUCH-COLLECTION OBJECTS, MUSIC AND PHOTOGRAPHS. THE ACCESS TEAM ALSO FACILITATED 32.5 DIRECT SERVICE HOURS FOR 56 CAMPERS DURING THE WEEK-LONG ALL ACCESS MAKER CAMPS WHERE CHILDREN WERE CHALLENGED TO TINKER AND CREATE. MILITARY FAMILY PROGRAMS FOR RETURNING VETERANS AND THEIR FAMILIES SERVED 209 PARTICIPANTS. ELEVEN VET VIDEO CHATS FOR HOSPITAL BOUND VETERANS WERE HELD FOR 228 PARTICIPANTS, AND 162 VETERANS PARTICIPATED IN INTREPID AFTER HOURS EVENTS DESIGNED JUST FOR THEM. IN ADDITION, WE ADDED VETERANS PLUS EVENTS FOR VETERANS AND THEIR ADULT CIVILIAN GUESTS, WHICH SERVED 275 PARTICIPANTS.

THE TWO PART TIME, PAID POSITIONS CREATED AND STAFFED IN COLLABORATION WITH BIRCH FAMILY SERVICES CONTINUED THROUGH 2018 BUILDING OUR TEAM CAPACITIES AND PROVIDING WORK EXPERIENCE FOR PEOPLE WITH AUTISM; THE HOURS FOR ONE OF THE STAFF MEMBERS WERE INCREASED DUE TO HIS INTEREST

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AND CAPACITIES.

COMMUNITY & FAMILY ENGAGEMENT PROGRAMS

OVER 4,000 PEOPLE PARTICIPATED IN COMMUNITY PROGRAMS LED BY MUSEUM EDUCATORS AT LIBRARIES, COMMUNITY CENTERS, HOSPITAL SCHOOLS AND COMMUNITY EVENTS. PROGRAMS ENGAGED PEOPLE OF ALL AGES AND PROMOTED FAMILY LEARNING THROUGH DEMONSTRATIONS, EXPERIMENTS, DISCUSSIONS AND GUIDED ARTIFACT-BASED LEARNING, WITH A FOCUS ON INTREPID'S HISTORY, AVIATION, WATER AND SPACE SCIENCE.

IN ADDITION, THE MUSEUM CONTINUED TO WORK WITH NYC DOE HOSPITAL SCHOOLS, AND OFFERED SEVERAL SEVEN TO 10-PART PROGRAMS DELIVERED TO HOMEBOUND SENIOR CITIZENS OVER THE PHONE THROUGH A PARTNERSHIP WITH DOROT.

WEEKEND FAMILY PROGRAMS SERVED 1,423 PEOPLE THROUGH THE DELIVERY OF 86 PROGRAMS. THE 60-MINUTE PROGRAMS INCLUDE A GUIDED, THEMED EXPLORATION OF THE MUSEUM'S HISTORIC SPACES AND EXHIBITIONS AND A CURATED ACTIVITY DESIGNED TO ENGAGE THE ENTIRE FAMILY BY FOSTERING PARTICIPATION AND TEAMWORK. PROGRAMS WERE OFFERED ON SATURDAY AND SUNDAY EVERY WEEK IN JULY AND AUGUST AND BIWEEKLY FROM SEPTEMBER TO JUNE, AND WE HAVE MADE AN EXTRA EFFORT TO WORK WITH PARTNERS AT MANY CITY AGENCIES TO REACH DIVERSE AUDIENCES IN EVERY SENSE OF THE WORD.

- 583 CHILDREN AND ADULTS ATTENDING A FAMILY PROGRAM WERE NEW YORKERS LIVING IN NEW YORK CITY HOUSING AUTHORITY (NYCHA) FACILITIES AND/OR RECEIVING SERVICES FROM THE SETTLEMENT OR COMMUNITY HOUSES.

- 220 CHILDREN AND ADULTS ATTENDED THROUGH OUR PARTNERSHIPS WITH THE

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NEW YORK CITY DEPARTMENT OF EDUCATION, AND NOT-FOR PROFIT COMMUNITY GROUPS THAT ARE NOT EMBEDDED IN NYCHA FACILITIES.

- 162 CHILDREN AND ADULTS ATTENDING WERE NEW FOSTER FAMILIES, REACHED THROUGH A PARTNERSHIP WITH THE ADMINISTRATION FOR CHILDREN'S SERVICES.

- 165 CHILDREN AND ADULTS ATTENDED THROUGH A NEW RELATIONSHIP WITH PARENTS IN THE HYPERLOCAL AREA.

- THE REMAINING 293 WERE INDIVIDUAL FAMILIES WHO SIGNED UP FOR THE PROGRAMS ON OUR WEBSITE, THROUGH EMAIL CORRESPONDENCE OR DID NOT REGISTER, BUT DECIDED TO JOIN UP WITH THE GROUP ON THE DAY OF PROGRAMMING.

PROGRAMS EXPLORED A VARIETY OF THEMES THAT INVOLVED:

- PLAY-ACTING THE ROLES OF THE FLIGHT DECK CREW OF AN AIRCRAFT CARRIER,
- CREATING CONSTELLATIONS AND MYTHOLOGY TO GO ALONG WITH THEM,
- AND LEARNING ABOUT SQUADRON ART ON AIRPLANES AND THEN CREATING THEIR OWN FAMILY INSIGNIA WHICH THEY THEN TURNED INTO WEARABLE BUTTONS.

PROGRAMS WERE FREE WITH ADMISSION FOR ALL FAMILIES AND ADMISSION WAS WAIVED FOR LOW-INCOME NEW YORKERS AND FOSTER FAMILIES THROUGH PARTNERSHIPS WITH COOL CULTURE, COMMUNITY PARTNERS AND OUR NEW EBT INITIATIVE, MUSEUM FOR ALL, WHICH PROVIDES FREE ADMISSION TO THE MUSEUM FOR A FOOD STAMPS OR CASH ASSISTANCE RECIPIENT AND UP TO THREE HOUSEHOLD MEMBERS. THE MUSEUM DISTRIBUTED MARKETING MATERIALS TO EVERY MAJOR NYCHA FACILITY IN MANHATTAN AS WELL AS THE LARGEST COMPLEXES IN ALL FOUR OTHER BOROUGHES, OFFERING FREE ADMISSION TO THE MUSEUM WHEN REGISTERING FOR A FAMILY PROGRAM AND ADVERTISED THE REDUCED AND FREE ENTRY OPTIONS ON OUR WEBSITE AND SOCIAL MEDIA.

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OUT-OF-SCHOOL TIME PROGRAMS

OUT-OF-SCHOOL TIME AND ENRICHMENT PROGRAMS, SUCH AS CAMP INTREPID, WERE OFFERED IN THE SUMMER AND DURING SCHOOL BREAKS THROUGHOUT THE YEAR.

PROGRAMS HIGHLIGHTED A RANGE OF TOPICS THROUGH ACTIVITIES, TOURS, DEMONSTRATIONS AND EXPERIMENTS. CAMP INTREPID INCLUDED OPPORTUNITIES FOR CAMPERS TO VISIT THE MUSEUM'S HISTORIC SPACES, RECEIVE GUIDED ACCESS TO SELECT AIRPLANES, AND EXPLORE THE MUSEUM'S EXHIBITS INCLUDING THE SPACE SHUTTLE ENTERPRISE AND THE SUBMARINE GROWLER ALL WHILE LEARNING ABOUT INTREPID'S PORTS OF CALL, SPACE SCIENCE, MARINE SCIENCE, ANCIENT NAVIES AND AVIATION.

THROUGH THE CONTINUED SUPPORT OF THE NYC DEPARTMENT OF EDUCATION (DOE) INITIATIVE STEM MATTERS, THE MUSEUM PROVIDED TWO WEEKS OF STEM STARS, A FREE FOR STUDENTS ONE-WEEK FULL-DAY PROGRAM HELD DURING THE SPRING AND SUMMER BREAKS FOR 25 STUDENTS EACH. THE MUSEUM ALSO SERVED AS SITE FOR SUMMER IN THE CITY PROGRAM VISITS, ANOTHER NYC DOE INITIATIVE.

WITH SUPPORT FROM THE NEW YORK CITY COUNCIL AND THE DEPARTMENT OF CULTURAL AFFAIRS, THE MUSEUM CONTINUED PARTNERSHIPS WITH NEW YORK CITY SCHOOLS THROUGH THE CULTURAL AFTER SCHOOL ADVENTURES (CASA) PROGRAM. SINCE 2006, THE MUSEUM'S EDUCATION DEPARTMENT HAS PARTNERED WITH 35 SCHOOLS THROUGHOUT THE FIVE BOROUGHS, AND IN FALL OF 2018 WERE PAIRED WITH 17 SCHOOLS WITH WHOM WE BEGAN PLANNING FOR SPRING PROGRAMMING. THIS WAS A RECORD NUMBER FOR US. PROGRAMS FOCUS ON INTREPID AND ITS HISTORIC SPACES, THE MUSEUM'S ARCHIVES, COLLECTIONS AND AIRCRAFT, AND THE SPACE SHUTTLE ENTERPRISE, WHICH SERVE AS CATALYSTS TO PIQUE STUDENT INTEREST IN SOCIAL STUDIES, MATH AND SCIENCE. STUDENTS ANALYZE ARTIFACTS, READ TEXT, WRITE IN JOURNALS, EXPERIMENT WITH SCIENTIFIC

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MATERIALS AND EXPLORE THE MUSEUM'S EXHIBITIONS. STUDENTS ALSO COMPLETE A NEWSLETTER AT THE CONCLUSION OF THE PROGRAM. NEWSLETTERS HIGHLIGHT THEIR EXPERIENCES, WHAT THEY LEARNED AND MEMORABLE MOMENTS.

WE ONCE AGAIN OFFERED A TEEN NIGHT AND A COLLEGE NIGHT, BOTH WITH A SIMILAR FORMAT AND GEARED TOWARD YOUTH AND YOUNG ADULTS. ORGANIZED BY OUR TEEN ADVISORY, THESE NIGHTS FEATURED MUSEUM LEARNING, MUSIC, SNACKS AND A CHANCE TO SOCIALIZE IN A SAFE ATMOSPHERE.

PUBLIC EDUCATION

MUSEUM EDUCATORS PROVIDED REGULARLY SCHEDULED DEMONSTRATIONS AND HISTORY/SCIENCE-BASED PERFORMANCES IN THE MUSEUM AND IN THE SPACE SHUTTLE PAVILION FOR THE GENERAL PUBLIC. THESE INQUIRY-BASED PROGRAMS INVOLVE THE AUDIENCE IN MAKING HYPOTHESES AND PREDICTIONS, DESCRIBING WHAT THEY SEE AND OBSERVE, AND ASSISTING WITH THE DEMONSTRATION OR EXPERIMENT. AUDIENCE DEMOGRAPHICS VARY. THE MAJORITY OF THE PARTICIPANTS ARE ADULTS, SENIORS, AND MULTIGENERATIONAL FAMILIES WITH GRANDPARENTS, PARENTS AND CHILDREN. MUSEUM EDUCATORS PRESENT THE DEMONSTRATIONS TO ENGAGE ALL AUDIENCE MEMBERS; OVER 7,000 VISITORS EXPERIENCED THESE PUBLIC DEMONSTRATIONS AND PERFORMANCES.

THE PUBLIC ENGAGEMENT & INTERPRETATION TEAM SERVED 26,829 MEMBERS OF THE PUBLIC THROUGH IN-DEPTH TOURS. 353 COLLEGE STUDENTS WENT ON TOURS FOCUSED ON COURSE THEMES. 874 SPECIAL GUESTS OF THE MUSEUM RECEIVED COMPLEMENTARY VIP TOURS. AN ADDITIONAL 515 GUESTS EXPERIENCE PAID, PRIVATE VIP TOURS. WE HAVE CONTINUED TO GROW OUR FACULTY AND COLLEGE OFFERINGS. TOPICS COVERED THE HISTORY OF INTREPID, THE PACIFIC WAR, THE VIETNAM CONFLICT, AND THE PAST AND FUTURE OF SPACE EXPLORATION. A

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FAMILY-FRIENDLY TOUR CONTINUES TO BE POPULAR ON WEEKENDS, HOLIDAYS AND DURING THE WEEK IN THE SUMMER. THOUSANDS OF VISITORS EXPERIENCED FREE-WITH-ADMISSION EDUCATOR TALKS THIS YEAR.

EVALUATION

THE RESEARCH AND EVALUATION TEAM ENSURED THAT THE MYRIAD OF PROGRAMS OFFERED THROUGH THE EDUCATION DEPARTMENT REMAINED OF THE HIGHEST QUALITY THROUGH OBSERVATION PROTOCOLS, PARTICIPANT SURVEYS AND OTHER DATA COLLECTION METHODS. IN ADDITION TO THE REGULAR WORK OF PROGRAM AND EXHIBIT FORMATIVE AND POST EVALUATION, THE MUSEUM RECEIVED A GRANT FROM THE NATIONAL SCIENCE FOUNDATION TO WORK WITH PARTNERS EDC AND THE NATIONAL GIRLS COLLABORATIVE PROJECT TO DEVELOP AND ACTION RESEARCH AGENDA FOR EXAMINING THE MID AND LONG-TERM OUTCOMES OF GIRL-FOCUSED STEM PROGRAMS AT CULTURAL ORGANIZATIONS; AND WE CONTINUED AN EVALUATION PROJECT UNDER GRANT FROM THE FUND FOR SHARED INSIGHT AND THE OVERDECK FOUNDATION TO SUPPORT THE IMPLEMENTATION OF THE NET PROMOTER TOOL AT THE MUSEUM AND IN TWO OTHER YOUTH-SERVING PARTNERS.

CONTRIBUTIONS TO THE FIELD

IN ADDITION TO SERVING IN LEADERSHIP POSITIONS FOR PROFESSIONAL ORGANIZATIONS SUCH AS THE NEW YORK CITY MUSEUM EDUCATOR'S ROUNDTABLE, THE NEW YORK CITY STEM EDUCATION NETWORK, THE MUSEUM ACCESS CONSORTIUM AND THE EDUCATION COMMITTEE OF THE AMERICAN ALLIANCE OF MUSEUMS, MUSEUM EDUCATION & EVALUATION STAFF PRESENTED AT SEVERAL LOCAL AND NATIONAL CONFERENCES. TOPICS RANGED FROM SERVING AUDIENCES WITH DISABILITIES TO USING DIGITAL TECHNOLOGIES TO INTERPRETING HISTORIC SPACES. NATIONAL CONFERENCES INCLUDED THE AMERICAN ALLIANCE OF MUSEUMS, THE ASSOCIATION FOR SCIENCE & TECHNOLOGY CENTERS, THE AMERICAN EVALUATION ASSOCIATION,

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THE HISTORIC NAVAL SHIP ASSOCIATION AND THE LEADERSHIP EXCHANGE IN ARTS
AND DISABILITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

KIDS WEEK AT THE INTREPID MUSEUM IS AN EXCITING, INDOOR,
FAMILY-FRIENDLY FESTIVAL OFFERING A VARIETY OF HANDS-ON ACTIVITIES
EXPLORING STEM AND THE ARTS IN UNIQUE WAYS. THE FESTIVAL FEATURES COOL
SCIENCE DEMOS, LIVE ANIMAL PRESENTATIONS, MUSICAL PERFORMANCES, ARTS
AND CRAFTS, SPORTS FUN AND MORE. OUR ANNUAL EVENT ALIGNS WITH THE NEW
YORK CITY PUBLIC SCHOOLS FEBRUARY WINTER BREAK. ALL KIDS WEEK
ACTIVITIES ARE FREE WITH MUSEUM ADMISSION.

KIDS WEEK IS A SEVEN-DAY EVENT FULL OF FUN, FAMILY-FRIENDLY EDUCATION
PROGRAMMING. DURING KIDS WEEK, VISITORS HAVE THE OPPORTUNITY TO
PARTICIPATE IN DOZENS OF FUN-FILLED ACTIVITIES, DEMONSTRATIONS AND
HANDS-ON WORKSHOPS, MEET SPECIAL GUESTS, AND WATCH LIVE PERFORMANCES
THAT THE WHOLE FAMILY WILL ENJOY.

THIS YEAR, KIDS WEEK HIGHLIGHTED THAT SCIENCE IS EVERYWHERE! THROUGH
THEMED PERFORMANCES AND HANDS-ON ACTIVITIES, KIDS LEARNED ABOUT THE
SCIENCE BEHIND THEIR FAVORITE SPORTS AND GAMES, ART, THEATER AND MUSIC,
NATURE, ANIMALS AND EVEN OUTER SPACE.

INTREPID MUSEUM STAFF LED LIVE DEMONSTRATIONS, PLANETARIUM
PRESENTATIONS AND THEMED TOUR GUIDE TALKS. A LINEUP OF SCIENTISTS
CONDUCTED DEMOS AND INTERACTED WITH KIDS TO TALK ABOUT THEIR WORK AND
WHAT INSPIRED THEM TO PURSUE THEIR CAREERS.

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OVER 50 PARTNERS PARTICIPATED, INCLUDING: STATEN ISLAND YANKEES, CHELSEA PIERS, THE NEW YORK JETS, NEW YORK ROAD RUNNERS, BROOKLYN CYCLONES, LEGOLAND DISCOVERY CENTER, KIDVILLE, DAZZLING DISCOVERIES, COCA-COLA, KERBAL SPACE ACADEMY, THE NFL EXPERIENCE, THE AMERICAN BALLET THEATRE, THE NEW VICTORY THEATER, THE GIGGLING PIG ART STUDIO, SYMPHONY SPACE, CORNELL UNIVERSITY 4-H YOUTH DEVELOPMENT ZOOLOGIST JAROD MILLER, FIRST ROBOTICS, STAMFORD MUSEUM & NATURE CENTER, RUBE GOLDBERG, SPACE RACERS, CUNY MEDGAR EVERS COLLEGE AND MORE. AN EXCITING LINEUP OF BROADWAY PERFORMANCES WERE LED BY THE CASTS OF ONCE ON THIS ISLAND, SPONGEBOB SQUARE PANTS THE MUSICAL, ANASTASIA AND SCHOOL OF ROCK. FAMILIES ALSO ENJOYED LIVE PERFORMANCES BY GAZILLION BUBBLE SHOW, THE VERY HUNGRY CATERPILLAR SHOW, SONIA DE LOS SANTOS, A LATIN CHILDREN'S MUSIC ARTISTS AND SPECIAL APPEARANCES BY POPULAR NICKELODEON CHARACTERS SHIMMER AND SHINE.

NASA ASTRONAUT PEGGY WHITSON, WHO HAS SPENT MORE TIME IN SPACE THAN ANY OTHER NASA ASTRONAUT AND ANY FEMALE ASTRONAUT WORLDWIDE, TOOK TO THE STAGE TO DISCUSS LIFE ON BOARD THE INTERNATIONAL SPACE STATION AND THE FUTURE OF LONG-TERM SPACE TRAVEL AS HUMANKIND VENTURES TO MARS AND BEYOND. NASA SPACEWALK FLIGHT CONTROLLER AND LEAD TRAINER ALLISON BOLLINGER WAS ON HAND WITH REAL SPACESUIT PARTS AND SPACEWALKING TOOLS, AND OFFERED WORKSHOPS ON HOW TO BUILD A SPACE STATION. SPACE TELESCOPE SCIENCE INSTITUTE ASTRONOMER JASON KALIRAI TALKED ABOUT THE HUNT FOR EARTH-LIKE PLANETS AND SHARED A GLIMPSE AT OUR NEXT BOLD ADVENTURE WITH THE JAMES WEBB SPACE TELESCOPE.

FLEET WEEK

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MAY 23-28, 2018

ATTENDANCE: 39,000

SALUTING OUR MEN AND WOMEN IN UNIFORM, FLEET WEEK IS A WEEKLONG CELEBRATION WITH A VARIETY OF FUN, FAMILY-FRIENDLY ACTIVITIES ON PIER 86. FLEET WEEK FEATURES THE ARRIVAL OF THE SHIPS, THE KICKOFF OF THE MUSEUM'S FREE SUMMER MOVIE SERIES, INTERACTIVE DISPLAYS, TOUR GUIDE TALKS AND OTHER EXCITING EVENTS.

FLEET WEEK 2018 FEATURED A VARIETY OF DISPLAYS AND HANDS-ON ACTIVITIES FROM THE U.S. MARINE CORPS, U.S. COAST GUARD, AIR FORCE AUXILIARY, NEW YORK INSTITUTE OF TECHNOLOGY, CRADLE OF AVIATION, AMERICAN RED CROSS, U.S. ARMY CORPS OF ENGINEERS, RESTORED AND ANTIQUE MILITARY VEHICLE CLUBS, AND MANY MORE. PIER 86 TRANSFORMED INTO A STAGE FOR AN ARRAY OF COOL PERFORMANCES INCLUDING A BROADWAY SHOWCASE WITH FEATURED PERFORMANCES BY THE CASTS OF BEAUTIFUL - THE CAROLE KING MUSICAL, ESCAPE TO MARGARITAVILLE AND SCHOOL OF ROCK, ALONG WITH A SPECIAL PERFORMANCE BY THE LATIN GIANTS OF JAZZ, LED BY INTREPID FORMER CREWMEMBER STEW JACKSON.

FESTIVITIES ALSO INCLUDED THE FOURTH ANNUAL BATTLE OF THE BIG BANDS, DEMONSTRATIONS BY THE UNITED STATES COAST GUARD SEARCH & RESCUE AND SILENT DRILL TEAMS. INTREPID FORMER CREWMEMBERS SHARED STORIES THROUGHOUT THE MUSEUM. OTHER ACTIVITIES INCLUDED DEMONSTRATIONS LED BY MUSEUM EDUCATORS AND SPECIAL THEMED TOUR GUIDE TALKS.

SUMMER MOVIE SERIES

MAYAUGUST 2018

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ATTENDANCE: 3,600

SPANNING SEVERAL WEEKS EACH SUMMER, THE SUMMER MOVIE SERIES IS A FREE EVENING EVENT IN WHICH FILMS ARE SCREENED ON THE MUSEUM'S FLIGHT DECK. SEATING APPROXIMATELY 850 VISITORS, THE FLIGHT DECK SERVES AS THE PERFECT SETTING FOR THE CLASSIC AND POPULAR MOVIES SHOWN DURING THIS PROGRAM. THE MOVIE SERIES OPENED WITH THE ANNUAL SCREENING OF TOP GUN TO KICK OFF MEMORIAL DAY WEEKEND. THE MOVIE NIGHTS CONTINUED ON A NEW NIGHT FOR THE MUSEUM, HELD ON FRIDAYS THIS YEAR.

THE FIRST FRIDAY MOVIE WAS ON JUNE 29 AND FEATURED WONDER WOMEN. THE SERIES ALSO INCLUDED, FRIDAY THE 13TH SHOWN ON JULY 13, GHOSTBUSTERS ON AUGUST 10, AND FOR THE SECOND YEAR, THE FINAL FILM ON AUGUST 24TH WAS DECIDED BY PUBLIC VOTE THROUGH THE MUSEUM'S SOCIAL MEDIA. A SELECTION OF FILMS WERE OFFERED UP FOR VOTE AND THE WINNING FILM WAS DISNEY'S PLANES.

WESTSIDE EATS COMMUNITY FOOD FESTIVAL

JUNE 9-10, 2018

ATTENDANCE: 9,700 (MUSEUM) 2,500 (PIER ONLY)

THE MUSEUM HOSTED THE FIRST ANNUAL WESTSIDE EATS, A TWO-DAY OUTDOOR COMMUNITY FOOD FESTIVAL.

IN PARTNERSHIP WITH W.42ST MAGAZINE AND WELLS FARGO, THE MUSEUM FEATURED 25 LOCAL EATERIES IN HELL'S KITCHEN AND THE WEST SIDE AS THEY SET UP SHOP ON OUR PIER 86 AND OFFERED A SAMPLING OF THEIR LOCAL FARE. GUESTS ALSO ENJOYED LIVE MUSIC FROM A VARIETY OF COOL LOCAL BANDS PLAYING THROUGHOUT THE DAY.

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SPACE & SCIENCE FESTIVAL

SEPTEMBER 20, 2018 SEPTEMBER 23, 2018

ATTENDANCE: 23,500

SPACE & SCIENCE FESTIVAL WAS A FOUR-DAY, FAMILY-FRIENDLY EVENT THAT IN 2018 CELEBRATED NASA HISTORY AND ITS 60TH ANNIVERSARY, BY LOOKING BACK, AS WELL AS FORWARD TO OUR RETURN TO THE MOON AND BEYOND. THEMES FOCUSED ON THE HUMAN SPIRIT OF ADVENTURE, EXPLORATION AND THE HUNT FOR NEW FRONTIERS. THE FESTIVAL OFFERED GUESTS A VARIETY OF INTERACTIVE ACTIVITIES, EXHIBITIONS AND SPECIAL GUESTS, INCLUDING LIVE PERFORMANCES FROM PUBLIC SERVICE BROADCASTING, A BRITISH ROCK GROUP WHO PERFORMED BENEATH THE SPACE SHUTTLE, AND MUSIC REIMAGINING THE VOYAGER MISSIONS.

GUESTS ALSO ENJOYED PRESENTATIONS FROM NASA ASTRONAUT SUNITA WILLIAMS, FORMER NASA ASTRONAUT RICHARD GARRIOTT, ALONG WITH OTHER EXPERT. THE WEEK ALSO INCLUDED A FREE FAMILY ASTRONOMY NIGHT; A FREE SCREENING OF STAR WARS: THE LAST JEDI ON THE SHIP'S FLIGHT DECK, AND MORE.

THE MUSEUM COLLABORATED WITH SMITHSONIAN MAGAZINE AND MICROSOFT TO CREATE DEFYING GRAVITY: WOMEN IN SPACE, A MIXED REALITY EXPERIENCE FEATURING ASTRONAUT DR. MAE JEMISON THAT OPENED DURING SPACE & SCIENCE FESTIVAL.

THE MUSEUM ALSO WELCOMED A WIDE RANGE OF PARTNERS ALL WEEK LONG, FROM THE U.S. SPACE & ROCKET CENTER, BROOKLYN ROBOT FOUNDRY, SPACE TELESCOPE SCIENCE INSTITUTE, SPACE GAMES FEDERATION, NASA FLIGHT DIRECTOR ALLISON BOLINGER, NASA MARSHALL SPACE FLIGHT CENTER, SPACE.COM, THE NEW YORK

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INSTITUTE OF TECHNOLOGY, NATIONAL SCIENCE FOUNDATION, AMERICAN SOCIETY OF CIVIL ENGINEERS, CURIOUS-ON-HUDSON, COLUMBIA SPACE INITIATIVE AND SCI-TECH KIDS, 3DUX DESIGN, MEDGAR EVERS COLLEGE CUBESAT NANOSATELLITE LAB, JUPITER JOE'S SIDEWALK ASTRONOMY, THE U.S. COAST GUARD AUXILIARY, NASA JET PROPULSION LABORATORY, CHANDRA X-RAY OBSERVATORY, KERBAL SPACE ACADEMY AND MORE.

EACH DAY, INTREPID MUSEUM EDUCATORS AND TOUR GUIDES PROVIDED FREE SPACE-THEMED TOUR GUIDE TALKS AND EDUCATION DEMONSTRATIONS, AS WELL AS HANDS-ON SCIENCE ACTIVITIES FOR KIDS.

HIGHLIGHTS:

1. SHARED STUDIOS PORTAL OUTREACH ACTIVATION WITH NASA: FROM A GOLD POP-UP "PORTAL" INSIDE INTREPID'S HANGAR DECK, VISITORS WERE ABLE TO MEET AND INFORMALLY CHAT WITH SPECIAL GUESTS FROM NASA. STEVEN LEVIN JOINED FROM ANOTHER "PORTAL" IN LOS ANGELES; NICHOLAS SCOTT FROM NASA AMES USED A PORTAL IN SAN JOSE, AND FROM JOHNSON SPACE CENTER IN HOUSTON, AND NUJOURD MERANCY, JAMES HUTT, AND MOLLY WHITE, JOINED FROM INSIDE THE NEW MOCK-UP ORION CAPSULE.

2. BRITISH BAND PUBLIC SERVICE BROADCASTING KICKED OFF THE FESTIVAL WITH A SOLD-OUT CONCERT WITH 300 ATTENDEES, IN THE SPACE SHUTTLE PAVILION. THE PERFORMANCE FEATURED THEIR AWARD-WINNING ALBUM, RACE FOR SPACE, WHICH SAMPLES ORIGINAL NASA RADIO BROADCASTS AND TV FOOTAGE TO CELEBRATE THE ACHIEVEMENTS OF THE 1960'S SPACE RACE.

3. TWO MODERATED DISCUSSIONS:

HUMAN SPIRIT OF ADVENTURE/EXPLORATION TIM JARVIS, AN EXPLORER WHO

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RECREATED SHACKLETON'S JOURNEY JOINED PRIVATE ASTRONAUT AND GAME DESIGNER, RICHARD GARRIOTT FOR A CONVERSATION EXAMINING THE DRIVE THAT SENDS EXPLORERS INTO THE UNKNOWN. RICHARD WIESE, THE NEW PRESIDENT OF THE EXPLORERS CLUB, MODERATED THIS DISCUSSION.

VOYAGER MODERATED BY JEFFRY KLUGER, SCIENCE EDITOR TIME MAGAZINE, EXAMINED THE HISTORIC VOYAGER MISSION WITH ITS ORIGINAL PROJECT LEAD AND PROJECT MANAGER FOR GALILEO AND CASSINI MISSIONS, JOHN CASANI, JPL. THEY WERE JOINED BY TODD BARBER, VOYAGER PROPULSION ENGINEER, AND THOMAS D. WEEKS, VOYAGER G&C HARDWARE ENGINEER.

4. ASTRONAUT PRESENTATION: SUNITA WILLIAMS

ASTRONAUT SUNITA WILLIAMS WAS THE SECOND WOMAN TO COMMAND THE ISS AND HAS HELD THE RECORDS FOR SPACEWALKS BY A WOMAN (7) AND MOST TIME IN SPACE 321 DAYS. SHE DESCRIBED LIFE ABOARD ISS, HOW ASTRONAUTS ADJUST TO A GRAVITY FREE ENVIRONMENT AND THE EVERYDAY CHORES THAT ARE NECESSARY TO KEEP THEIR HOME IN SPACE HEALTHY AND FUNCTIONAL. SHE ALSO TALKED ABOUT HER TIME IN THE NAVY AND WHAT IT TOOK TO BECOME AN ASTRONAUT.

PROGRAM SERIES

FAMILY ASTRONOMY NIGHTS

MAY 11, JUNE 8, JULY 20, AUGUST 3, SEPTEMBER 20

TOTAL ANNUAL ATTENDANCE: 1,503

ASTRONOMY NIGHTS ARE FREE AND OPEN TO THE PUBLIC. EACH SESSION TAKES PLACE INSIDE THE SPACE SHUTTLE PAVILION UNDERNEATH THE ORIGINAL ORBITER, ENTERPRISE. DURING THE WARMER MONTHS, PROGRAMS ALSO UTILIZE

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INTREPID'S FLIGHT DECK FOR SKY VIEWING WITH MEMBERS OF A LOCAL AMATEUR ASTRONOMERS CLUBS. HIGH-PROFILE SPEAKERS INTRODUCE GUESTS TO ENGAGING THEMES, SUCH AS THE MYSTERIES OF THE UNIVERSE OR BREAKTHROUGH DISCOVERIES IN SPACE EXPLORATION. AN EXAMPLE PROGRAM FROM FY2018:

AUGUST 3: SEARCHING FOR LIFE ON MARS

IS THERE LIFE ELSEWHERE IN THE SOLAR SYSTEM? IF SO, HOW CAN WE FIND IT? EXPLORING OTHER PLANETS IS A COMPLEX EFFORT REQUIRING MANY PEOPLE, INCLUDING ASTROBIOLOGISTS. ASTROBIOLOGISTS WORK TO DEFINE WHAT LIFE IS AND FIGURE OUT HOW TO RECOGNIZE IT ON ANOTHER WORLD. HEAR FROM NASA ASTROBIOLOGIST LAURIE BARGE ABOUT ORBITAL OBSERVATIONS OF MARS. LEARN HOW THEY ARE HELPING US SEARCH FOR SIGNS OF LIFE PAST OR PRESENT AND DETERMINE WHETHER MARS WAS ONCE INHABITED.

ASTROCAF 2018

APRIL 20, MAY 18, JUNE 15, SEPTEMBER 28, OCTOBER 19, NOVEMBER 16

TOTAL ANNUAL ATTENDANCE: 641

THIS PAST YEAR, THE INTREPID SEA, AIR & SPACE MUSEUM PARTNERED WITH THE NEW YORK SPACE ALLIANCE (NYSAA) TO OFFER AN EXCITING SERIES OF PRESENTATIONS BY INDUSTRY LEADERS AT ASTROCAF AS WELL AS SOCIAL ENGAGEMENT OPPORTUNITIES THAT WILL HELP THE SPACE SCIENCE ECOSYSTEM IN NEW YORK GROW AND THRIVE.

AN EXAMPLE PROGRAM FROM FY2018:

SEPTEMBER 28 TOM WILSON, PRESIDENT SPACE LOGISTICS LLC, NORTHROP GRUMMAN

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IN-ORBIT SATELLITE SERVICING: INNOVATION IN ACTION 22,236 MILES INTO SPACE

REPAIRING, REFUELING AND MAINTAINING SATELLITES WHILE THEY ARE IN ORBIT WILL EXTEND THEIR LIFE AND THEIR MISSIONS, ALLOWING US TO DISCOVER AND DO MORE IN SPACE. GROUNDBREAKING TECHNOLOGY PIONEERED BY NORTHROP GRUMMAN WILL DO JUST THAT AND ITS INSPIRING ENGINEERS TO REIMAGINE WHAT IS POSSIBLE IN SPACE. NEXT YEAR, NORTHROP GRUMMAN WILL LAUNCH THE MISSION EXTENSION VEHICLE THE FIRST COMMERCIAL IN-ORBIT SATELLITE SERVICING VEHICLE. GUEST LEARNED ABOUT THIS REVOLUTIONARY SPACECRAFT AND NORTHROP GRUMMAN'S OTHER IN-ORBIT INNOVATIONS, INCLUDING NEXT-GENERATION ROBOTICS DESIGNED TO BUILD LUNAR OUTPOSTS.

EXHIBITION-BASED PROGRAMMING

GROWLER PROGRAMMING

JUNE 7: DR STRANGE LOVE SCREENING/DISCUSSION

ATTENDANCE: 51

THE MUSEUM HOSTED A SCREENING OF DR. STRANGE LOVE, STANLEY KUBRICK'S CLASSIC SATIRE ON WARFARE, POWER AND COLD WAR MINDSETS. VIEWED AS A WACKY BLACK COMEDY ON ITS RELEASE IN 1964, IT REVEALED SECRETS OF NUCLEAR WEAPON POLICY UNKNOWN TO AUDIENCES AT THE TIME, SOME OF WHICH ARE STILL OPERATIONAL TODAY. AFTER THE SCREENING, DAVID DENBY, STAFF WRITER AND FORMER FILM CRITIC FOR THE NEW YORKER, AND JAMES M. LINDSAY OF THE COUNCIL ON FOREIGN RELATIONS, DISCUSSED THE FILM'S IMPORTANCE AND CONTINUED RELEVANCE.

75TH ANNIVERSARY YEAR OF INTREPID

AUGUST 9 JEROME ROBBINS: FROM STREET TO STAGE

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ATTENDANCE: SOLD OUT 212

ON AUGUST 9, 2018, THE INTREPID SEA, AIR & SPACE MUSEUM CELEBRATED THE CENTENNIAL OF JEROME ROBBINS' BIRTHDAY IN CONJUNCTION WITH THE 75TH ANNIVERSARY YEAR OF INTREPID WITH A SITE SPECIFIC PROGRAM HIGHLIGHTING THE BROADWAY LEGACY OF THE REMARKABLE, JEROME ROBBINS. AS THE SUN WAS STARTING ITS DESCENT, BERNSTEIN'S OVERTURE TO ON THE TOWN ANNOUNCED THE START OF THE EVENING THE OPENING TO ON THE TOWN SPECIALLY STAGED BY JOSHUA BERGASSE AND FEATURING MANNY STARK, CLYDE ALVES, AND TONY YAZBECK, WINNER OF THE TONY FOR THE 2014 REVIVAL OF ON THE TOWN.

WITHIN THE UNIQUE SPACES OF THIS LEGENDARY WORLD WAR II AIRCRAFT CARRIER TURNED MUSEUM, WE REVISITED A FEW OF ROBBINS ENDURING WORKS THROUGH ANECDOTAL STORIES, ARCHIVAL FILM, RECORDINGS, AND OF COURSE DANCE.

GUEST INCLUDED:

GROVER DALE, ORIGINAL CAST MEMBER OF WEST SIDE STORY AND CO-DIRECTOR WITH ROBBINS FOR JEROME ROBBIN'S BROADWAY, JOSHUA BERGASSE, CHOREOGRAPHER OF THE 2014 BROADWAY REVIVAL OF ON THE TOWN, ADAM GREEN, JOURNALIST AND SON OF THE LEGENDARY ADOLPH GREEN, CO-AUTHOR OF THE BOOK AND LYRICS TO ON THE TOWN, AND AMANDA VAILL, AUTHOR OF - SOMEWHERE: THE LIFE OF JEROME ROBBINS; AND THE EMMY-NOMINATED SCREENPLAY FOR THE EMMY- AND PEABODY AWARD-WINNING DOCUMENTARY, JEROME ROBBINS: SOMETHING TO DANCE ABOUT.

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INTREPID FALLEN HEROES FUND AND INTREPID RELIEF FUND

THE MUSEUM PROVIDES PROGRAM SUPPORT AND ADMINISTRATIVE SERVICES TO TWO 501(C)3 ORGANIZATIONS WITH RELATED MISSIONS: THE INTREPID FALLEN HEROES FUND (IFHF) AND THE INTREPID RELIEF FUND (IRF), BOTH OF WHICH WERE ORIGINALLY FOUNDED BY THE INTREPID MUSEUM FOUNDATION. THE MUSEUM'S SUPPORT INCLUDES BUT IS NOT LIMITED TO PERSONNEL, OFFICE SPACE AND FACILITY SERVICES, AS WELL AS TECHNOLOGY, DATA AND COMMUNICATIONS SYSTEMS SUPPORT, ALL AT NO COST.

EXPENSES \$ 113,269. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

KENNETH FISHER, STEVEN FISHER AND WINSTON FISHER, ALL MEMBERS OF THE BOARD OF TRUSTEES OF THE MUSEUM, ARE FAMILY MEMBERS.

MARTIN EDELMAN, KENNETH FISHER, STEVEN FISHER AND WINSTON FISHER, ALL MEMBERS OF THE BOARD OF TRUSTEES OF THE MUSEUM, HAVE A BUSINESS RELATIONSHIP.

BRUCE MOSLER AND KENNETH FISHER, ALL MEMBERS OF THE BOARD OF TRUSTEES OF THE MUSEUM, HAVE A BUSINESS RELATIONSHIP.

BRUCE MOSLER AND MARK LAPIDUS, ALL MEMBERS OF THE BOARD OF TRUSTEES OF THE MUSEUM, HAVE A BUSINESS RELATIONSHIP.

DAVID TURNER, DENIS BOVIN, BRUCE MOSLER AND THOMAS SECUNDA, ALL MEMBERS OF THE BOARD OF TRUSTEES OF THE MUSEUM, HAVE A BUSINESS RELATIONSHIP.

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FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE MUSEUM'S OUTSIDE ACCOUNTING FIRM WITH INFORMATION PROVIDED BY THE MUSEUM'S STAFF. MANAGEMENT REVIEWED THE FORM AND PROVIDED ADDITIONAL COMMENTS. A DRAFT COPY WAS DISTRIBUTED TO THE AUDIT COMMITTEE VIA E-MAIL. THE COMMITTEE MEMBERS ARE GIVEN AN OPPORTUNITY TO REVIEW THE FORM AND ASK FOR ADDITIONAL INFORMATION OR MAKE COMMENTS PRIOR TO FINALIZATION. THE FINAL FORM 990 IS SUBMITTED TO THE AUDIT COMMITTEE FOR THEIR FINAL REVIEW AND APPROVAL VIA E-MAIL PRIOR TO THE FILING DATE. ONCE APPROVED, THE FORM 990 WAS SENT VIA E-MAIL BY THE CHAIRMAN OF THE AUDIT COMMITTEE TO MEMBERS OF THE BOARD OF TRUSTEES FOR THEIR REVIEW. THE BOARD OF TRUSTEES IS REQUIRED TO ACKNOWLEDGE THEIR RECEIPT OF THE FORM BY EMAIL. THE FORM 990 IS THEN APPROVED BY MANAGEMENT AND E-FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF TRUSTEES (THE "BOARD") IS THE GOVERNANCE AUTHORITY FOR THE INTREPID MUSEUM FOUNDATION (THE "MUSEUM") AND ITS MEMBERS HAVE A FIDUCIARY OBLIGATION TO ACT IN THE BEST INTEREST OF THE MUSEUM WITHOUT REGARD TO THEIR PERSONAL INTERESTS. THE BOARD PROVIDES GUIDANCE AND OVERSIGHT FOR THE DEVELOPMENT AND IMPLEMENTATION OF THE MUSEUM'S POLICIES AND PROGRAMS TO SEE THAT MUSEUM ACTIVITIES ARE CONDUCTED AND RESOURCES ARE UTILIZED IN SUPPORT OF THE MUSEUM'S MISSION, IN ACCORDANCE WITH PROFESSIONAL STANDARDS AND PRACTICES. TRUSTEES MUST EXERCISE DUE DILIGENCE AND GOOD FAITH IN CARRYING OUT THEIR DUTIES ON BEHALF OF THE MUSEUM, AND SHOULD REFRAIN FROM TAKING ANY ACTION THAT MIGHT CONFLICT, OR APPEAR TO CONFLICT, WITH THE INTERESTS OF THE MUSEUM.

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THIS CODE OF CONDUCT AND ETHICS (THIS "CODE") IS INTENDED TO PROVIDE GUIDANCE TO TRUSTEES TO HELP THEM WITH THEIR RESPONSIBILITIES, RECOGNIZE AND DEAL WITH ETHICAL AND COMPLIANCE ISSUES, PROVIDE MECHANISMS TO REPORT UNETHICAL CONDUCT, AND HELP FOSTER A CULTURE OF HONESTY AND ACCOUNTABILITY. EACH TRUSTEE MUST COMPLY WITH THE LETTER AND SPIRIT OF THIS CODE. THIS CODE IS INTENDED TO SUPPLEMENT BUT NOT REPLACE ANY APPLICABLE STATE OR FEDERAL LAWS GOVERNING ETHICAL CONDUCT OR CONFLICTS OF INTEREST APPLICABLE TO NON-PROFIT ORGANIZATIONS.

NO CODE OR POLICY CAN ANTICIPATE EVERY SITUATION THAT MAY ARISE. ACCORDINGLY, THIS CODE IS INTENDED TO SERVE AS A SOURCE OF GUIDING PRINCIPLES FOR TRUSTEES. TRUSTEES ARE ENCOURAGED TO BRING QUESTIONS ABOUT PARTICULAR CIRCUMSTANCES THAT MAY IMPLICATE ONE OR MORE OF THE PROVISIONS OF THIS CODE TO THE ATTENTION OF THE CHAIRMAN OF THE AUDIT & COMPLIANCE COMMITTEE, WHO MAY CONSULT WITH LEGAL COUNSEL AS APPROPRIATE.

1. TRUSTEE RESPONSIBILITIES.

THE RESPONSIBILITIES OF THE BOARD AND TRUSTEES ARE SET FORTH IN THE INTREPID MUSEUM FOUNDATION BOARD OF TRUSTEES POSITION DESCRIPTION, WHICH IS UPDATED FROM TIME TO TIME. THE BOARD OF TRUSTEES IS THE GOVERNANCE AUTHORITY FOR THE MUSEUM AND HAS THE AUTHORITY AND RESPONSIBILITY FOR OVERSEEING THAT MUSEUM RESOURCES, PROGRAMS AND ACTIVITIES SUPPORT THE MUSEUM'S MISSION. THE BOARD IS RESPONSIBLE FOR REVIEWING AND MONITORING THE STRATEGIC DIRECTION OF THE MUSEUM, PROVIDING GUIDANCE ON AND OVERSIGHT OF POLICIES AND OPERATIONS AND SEEING THAT MUSEUM RESOURCES ARE RESPONSIBLY AND PRUDENTLY MANAGED IN COMPLIANCE WITH LEGAL AND ETHICAL REQUIREMENTS. TRUSTEES ARE REQUIRED BY LAW TO ADHERE TO A DUTY OF CARE AND DUTY OF LOYALTY IN CARRYING OUT THE RESPONSIBILITIES OF THE BOARD. A TRUSTEE'S

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DUTY OF CARE REFERS TO THE RESPONSIBILITY TO EXERCISE APPROPRIATE DILIGENCE IN OVERSEEING THE MANAGEMENT, BUSINESS AND AFFAIRS OF THE MUSEUM, MAKING DECISIONS AND TAKING OTHER ACTIONS. IN MEETING THE DUTY OF CARE, TRUSTEES ARE EXPECTED TO:

A. ATTEND AND PARTICIPATE IN BOARD AND COMMITTEE MEETINGS. PARTICIPATION (WHETHER IN PERSON OR BY REMOTE COMMUNICATION) IS REQUIRED. TRUSTEES MAY NOT VOTE OR PARTICIPATE BY PROXY.

B. REMAIN PROPERLY INFORMED ABOUT THE FOUNDATION'S BUSINESS AND AFFAIRS. TRUSTEES SHOULD REVIEW AND DEVOTE APPROPRIATE TIME TO STUDYING BOARD MATERIALS.

C. RELY ON OTHERS. ABSENT KNOWLEDGE THAT MAKES RELIANCE UNWARRANTED, TRUSTEES MAY RELY ON BOARD COMMITTEES, MANAGEMENT, EMPLOYEES, AND PROFESSIONAL ADVISORS.

D. MAKE INQUIRIES. TRUSTEES SHOULD MAKE INQUIRIES ABOUT POTENTIAL PROBLEMS THAT COME TO THEIR ATTENTION AND FOLLOW UP UNTIL THEY ARE REASONABLY SATISFIED THAT MANAGEMENT IS ADDRESSING THESE PROBLEMS APPROPRIATELY.

A TRUSTEE'S DUTY OF LOYALTY REFERS TO THE RESPONSIBILITY TO ACT IN THE MUSEUM'S BEST INTERESTS CONSISTENT WITH ITS MISSION, NOT THE INTERESTS OF THE TRUSTEE, A FAMILY MEMBER OR AN ORGANIZATION WITH WHICH THE TRUSTEE IS AFFILIATED. TRUSTEES MUST ALSO ACT IN GOOD FAITH. TRUSTEES SHOULD NOT USE THEIR POSITIONS FOR PERSONAL GAIN. THE DUTY OF LOYALTY MAY BE RELEVANT IN CASES OF CONFLICT OF INTEREST AND CORPORATE OPPORTUNITIES.

2. CONFLICTS OF INTEREST.

TRUSTEES SHOULD TRY TO AVOID TAKING ANY ACTION THAT MIGHT CONFLICT, OR APPEAR TO CONFLICT, WITH THE INTERESTS OF THE MUSEUM. HOWEVER, THE MUSEUM IS AWARE THAT, BECAUSE TRUSTEES ARE ACTIVELY INVOLVED IN A VARIETY OF OUTSIDE PURSUITS, CONFLICTS OF INTEREST MAY ARISE FROM TIME TO TIME. ANY

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SITUATION THAT INVOLVES, OR MAY REASONABLY BE EXPECTED TO INVOLVE, A CONFLICT OF INTEREST WITH THE MUSEUM SHOULD BE DISCLOSED TO THE CHAIRMAN OF THE NOMINATING /GOVERNANCE COMMITTEE FOR REVIEW AND WILL BE MANAGED IN ACCORDANCE WITH APPLICABLE GUIDELINES, DIRECTIVES AND STANDARDS OF CONDUCT.

THIS POLICY ON CONFLICTS OF INTEREST SHOULD BE READ IN CONJUNCTION WITH THE MUSEUM'S INTERESTED PERSON TRANSACTION POLICIES AND PROCEDURES (THE "INTERESTED TRANSACTION POLICY").

CONFLICTS OF INTEREST

A CONFLICT OF INTEREST, OR A POTENTIAL OR PERCEIVED CONFLICT, CAN OCCUR WHEN A TRUSTEE'S PERSONAL INTEREST IS ADVERSE TO - OR MAY APPEAR TO BE ADVERSE TO - THE INTERESTS OF THE MUSEUM. CONFLICTS OF INTEREST ALSO ARISE WHEN A TRUSTEE, OR A MEMBER OF HIS OR HER IMMEDIATE FAMILY, RECEIVES EXCESS PERSONAL BENEFITS AS A RESULT OF HIS OR HER POSITION AS A TRUSTEE OF THE MUSEUM. A TRUSTEE'S IMMEDIATE FAMILY INCLUDES THE TRUSTEE'S SPOUSE OR DOMESTIC PARTNER, PARENTS, BROTHERS AND SISTERS (WHETHER WHOLE- OR HALF-BLOOD), CHILDREN (WHETHER NATURAL OR ADOPTED), GRANDCHILDREN, GREAT-GRANDCHILDREN, AND SPOUSES OF BROTHERS, SISTERS, CHILDREN, GRANDCHILDREN, AND GREAT-GRANDCHILDREN.

THIS CODE DOES NOT ATTEMPT TO DESCRIBE ALL POSSIBLE CONFLICTS OF INTEREST WHICH COULD DEVELOP. SOME OF THE MORE COMMON CONFLICTS, HOWEVER, ARE SET OUT BELOW:

A. INTERESTED PERSON TRANSACTIONS. TRANSACTIONS BETWEEN THE MUSEUM AND TRUSTEES OR ENTITIES WITH WHICH TRUSTEES ARE AFFILIATED SHOULD ONLY BE CONDUCTED PURSUANT TO THE GUIDELINES AND RESTRICTIONS SET FORTH IN THE INTERESTED TRANSACTION POLICY.

B. RELATIONSHIP OF MUSEUM WITH THIRD PARTIES. TRUSTEES MAY NOT ENGAGE IN

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ANY CONDUCT OR ACTIVITIES THAT DISRUPT OR IMPAIR THE MUSEUM'S RELATIONSHIP WITH ANY PERSON OR ENTITY WITH WHICH THE MUSEUM HAS OR PROPOSES TO ENTER INTO A BUSINESS OR CONTRACTUAL RELATIONSHIP.

C. COMPENSATION FROM NON-MUSEUM SOURCES. TRUSTEES MAY NOT ACCEPT COMPENSATION (IN ANY FORM) FOR SERVICES PERFORMED FOR THE MUSEUM FROM ANY SOURCE (OTHER THAN REIMBURSEMENT OF EXPENSES RELATING TO MEETINGS OF THE BOARD, IF ANY, PROVIDED BY THE FOUNDATION).

D. GIFTS. TRUSTEES AND MEMBERS OF THEIR IMMEDIATE FAMILIES MAY NOT ACCEPT GIFTS OF MORE THAN A NOMINAL VALUE FROM PERSONS OR ENTITIES WHO DEAL WITH THE MUSEUM.

E. PERSONAL USE OF MUSEUM ASSETS. TRUSTEES MAY NOT USE MUSEUM ASSETS, LABOR OR INFORMATION FOR PERSONAL USE UNLESS APPROVED BY THE CHAIRMAN OF THE NOMINATING /GOVERNANCE COMMITTEE OR AS PART OF A PROGRAM AVAILABLE TO ALL TRUSTEES.

DISCLOSURE OF CONFLICTS OF INTEREST

ON AN ANNUAL BASIS, TRUSTEES MUST COMPLETE THE ATTACHED "ANNUAL CERTIFICATION," WHICH MUST DESCRIBE ANY EXISTING OR POTENTIAL CONFLICTS OF INTEREST AND PROPOSED INTERESTED PERSON TRANSACTIONS AND AFFIRMS THAT SUCH PERSON:

- A. HAS RECEIVED A COPY OF THIS CODE AND THE INTERESTED TRANSACTION POLICY;
- B. HAS READ AND UNDERSTANDS THIS CODE AND THE INTERESTED TRANSACTION POLICY; AND
- C. HAS AGREED TO COMPLY WITH THIS CODE AND THE INTERESTED TRANSACTION POLICY.

DURING THE COURSE OF THE YEAR, IN THE EVENT THAT A TRUSTEE BECOMES AWARE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, WHETHER IT INVOLVES THE TRUSTEE OR ANOTHER MEMBER OF THE BOARD OR MEMBERS OF A TRUSTEE'S IMMEDIATE

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FAMILY, THE TRUSTEE MUST PROMPTLY NOTIFY THE CHAIRMAN OF THE NOMINATING /GOVERNANCE COMMITTEE. IN ADDITION, ALL COMMITTEES OF THE BOARD SHALL INQUIRE ABOUT POTENTIAL CONFLICTS OF INTEREST AS IT RELATES TO ANY CONTRACTS OR COMPENSATION THAT THEY APPROVE AS PART OF THEIR OVERSIGHT RESPONSIBILITIES.

TRUSTEES MUST DISCLOSE THEIR INTEREST AND DESCRIBE ALL MATERIAL FACTS RELATED TO THE POTENTIAL CONFLICT OF INTEREST TO ENABLE THE NOMINATING /GOVERNANCE COMMITTEE TO REVIEW THE ACTUAL, POTENTIAL OR PERCEIVED CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE AND THE BOARD, VIA THE BUDGET PRESENTATION AND APPROVAL PROCESS, ARE RESPONSIBLE FOR APPROVING THE HIRING COMPENSATION AND ANNUAL EVALUATIONS FOR SALARY INCREASES. THE COMMITTEE STUDIES MARKET COMPENSATION AND COMPETITIVENESS, ANALYZING BOTH ECONOMIC CLIMATE, CURRENT BUDGET RESTRICTIONS IF HIRE IS WITHIN A BUDGET CYCLE, COMPETITIVE DATA AT SIMILAR INSTITUTIONS IN METROPOLITAN LOCATIONS BEGINNING WITH NYC (COMPARING BUDGET SIZE, POSITION RESPONSIBILITY, NUMBER OF SUBORDINATES TO BE MANAGED, ETC), POSITION WITHIN NON-PROFIT WORLD AND FOR PROFIT WORLD. THEY ALSO USE CURRENT SURVEY DATA FOR COMPARATIVE ANALYSIS FROM VARIOUS APPLICABLE SOURCES IN THE MUSEUM FIELD, SUCH AS AMERICAN ASSOCIATION OF MUSEUMS, MUSEUM ASSOCIATION OF NY, AS WELL AS A SALARY SURVEY FROM PNP (PROFESSIONALS FOR NON-PROFITS) AND COMPARATIVE SALARY INFORMATION FROM THE NEW YORK CULTURAL INSTITUTIONS HUMAN RESOURCES GROUP, AND DATA AVAILABLE FOR THE FIELDS APPLICABLE TO THE POSITION, E.G. ACCOUNTING, OPERATIONS, EDUCATION. AT MOST SENIOR LEVELS, PRESIDENT DISCUSSES REQUIREMENTS AND PROPOSED SALARY RANGE WITH THE COMPENSATION COMMITTEE. FOR PRESIDENT, THE CO-CHAIRMEN OF THE BOARD WOULD BE INVOLVED IN THE DECISION-MAKING PROCESS

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AND DISCUSS REQUIREMENTS AND SALARY RANGES WITH MEMBERS OF THE COMPENSATION AND EXECUTIVE COMMITTEES.

TO ESTABLISH SALARY INCREASES AND BONUSES, THE PRESIDENT ASSESSES PERFORMANCE OF DIRECT REPORTS, AND PRESIDENT'S PERFORMANCE IS ASSESSED BY CO-CHAIRMEN.

AT THE END OF THE FISCAL YEAR, ALL STAFF, INCLUDING SENIOR STAFF, UNDERGO PERFORMANCE REVIEWS. SENIOR MANAGEMENT PERFORMANCE IS EVALUATED BASED ON GOALS SET FOR THE MUSEUM, EACH DEPARTMENT, MANAGEMENT OF RESPECTIVE TEAMS, AND SUCCESS OF OVERALL VENUE. (SUCCESS IS MEASURED THROUGH REVENUE, BRAND AWARENESS, CUSTOMER SATISFACTION, GROWTH OF PROGRAMMING AND CONTENT, GROWTH IN ATTENDANCE, INTEGRITY AND UPKEEP OF SAFE INFRASTRUCTURE.) BASED ON THOSE ASSESSMENTS, THE PRESIDENT RECOMMENDS SALARY INCREASES AND BONUSES FOR EACH MEMBER OF SENIOR MANAGEMENT TO THE COMPENSATION COMMITTEE BASED ON ACHIEVEMENTS AND BUDGET AVAILABILITY.

THE COMPENSATION COMMITTEE ENGAGES A COMPENSATION CONSULTANT TO PERFORM MARKET STUDIES OF COMPARABLE ORGANIZATIONS AND SENIOR MANAGEMENT POSITIONS. IT MEETS WITH THE CONSULTING FIRM AND THE PRESIDENT OF THE MUSEUM. IF THE COMPENSATION COMMITTEE HAS ANY QUESTIONS OR RECOMMENDATIONS, THE PRESIDENT ADDRESSES THEM AND MAKES REVISIONS. THE COMMITTEE THEN CONSIDERS THE PRESIDENT'S RECOMMENDATIONS AND APPROVES THEM OR DIRECTS THE PRESIDENT TO MODIFY HER RECOMMENDATIONS BASED ON OTHER FACTORS.

THE PRESIDENT ALSO PRESENTS HER ACCOMPLISHMENTS TO THE CO-CHAIRMEN OF BOARD FOR REVIEW. THE CO-CHAIRMEN CONSULT WITH THE COMPENSATION COMMITTEE AND COMPENSATION CONSULTANT TO APPROVE SALARY INCREASES AND BONUSES FOR THE

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PRESIDENT.

IF BONUS AND SALARY INCREASES ARE APPROVED BY THE COMPENSATION COMMITTEE, THE CHAIRMAN OF THE COMPENSATION COMMITTEE ADVISES THE PRESIDENT, AND THE PROPER DOCUMENTATION IS PREPARED AND SUBMITTED TO FINANCE AND THE BONUSES ARE PAID AND THE INCREASES ARE IMPLEMENTED. THIS PROCESS WAS LAST UNDERTAKEN DURING 2018.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

NY, AL, AR, CA, CO, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NC, OH, OR, PA, RI, SC
TN, UT, VA, WV, WI, NM

FORM 990, PART VI, SECTION C, LINE 18:

THE MUSEUM MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY HAVING THE 990 POSTED ON GUIDESTAR.ORG AS WELL AS THE INTREPID WEBSITE. IN ADDITION, FORMS 990 AND 1023 AS WELL AS THE CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION, BY-LAWS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST OF THE MUSEUM AT ONE INTREPID SQUARE (W. 46 ST. & 12TH AVE.), NEW YORK, NY 10036.

FORM 990, PART VI, SECTION C, LINE 19:

THE MUSEUM MAKES ITS FINANCIAL STATEMENTS AND CERTAIN OF ITS CORPORATE DOCUMENTS REGARDING ITS 501(C)(3) STATUS AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE MUSEUM MAKES CERTAIN OF ITS GOVERNING DOCUMENTS AND ITS CONFLICT OF INTEREST ARE AVAILABLE TO THE PUBLIC ON REQUEST.

FORM 990, PART XII, LINE 2C:

Name of the organization

INTREPID MUSEUM FOUNDATION, INC.

Employer identification number

13-3062419

THE FOUNDATION'S PROCESS FOLLOWED FOR AUDIT OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PROCESS EMPLOYED IN THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **INTREPID MUSEUM FOUNDATION, INC.** Employer identification number **13-3062419**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
INTREPID RELIEF FUND - 13-6894054 ONE INTREPID SQUARE, W.46TH ST & 12TH AVE. NEW YORK, NY 10036	TO PROVIDE SUPPORT FOR PROGRAMS ASSISTING WOUNDED MILITARY PERSONNEL	NEW YORK	501 (C) (3)	LINE 7			X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other 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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information.

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

Multiple horizontal lines for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. INTREPID MUSEUM FOUNDATION, INC.	Employer identification number (EIN) or 13-3062419
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. WEST 46TH ST & 12TH AVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10036	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

PATRICIA BEENE, CHIEF FINANCIAL/ADMIN OFFICER

- The books are in the care of ▶ **WEST 46TH ST & 12TH AVE - NEW YORK, NY 10036**
Telephone No. ▶ **646-381-5250** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.