

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)

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning **MAY 1, 2016** and ending **APR 30, 2017**

<b>B</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	<b>C</b> Name of organization <b>INTREPID MUSEUM FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>ONE INTREPID SQ.-W 46TH ST &amp; 12TH AVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10036</b> <b>F</b> Name and address of principal officer: <b>SUSAN MARENOFF-ZAUSNER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>13-3062419</b> <b>E</b> Telephone number <b>(212) 245-0072</b> <b>G</b> Gross receipts \$ <b>53,499,543.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.INTREPIDMUSEUM.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1982</b>		<b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>477</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>130</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>175,834.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>8,913.</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 7,921,602.	<b>Current Year</b> 5,331,533.
	<b>9</b> Program service revenue (Part VIII, line 2g)	18,934,469.	21,669,058.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	811,177.	2,060,333.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,575,823.	6,350,135.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,243,071.	35,411,059.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		17,738,340.	19,174,854.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		52,500.	40,000.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,586,507.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		16,663,286.	15,922,076.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		34,454,126.	35,136,930.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,211,055.	274,129.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 97,029,427.	<b>End of Year</b> 96,514,092.
	<b>21</b> Total liabilities (Part X, line 26)	24,574,663.	23,128,482.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	72,454,764.	73,385,610.

**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.

<b>Sign Here</b>	Signature of officer <b>SUSAN MARENOFF-ZAUSNER, PRESIDENT</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature <b>GARRETT M. HIGGINS</b>	Date <b>01/10/18</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00543209</b>
	Firm's name ▶ <b>PKF O'CONNOR DAVIES, LLP</b>	Firm's EIN ▶ <b>27-1728945</b>	Phone no. <b>212-286-2600</b>		
	Firm's address ▶ <b>665 FIFTH AVENUE NEW YORK, NY 10022</b>				

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:

SEE SCHEDULE O

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

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

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

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 21,792,896. including grants of \$ ) (Revenue \$ 20,971,775. )

EXHIBITS AND MUSEUM SERVICES:

MUSEUM SERVICES AND VOLUNTEERS -

IN FY 2017, THE MUSEUM CONTINUED ITS STRONG ATTENDANCE, ONCE AGAIN HOSTING MORE THAN ONE MILLION VISITORS. THE MUSEUM SERVICES DEPARTMENT CONTINUED ITS SUPPORT OF THE OVERALL VISITOR EXPERIENCE IN THE BOX OFFICE AND THROUGHOUT THE COMPLEX. OF NOTE THIS PAST YEAR WAS THE MUSEUM SERVICES TEAM'S SUPPORT OF THE STAR TREK: THE STARFLEET ACADEMY EXPERIENCE, A TEMPORARY EXHIBITION ON THE PIER THAT RAN FROM JULY THROUGH OCTOBER AND ATTRACTED MORE THAN 100,000 VISITORS. [SEE SCHEDULE O FOR CONTINUATION]

4b (Code: ) (Expenses \$ 5,696,755. including grants of \$ ) (Revenue \$ 697,283. )

EDUCATION:

THE INTREPID MUSEUM'S EDUCATION DEPARTMENT SERVED MORE THAN 30,000 INDIVIDUALS THROUGH VARIOUS TYPES OF FORMAL PROGRAMMING IN FISCAL YEAR 2017 AND THOUSANDS MORE THROUGH FORMAL PROFESSIONAL DEVELOPMENT PROGRAMS FOR EDUCATORS AND PUBLIC EDUCATION PROGRAMS SUCH AS TOURS, TALKS AND DEMONSTRATIONS. [SEE SCHEDULE O FOR CONTINUATION]

4c (Code: ) (Expenses \$ 1,968,457. including grants of \$ ) (Revenue \$ )

PUBLIC PROGRAMS:

TOTAL DAYS OF PROGRAMMING IN FY 2017: 33

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. [SEE SCHEDULE O FOR CONTINUATION]

4d Other program services (Describe in Schedule O.)

(Expenses \$ 164,087. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 29,622,195.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>X</b>	
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>X</b>	
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....	<b>X</b>	
<b>18</b> 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> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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
<b>22</b> 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> .....		X
<b>23</b> 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> .....	X	
<b>24a</b> 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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		X
<b>b</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> .....		X
<b>26</b> 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> .....		X
<b>27</b> 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> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> 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> .....		X
<b>34</b> 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> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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 columns for line number, question, and Yes/No responses. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with columns for line number, question, and Yes/No responses. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY, AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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 ONE INTREPID SQUARE, W 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	3.00	X		X				0.	0.	0.
(8) GERRY BYRNE TRUSTEE	1.00	X						0.	0.	0.
(9) STEVEN FISHER TRUSTEE	1.00	X						0.	0.	0.
(10) WINSTON FISHER TRUSTEE	1.00 0.10	X						0.	0.	0.
(11) THOMAS HIGGINS TRUSTEE	1.00	X						0.	0.	0.
(12) STANLEY S. HUBBARD TRUSTEE	1.00	X						0.	0.	0.
(13) KENT L. KAROSEN TRUSTEE	1.00	X						0.	0.	0.
(14) MARC E. KASOWITZ TRUSTEE UNTIL SEPT. 26, 2016	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) JAMES L. NEDERLANDER, JR. TRUSTEE	1.00 0.10	X						0.	0.	0.
(19) DEAN O'HARE TRUSTEE	1.00	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) ADMIRAL JAMES STAVRIDIS TRUSTEE UNTIL SEPT. 26, 2016	1.00	X						0.	0.	0.
(23) FRANCES F. TOWNSEND TRUSTEE	1.00	X						0.	0.	0.
(24) DAVID H. W. TURNER TRUSTEE	1.00	X						0.	0.	0.
(25) SUSAN MARENOFF-ZAUSNER PRESIDENT	50.00			X				574,363.	0.	19,017.
(26) DAVID A. WINTERS EXECUTIVE VICE PRESIDENT	45.00 3.00			X				279,695.	0.	20,173.
<b>1b Sub-total</b>								854,058.	0.	39,190.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,373,713.	0.	217,407.
<b>d Total (add lines 1b and 1c)</b>								3,227,771.	0.	256,597.

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 **14**

	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	3	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	4	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	5	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
PAUL HASTINGS LLP 75 EAST 55TH STREET, NEW YORK, NY 10022	LEGAL SERVICES	196,113.
LIFT MARKETING P.O. BOX 4554, SARATOGA SPRINGS, NY 12866	ADVERTISING SERVICES	126,391.
MANATT, PHELPS & PHILLIPS, LLP, 11355 WEST OLYMPIC BOULEVARD, LOS ANGELES, CA	LOBBYING SERVICES	114,400.
PKF O'CONNOR DAVIES LLP 665 FIFTH AVENUE, NEW YORK, NY 10022	ACCOUNTING & AUDIT SERVICES	106,601.

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 **4**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Patricia Beene-Colasanti, Matthew Woods, Elaine Charov, Marcowitz, Vincent Forino, Lynda Kennedy, Michael Onysko, Michael Raskob, Thomas Coumbe, Irena Tsitko, Laurie Scofield, Sheri Levinsky-Raskin, and a Total row.

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,366,275.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	2,157,155.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,808,103.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		100,336.				
	<b>h Total.</b> Add lines 1a-1f .....		5,331,533.				
	<b>Program Service Revenue</b>	<b>2 a</b> ADMISSIONS .....	<b>Business Code</b> 900099	20,296,309.	20,296,309.		
<b>b</b> MEMBERSHIPS .....		900099	675,466.	675,466.			
<b>c</b> MUSEUM TOURS & EXHIBITS .....		900099	440,345.	440,345.			
<b>d</b> EDU. PGMS & WORKSHOPS .....		900099	256,938.	256,938.			
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			21,669,058.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		389,616.			389,616.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	5,073,972.				
		(ii) Personal	72,462.				
		<b>b</b> Less: rental expenses .....	0.				
		<b>c</b> Rental income or (loss) .....	5,073,972.				
	<b>d</b> Net rental income or (loss) .....		5,134,806.		60,834.	5,073,972.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	19,445,823.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	17,775,106.				
		<b>c</b> Gain or (loss) .....	1,670,717.				
	<b>d</b> Net gain or (loss) .....		1,670,717.			1,670,717.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,366,275. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	136,750.				
		<b>b</b> Less: direct expenses .....	301,750.				
<b>c</b> Net income or (loss) from fundraising events .....			-165,000.			-165,000.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> CONCESSIONS .....		900099	1,265,329.			1,265,329.	
	<b>b</b> SPONSORSHIP REVENUE .....				115,000.		
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			1,380,329.			
<b>12 Total revenue.</b> See instructions. ....			35,411,059.	21,669,058.	175,834.	8,234,634.	

**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 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	2,848,192.	2,374,003.	305,355.	168,834.
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 .....	12,907,503.	10,758,563.	1,383,815.	765,125.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....	1,993,608.	1,718,858.	185,992.	88,758.
10 Payroll taxes .....	1,425,551.	1,226,122.	134,435.	64,994.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	189,135.	124,396.	43,138.	21,601.
c Accounting .....	103,650.	68,172.	23,640.	11,838.
d Lobbying .....	114,370.		114,370.	
e Professional fundraising services. See Part IV, line 17	40,000.			40,000.
f Investment management fees .....	118,500.		118,500.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,190,635.	830,683.	180,880.	179,072.
12 Advertising and promotion .....	1,730,192.	1,621,502.	13,195.	95,495.
13 Office expenses .....	844,721.	728,606.	71,552.	44,563.
14 Information technology .....	352,117.	238,604.	89,323.	24,190.
15 Royalties .....				
16 Occupancy .....	1,703,058.	1,509,154.	176,864.	17,040.
17 Travel .....	102,219.	91,637.	4,052.	6,530.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	93,432.	83,759.	3,704.	5,969.
20 Interest .....	312,773.	256,695.	54,719.	1,359.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	5,333,474.	4,390,516.	919,491.	23,467.
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 <b>EVENT &amp; PROGRAM EXPENSE</b>	1,908,620.	1,854,875.	53,745.	
b <b>REPAIRS AND MAINTENANCE</b>	1,168,810.	1,147,846.	19,883.	1,081.
c <b>CONTRACT SVC/ RENTAL EQ</b>	330,707.	306,256.	18,664.	5,787.
d <b>OTHER OPERATING EXPENSE</b>	241,296.	216,315.	9,566.	15,415.
e All other expenses	84,367.	75,633.	3,345.	5,389.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	35,136,930.	29,622,195.	3,928,228.	1,586,507.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,277,658.	<b>1</b>	3,828,131.
	<b>2</b> Savings and temporary cash investments .....	6,122,476.	<b>2</b>	6,157,794.
	<b>3</b> Pledges and grants receivable, net .....	3,204,761.	<b>3</b>	2,959,321.
	<b>4</b> Accounts receivable, net .....	1,162,337.	<b>4</b>	1,478,013.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	286,847.	<b>9</b>	94,894.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 115,298,963.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 59,907,210.	58,985,115.	<b>10c</b> 55,391,753.
	<b>11</b> Investments - publicly traded securities .....	23,990,233.	<b>11</b>	26,604,186.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	97,029,427.	<b>16</b>	96,514,092.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,969,098.	<b>17</b>	3,453,397.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	2,103,178.	<b>19</b>	3,813,222.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	12,788,368.	<b>23</b>	10,146,667.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	5,714,019.	<b>25</b>	5,715,196.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	24,574,663.	<b>26</b>	23,128,482.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	45,342,822.	<b>27</b>	44,237,271.
	<b>28</b> Temporarily restricted net assets .....	4,962,782.	<b>28</b>	6,863,079.
	<b>29</b> Permanently restricted net assets .....	22,149,160.	<b>29</b>	22,285,260.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	72,454,764.	<b>33</b>	73,385,610.	
<b>34</b> Total liabilities and net assets/fund balances .....	97,029,427.	<b>34</b>	96,514,092.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	35,411,059.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	35,136,930.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	274,129.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	72,454,764.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	656,717.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	73,385,610.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2016)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

<b>Name of the organization</b> <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b> <b>13-3062419</b>
--	--

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4977605.	5258817.	9192075.	7921602.	5331533.	32681632.
<b>2</b> 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 .....	18509751.	18453811.	18631983.	18934469.	21669058.	96199072.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....	447,000.	447,000.	447,000.	462,000.	462,000.	2265000.
<b>6 Total.</b> Add lines 1 through 5 .....	23934356.	24159628.	28271058.	27318071.	27462591.	131145704
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	589,809.	499,199.	505,831.	560,056.	973,961.	3128856.
<b>b</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.
<b>c</b> Add lines 7a and 7b .....	589,809.	499,199.	505,831.	560,056.	973,961.	3128856.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						128016848

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....	23934356.	24159628.	28271058.	27318071.	27462591.	131145704
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	4247727.	8002122.	4395303.	4665727.	5463588.	26774467.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....		7,101.	13,157.	10,353.	8,913.	39,524.
<b>c</b> Add lines 10a and 10b .....	4247727.	8009223.	4408460.	4676080.	5472501.	26813991.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3205121.	666,981.	2085126.	1171615.	1265329.	8394172.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	31387204.	32835832.	34764644.	33165766.	34200421.	166353867

**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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	15	76.95 %
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	16	77.07 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	17	16.12 %
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	18	15.99 %

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	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	<b>Distributable Amount.</b> 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) 2016

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

**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.)

Multiple horizontal lines for supplemental information.

**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization <b>INTREPID MUSEUM FOUNDATION, INC.</b>	Employer identification number <b>13-3062419</b>
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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>751,257.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>510,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>433,068.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>447,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>377,052.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>357,469.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b>  <b>13-3062419</b>
--	--

**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>102,914.</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>95,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>74,891.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>73,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b>  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b>  <b>13-3062419</b>
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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	<hr/> <hr/> <hr/>	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 57,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 50,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b>  <b>13-3062419</b>
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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/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 49,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 48,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 47,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 46,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 43,665.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b>  <b>13-3062419</b>
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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/>	\$ 42,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 39,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 32,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 28,499.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 25,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b>  <b>13-3062419</b>
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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	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 23,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTREPID MUSEUM FOUNDATION, INC.</b>	Employer identification number <b>13-3062419</b>
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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	<hr/> <hr/> <hr/>	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTREPID MUSEUM FOUNDATION, INC.</b>	Employer identification number <b>13-3062419</b>
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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	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 19,326.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 16,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b>  <b>13-3062419</b>
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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	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____ _____ _____	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b>  <b>13-3062419</b>
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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	_____ _____ _____	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	_____ _____ _____	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	_____ _____ _____	\$ 12,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	_____ _____ _____	\$ 12,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b>  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b>  <b>13-3062419</b>
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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/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTREPID MUSEUM FOUNDATION, INC.</b>	Employer identification number <b>13-3062419</b>
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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	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 10,417.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b>  <b>13-3062419</b>
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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	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b>  <b>13-3062419</b>
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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	<hr/> <hr/> <hr/>	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 8,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b>  <b>13-3062419</b>
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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/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INTREPID MUSEUM FOUNDATION, INC.</b>	Employer identification number <b>13-3062419</b>
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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>7,500.</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>7,500.</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>7,500.</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>7,500.</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>7,500.</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>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b>  <b>13-3062419</b>
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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>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b>  <b>13-3062419</b>
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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>5,000.</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>5,000.</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>5,000.</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>5,000.</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>5,000.</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.)



<b>Name of organization</b>  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b>  <b>13-3062419</b>
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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.)

<b>Name of organization</b>  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b>  <b>13-3062419</b>
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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.)

<b>Name of organization</b>  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	<b>Employer identification number</b>  <b>13-3062419</b>
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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	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	_____ _____ _____	\$ 5,000.	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.)
_____	_____ _____ _____	\$ _____	Person <input 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.)
_____	_____ _____ _____	\$ _____	Person <input 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  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	Employer identification number  <b>13-3062419</b>
---	---

**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
10	1275 SHARES OF AT&T STOCKS _____ _____ _____	\$ 49,891.	06/11/16
15	1300 SHARES OF AT&T STOCKS _____ _____ _____	\$ 50,445.	12/05/16
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>INTREPID MUSEUM FOUNDATION, INC.</b>	Employer identification number  <b>13-3062419</b>
---	---

**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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

**2016**

**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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** [www.irs.gov/form990](http://www.irs.gov/form990).

**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**

**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) 2016

LHA

632041 11-10-16

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		114,370.
<b>j</b> Total. Add lines 1c through 1i			114,370.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> 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.



**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.**

OMB No. 1545-0047

**2016**  
**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**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 8/17/06, 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 .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

**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	23,990,233.	24,381,065.	22,805,039.	20,159,707.	18,303,700.
b Contributions	600,000.	600,000.	600,000.	600,000.	600,000.
c Net investment earnings, gains, and losses	2,591,024.	-359,832.	1,546,026.	2,634,432.	1,710,507.
d Grants or scholarships					
e Other expenditures for facilities and programs	686,510.	631,000.	570,000.	589,100.	454,500.
f Administrative expenses					
g End of year balance	26,494,747.	23,990,233.	24,381,065.	22,805,039.	20,159,707.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .00 %
  - b Permanent endowment  75.36 %
  - c Temporarily restricted endowment  24.64 %
- 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 checked="" type="checkbox"/> |
| (ii) related organizations   |                          | <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"/>            |

- 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		21,796,692.	5,469,947.	16,326,745.
d Equipment		7,448,027.	6,097,002.	1,351,025.
e Other		86,054,244.	48,340,261.	37,713,983.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				55,391,753.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	758.
(2) CAPITALIZED LEASE OBLIGATION	926,865.
(3) DUE TO FEDERAL AGENCY	4,787,573.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,715,196.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	37,163,676.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 656,717.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 1,202,772.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 11,628.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	1,871,117.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	35,292,559.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 118,500.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	118,500.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	35,411,059.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	36,232,830.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 1,202,772.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 11,628.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	1,214,400.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	35,018,430.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 118,500.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	118,500.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	35,136,930.

**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 (NOTE 6) IS AVAILABLE FOR OPERATIONS. THE AMOUNT APPROVED FOR OPERATIONS DURING THE YEARS ENDED APRIL 30, 2017 AND 2016 WAS \$686,510 AND \$631,000 (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 AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR TAX YEARS PRIOR TO 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

**Part XIII** Supplemental Information (continued)

PERSONAL PROPERTY RENTAL EXPENSE 11,628.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PERSONAL PROPERTY RENTAL EXPENSE 11,628.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CATHY MCNAMARA, INC. (CMI) - 1325 SIXTH AVENUE, 27TH	FUNDRAISING STRATEGY - 25TH ANNUAL SALUTE TO		X	0.	40,000.	0.
<b>Total</b> .....					40,000.	

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- NY, AL, AK, AZ, AR, CA, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, MO, CO, CT



**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	1,503,025.		1,503,025.
	2	Less: Contributions	1,366,275.		1,366,275.
	3	Gross income (line 1 minus line 2)	136,750.		136,750.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	301,750.		301,750.
	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)				-165,000.

**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: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: CATHY MCNAMARA, INC. (CMI)

(I) ADDRESS OF FUNDRAISER:

1325 SIXTH AVENUE, 27TH FLOOR, NEW YORK, NY 10019

(II) ACTIVITY: FUNDRAISING STRATEGY - 25TH ANNUAL SALUTE TO FREEDOM GALA

PART I, LINE 2B, COLUMN (V):  
CMI EVENT PLANNING & FUNDRAISING:

**Part IV** Supplemental Information (continued)

FUNDRAISING STRATEGY: ASSIST IN DEVELOPING APPROPRIATE ANNIVERSARY PRICING STRUCTURE; ASSIST IN RESEARCHING AND IDENTIFYING APPROPRIATE EVENT LEADERSHIP; PROVIDE FUNDRAISING STRATEGY MATERIAL; DEVELOP AND IMPLEMENT SPECIFIC 25TH ANNIVERSARY FUNDRAISING STRATEGY; ETC.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2016**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 .....

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2016

**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)	499,631.	74,042.	690.	0.	19,017.	593,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID A. WINTERS EXECUTIVE VICE PRESIDENT	(i)	268,721.	10,524.	450.	0.	20,173.	299,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PATRICIA BEENE-COLASANTI CFO/CAO	(i)	283,425.	42,380.	1,980.	0.	21,173.	348,958.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MATTHEW WOODS VP ENGINEERING/FACILITIES	(i)	275,022.	33,519.	690.	0.	26,995.	336,226.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELAINE CHARNOV SVP EXHIBITS/EDUCATION	(i)	245,771.	36,808.	690.	0.	19,173.	302,442.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARC LOWITZ SVP BUSINESS DEVELOPMENT	(i)	239,884.	24,314.	690.	0.	27,545.	292,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) VINCENT FORINO VP INFORMATION TECHNOLOGY	(i)	168,028.	25,988.	1,290.	0.	26,878.	222,184.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LYNDA KENNEDY VP EDUCATION	(i)	167,120.	24,413.	450.	0.	24,856.	216,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL ONYSKO VP MARKETING	(i)	149,861.	21,524.	295.	0.	24,756.	196,436.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MICHAEL RASKOB CONTROLLER UNTIL DEC. 2016	(i)	155,867.	6,500.	1,963.	0.	1,983.	166,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) THOMAS COUMBE AVP HUMAN RESOURCES	(i)	133,519.	6,500.	1,148.	0.	10,445.	151,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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

**2016**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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				
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	100,336.	AVERAGE SELLING PRIC
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) (2016)



**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 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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:

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.

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 ALSO WAS INTEGRAL IN DEVELOPING AND TESTING SEVERAL  
WAYFINDING INITIATIVES THROUGHOUT THE COMPLEX TO MAKE THE VISITOR  
EXPERIENCE MORE ENJOYABLE. IN CONJUNCTION WITH THESE INITIATIVES, NEW  
STAFF TRAINING ENABLED THE MUSEUM SERVICES TEAM TO BETTER ENGAGE AND  
SUPPORT VISITORS THROUGHOUT THEIR JOURNEY AT THE MUSEUM.

ANOTHER AREA OF CONTINUED GROWTH IN FY 2017 WAS THE EXPANSION AND  
ENHANCEMENT OF OUR MUSEUM VOLUNTEER PROGRAM. RESEARCH AND REVIEWS NOTE  
THAT INTERACTION WITH OUR VOLUNTEERS IS ONE OF OUR VISITORS' FAVORITE

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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ASPECTS OF THE MUSEUM EXPERIENCE. OUR ACTIVE AND GROWING TEAM OF VOLUNTEERS, MANY OF WHOM ARE VETERANS (FROM EVERY BRANCH OF THE MILITARY) AND SOME OF WHOM ARE INTREPID FORMER CREW MEMBERS, OFFER THE PUBLIC A UNIQUE PERSPECTIVE ON OUR EXHIBITS AND ARTIFACTS, WITH STORIES AND ANECDOTES FROM THEIR OWN SERVICE TO OUR COUNTRY. IN FY 2017, 145 VOLUNTEERS GAVE MORE THAN 17,200 HOURS OF THEIR TIME TO THE MUSEUM. THE YEAR'S VOLUNTEERS INCLUDED MORE FORMER CREW MEMBERS THAN IN PREVIOUS YEARS AND, FOR THE FIRST TIME, A FORMER SUBMARINE GROWLER SAILOR. IN ADDITION TO WORKING WITH THE PUBLIC, VOLUNTEERS ASSISTED IN THE INFORMATION TECHNOLOGY, INSTITUTIONAL ADVANCEMENT, MEMBERSHIP AND EXHIBITS DEPARTMENTS, AND APPROXIMATELY 12 DEDICATED VOLUNTEERS HELPED OUR AIRCRAFT RESTORATION STAFF SAND, PAINT, WASH AND DUST THE HISTORICAL AIRCRAFT. VOLUNTEERS ASSISTED WITH AN INCREASING NUMBER OF EDUCATION PROGRAMS, ESPECIALLY THOSE IN WHICH VETERANS WERE NEEDED, SUCH AS INTREPID AFTER HOURS, TEACHER PROFESSIONAL DEVELOPMENT WORKSHOPS, PROGRAMS FOR CHILDREN WITH AUTISM AND OTHERS. WORK CONTINUED ON THE MUSEUM'S ORAL HISTORY PROJECT WITH A DEDICATED TEAM OF VOLUNTEERS TRANSCRIBING THE INTERVIEWS OF FORMER CREW MEMBERS OF INTREPID AND GROWLER. TO DATE, VOLUNTEERS HAVE ASSISTED IN TRANSCRIBING MORE THAN 150 OF THE 6090-MINUTE INTERVIEWS, EACH OF WHICH TAKES APPROXIMATELY EIGHT TO TWELVE HOURS OF WORK. VOLUNTEER DEPARTMENT ALSO CONTINUED TO PARTNER WITH AMAC (ASSOCIATION FOR METROAREA AUTISTIC CHILDREN) TO PROVIDE SOME OF THEIR STUDENTS OPPORTUNITIES TO GAIN WORK EXPERIENCE AND DEVELOP SOCIAL AND SPEAKING SKILLS. IN ADDITION, THE VOLUNTEER DEPARTMENT 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 13 YEARS, IN ORDER TO IMPROVE THEIR PUBLIC SPEAKING AND ENGLISH LANGUAGE SKILLS AS WELL AS

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PREPARE THEM FOR COLLEGE OR A WORK ENVIRONMENT.

GROUPS -

IN FY 2017, THE INTREPID MUSEUM'S GROUP SALES OFFERINGS INCLUDED A VARIETY OF PROGRAMS FOR MANY DIFFERENT GROUPS. THESE PROGRAMS WERE ALIGNED WITH OUR MISSION AND OFFERED OUR VISITORS THE OPPORTUNITY TO EXPLORE AND LEARN IN AN INFORMAL SETTING. THE MUSEUM OFFERED SPECIALIZED CHILDREN'S BIRTHDAY PARTIES WITH THEMES OF SEA, AIR AND SPACE, CONSISTENT WITH OUR EXHIBITIONS, AND HOSTED 135 BIRTHDAY PARTIES ATTENDED ABOARD INTREPID BY MORE THAN 4,600 GUESTS. THE MUSEUM'S OVERNIGHT PROGRAM, OPERATION SLUMBER, SUCCESSFULLY COMPLETED 25 EVENTS INVOLVING OVER 4,700 CHILDREN AND THEIR PARENTS AND CHAPERONES. THE MUSEUM HOSTED DAY CAMP GROUPS DURING THE SUMMER MONTHS, WELCOMING MORE THAN 5,700 CHILDREN AND ADULTS. IT ALSO HELD TWO SCOUT DAYS DURING THE YEAR, WELCOMING MORE THAN 1,100 YOUTH AND ADULTS FOR SPECIAL PROGRAMMING TO HELP YOUNG SCOUTS GAIN THEIR MERIT BADGES. MORE THAN 100 YOUTH ORCHESTRAS, BANDS, CHOIRS AND DANCE GROUPS COMPRISING MORE THAN 7,000 PARTICIPANTS FROM ACROSS THE UNITED STATES AND GREAT BRITAIN PERFORMED ON BOARD FOR FREE AS A PART OF THEIR GROUP ADMISSION, GIVING THEM THE OPPORTUNITY TO HONOR AND INSPIRE BY SHARING THEIR PERFORMANCES WITH MUSEUM VISITORS. THE MUSEUM ALSO HOSTED COMMISSIONING CEREMONIES ON BOARD, WHICH INCLUDED COMPLIMENTARY ADMISSION FOR VETERANS AND ACTIVE MEMBERS OF THE MILITARY AND THEIR FAMILIES, TO CELEBRATE A MILITARY ENLISTMENT OR PROMOTION AS WELL AS RETIREMENT. IN FY 2017 THREE COMMISSIONING CEREMONIES WERE HELD ON INTREPID, ATTENDED BY 132 VISITORS, AND EIGHT GROUPS OF VETERANS AND ACTIVE MILITARY GUESTS CAME FOR MUSEUM VISITS. GROUPS VISITING THE MUSEUM INCLUDED INDIVIDUALS WHO ARE BLIND OR LOW VISION AND DEAF OR HARD OF HEARING, INDIVIDUALS WITH

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LEARNING DISABILITIES OR PHYSICAL DISABILITIES, AND FAMILIES AFFECTED  
BY AUTISM.

EXHIBITS -

IN FY 2017 THE FOLLOWING EXHIBITS AND COLLECTIONS ENHANCED THE VISITOR  
EXPERIENCE BY PROVIDING EXPANDED INTERPRETATION, SHEDDING MORE LIGHT ON  
THE MUSEUM'S ARTIFACTS, AND PRESENTING OPPORTUNITIES FOR MUSEUM TOUR  
GUIDES AND EDUCATORS TO ENGAGE WITH VISITORS.

DON'T BE A DILBERT! U.S. NAVY SAFETY POSTERS  
SEPTEMBER 29, 2016 (OPEN THROUGH SEPTEMBER 4, 2018)  
HANGAR DECK GALLERY 1

THE U.S. NAVY LOST MORE THAN 8,000 PEOPLE IN AVIATION ACCIDENTS FROM  
1941 TO 1946. SAFETY POSTERS USED CARTOONS AND HUMOR TO STRESS THE  
IMPORTANCE OF FOLLOWING SAFETY PROCEDURES AND THE GRAVE CONSEQUENCES OF  
CARELESSNESS.

THE EXHIBITION DON'T BE A DILBERT! U.S. NAVY SAFETY POSTERS FEATURES A  
DOZEN EXAMPLES OF WORLD WAR II SAFETY POSTERS FROM THE INTREPID  
MUSEUM'S COLLECTION. THE POSTERS, ILLUSTRATED BY NOTED CARTOONIST  
ROBERT OSBORN, FEATURE TWO BLUNDERING CARTOON CHARACTERS DILBERT THE  
PILOT AND SPOILER THE MECHANIC WHOSE SLIP-UPS ENDANGERED LIVES AND  
EQUIPMENT. THE EXHIBITION ALSO INCLUDES EXCERPTS FROM A NAVY TRAINING  
FILM IN WHICH DILBERT COMES TO LIFE. IN THE FILM, HIS STUBBORN  
INABILITY TO FOLLOW SAFETY PROCEDURES HAS DEVASTATING CONSEQUENCES.

PORTS OF CALL

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JANUARY 13, 2017

HANGAR DECK GALLERY 1

INTREPID'S MISSIONS TOOK THE SHIP AND CREW TO CITIES AROUND THE GLOBECANNES AND COPENHAGEN, HALIFAX AND HONG KONG, SINGAPORE AND SYDNEY. AT EACH PORT OF CALL, 3,000 CREW MEMBERS FANNED OUT TO EXPLORE LOCAL TOURIST ATTRACTIONS, HISTORIC SITES, SOUVENIR SHOPS, RESTAURANTS AND BARS. THESE ADVENTURES LEFT LASTING IMPRESSIONS ON INTREPID'S CREW MEMBERS, MOST OF WHOM HAD NEVER TRAVELED OUTSIDE THE UNITED STATES. THE TEMPORARY EXHIBITION PORTS OF CALL EXPLORES THE SIGNIFICANCE OF THESE JOURNEYS TO THE YOUNG SAILORS WHO FORMED INTREPID'S CREW.

AFTER EACH DEPLOYMENT, SAILORS REGALED THEIR FAMILIES WITH STORIES OF FARAWAY PLACES. DECADES LATER, THESE SAME MEN AND THEIR FAMILIES ENTRUSTED THEIR SOUVENIRS TO THE INTREPID SEA, AIR & SPACE MUSEUM. THE TEMPORARY EXHIBITION PORTS OF CALL INVITES VISITORS INTO A 1960S HOME, REMINISCENT OF THOSE WHERE INTREPID CREW MEMBERS SHARED THEIR STORIES AND DISPLAYED THEIR KEEPSAKES. THE EXHIBITION INCLUDES SOUVENIRS, MEMORABILIA, PHOTOGRAPHS, FILM FOOTAGE AND ORAL HISTORIES, ALL DRAWN FROM THE MUSEUM'S COLLECTIONS.

ORAL HISTORY PROJECT

OVER THE PAST FISCAL YEAR, THE MUSEUM RECORDED 31 ORAL HISTORIES. INCLUDED IN THIS COLLECTION OF ORAL HISTORIES ARE AN INTERVIEW WITH A CORSAIR PILOT FROM VF-10 WHO SERVED ABOARD INTREPID DURING WORLD WAR II AND AN INTERVIEW WITH A TORPEDO FIRE CONTROLMAN WHO SERVED ABOARD GROWLER DURING THE COLD WAR. THE CORSAIR PILOT DISCUSSED THE DIFFERENT

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LEVELS OF PILOT TRAINING, AS WELL AS HIS INTRODUCTION TO AND THOUGHTS ON THE CORSAIR. HE EVEN PROVIDED DETAILED DESCRIPTIONS OF SOME OF THE MISSIONS HE FLEW, RECOUNTING ONE OF THE TIMES HE SHOT DOWN AN ENEMY AIRCRAFT AND ANOTHER TIME WHEN HE FIRED ROCKETS AT AN ENEMY RADAR STATION ON THE GROUND. THE PILOT ALSO DISCUSSED LIFE ABOARD INTREPID, THE MEN IN HIS SQUADRON, LOSING PILOTS AND THE TIME A KAMIKAZE STRUCK INTREPID'S NUMBER THREE ELEVATOR. HE EVEN SPOKE ABOUT BEING IN JAPAN AFTER THE WAR ENDED. THE TORPEDO FIRE CONTROLMAN DESCRIBED SUBMARINE TRAINING, AS WELL AS SOME OF THE MORE MEMORABLE EVENTS THAT OCCURRED DURING SUB SCHOOL. HE ALSO EXPLAINED THE PROCEDURE FOR FIRING A TORPEDO AND HOW A TORPEDO TUBE OPERATED. THERE WAS EVEN A HUMOROUS STORY ABOUT A TIME WHEN THE CREW FIRED A PRACTICE TORPEDO, RESULTING IN AN UNEXPECTED OUTCOME. THE TORPEDO FIRE CONTROLMAN DISCUSSED HIS THOUGHTS ON THE COLD WAR, AS WELL AS LIFE ABOARD A SUBMARINE, INCLUDING THE PRACTICAL JOKES THAT OCCURRED AND THE MEMORABLE MOMENTS THE CREW EXPERIENCED.

TOTAL ORAL HISTORIES COLLECTED IN FY 2017:

INTREPID, WWII 7

INTREPID, COLD WAR 7

INTREPID, VIETNAM 3

GROWLER 13

NASA/T-38 1

TOTAL 31

AIRCRAFT RESTORATION -

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THE AIRCRAFT RESTORATION DEPARTMENT REALIZED A MUCH-ANTICIPATED UPGRADE WITH THE OPENING OF THE AIRCRAFT RESTORATION HANGAR IN DECEMBER 2016.

THE NEW HANGAR FACILITY IS WATERTIGHT AND CLIMATE-CONTROLLED, ALLOWING YEAR-ROUND WORK ON THE MUSEUM'S COLLECTION OF 28 HISTORICAL AIRCRAFT.

THE NEW HANGAR CAN ACCOMMODATE TWO AIRCRAFT PROJECTS AT ONE TIME AND HAS ALLOWED THE MUSEUM TO BEGIN AN EXTENDED TWO-YEAR RESTORATION OF THE DOUGLAS A-1 SKYRAIDER, A SIGNIFICANT AIRCRAFT IN THE COLLECTION.

ANOTHER AIRCRAFT, THE ISRAELI AIRCRAFT INDUSTRY KFIR C-2, HAS BEEN COMPLETELY REPAINTED, TREATED FOR CORROSION RESISTANCE AND RETURNED TO ACTIVE DISPLAY.

AIRCRAFT ACCESSION -

NO ACCESSIONS IN FY17.

COLLECTIONS -

FY17

- 90 TOTAL ACQUISITIONS: 7 PURCHASES, 83 DONATIONS

- 2,394 TOTAL ARTIFACTS: 2,227 MEDIA ITEMS, 50 ARCHIVAL COLLECTIONS, 117 OBJECTS

- 5 HISTORICAL SPACES (PROJECT IS LARGELY COMPLETED), WITH 1 COLLECTION REMOVED

- ORAL HISTORY PROJECT PARTICIPANTS WHO DONATED ARTIFACTS THIS YEAR: 14

- REPEAT ARTIFACT DONORS: 15

COLLECTIONS HIGHLIGHTS:



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EDGAR BLANKENSHIP SCRAPBOOK: EDGAR GERALD BLANKENSHIP WAS AN AVIATOR WITH VF-18 ON BOARD INTREPID DURING WORLD WAR II. HIS SCRAPBOOK TIES TOGETHER MANY OF OUR OTHER VF COLLECTIONS. IT INCLUDES EDWARD RITTER CARTOONS, MANY OF WHICH WE HAD NOT SEEN BEFORE. BLANKENSHIP WAS THE INSPIRATION FOR THE MAIN CHARACTER "SNIPO" IN THESE CARTOONS. WE PREVIOUSLY THOUGHT ALL OF RITTER'S ORIGINAL SKETCHES WERE DESTROYED IN A KAMIKAZE ATTACK, SO IT IS VERY SPECIAL THAT TWO ORIGINAL PENCIL DRAWINGS ARE IN THIS COLLECTION. MR. BLANKENSHIP SURVIVED THE WAR BUT DIED WHILE TRANSITING A CORSAIR ACROSS THE UNITED STATES. MR. BLANKENSHIP'S DEATH IN 1947 HAD A PROFOUND EFFECT ON HIS ONLY CHILD, EDWARD. EDWARD IS VERY PLEASED THAT HIS FATHER CAN BE REMEMBERED AT THE MUSEUM.

ALLEN ODETTE GROWLER COLLECTION: ALLEN ODETTE SERVED ON BOARD GROWLER FROM AUGUST 1961 UNTIL DECEMBER 1963 AS A FIRE CONTROL TECHNICIAN, GUIDED MISSILE SECOND CLASS. HIS COLLECTION HAS MANY SLIDES OF GROWLER, OF WHICH WE HAD FEW. ADDITIONALLY, HE DONATED A LARGE COLLECTION OF GROWLER NEWSLETTERS THAT PROVIDE CONTEMPORANEOUS ACCOUNTS OF THE NEWS AND DAILY ROUTINE ON BOARD GROWLER. ONE FAMILY GRAM SHOWS, IN CONTRAST TO INTREPID, THE VERY LIMITED AMOUNT OF INTERACTION GROWLER CREW MEMBERS HAD WITH LOVED ONES BACK HOME WHILE ON PATROL.

BEN ST. JOHN COLLECTION: BERNARD "BEN" ST. JOHN (19212016) SERVED ON BOARD INTREPID AS A PILOT IN SQUADRON VT-18 IN 1944. BEN ST. JOHN'S FAMILY HAS DONATED HIS ENTIRE COLLECTION. IT CONTAINS MANY AVIATOR UNIFORM PARTS FROM WORLD WAR II THAT WE PREVIOUSLY DID NOT HAVE. MR. ST. JOHN'S ORAL HISTORY WAS USED IN THE 4D SIMULATOR MOVIE.

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CHRISTENING BOTTLE: ACCORDING TO THE SELLER, THE CHRISTENING BOTTLE WAS RESCUED FROM THE GARBAGE BY A DOCKWORKER AT NEWPORT NEWS SHIPYARD. OVER THE YEARS IT HAD BEEN PASSED DOWN AND SOLD TO DIFFERENT ANTIQUE SHOPS. WE HAVE A COLLECTION OF PHOTOGRAPHS FROM THE MUSEUM'S SPONSOR, MRS. HOOVER, WHO CHRISTENED THE SHIP, AND IT IS WONDERFUL TO HAVE THE OBJECT THAT WAS WITH INTREPID RIGHT FROM THE BEGINNING.

PIERCE MATTHEWS LETTERS: PIERCE YARRELL "PY" MATTHEWS JR. SERVED AS A LIEUTENANT COMMANDER IN THE W DIVISION ON BOARD INTREPID IN THE EARLY 1960S. THESE LETTERS WERE AN EBAY PURCHASE FROM SOMEONE WHO HAD BOUGHT THEM FROM AN ESTATE SALE. MATTHEWS WAS A CAREER NAVY OFFICER WHO WROTE AT LENGTH ABOUT HIS THOUGHTS ABOUT SERVICE, LIFE PHILOSOPHY AND EVERYDAY LIFE ON BOARD THE SHIP. THE LETTERS INCLUDE HEAVILY ANNOTATED PHOTOGRAPHS OF THE PEOPLE AND PLACES MENTIONED IN HIS WRITINGS. IF WE HAD NOT FOUND THEM ON EBAY, THIS WONDERFUL PEEK INTO AN OFFICER'S LIFE ON BOARD INTREPID WOULD HAVE BEEN LOST.

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

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. PROGRAMS ARE DELIVERED AT THE MUSEUM, IN THE COMMUNITIES OF NEW YORK CITY AND NATIONALLY AND INTERNATIONALLY THROUGH DISTANCE LEARNING. THE MUSEUM PRIORITIZES SECURING FUNDING THAT ALLOWS IT TO PROVIDE 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 GROUPS, INCLUDING ENGLISH LANGUAGE LEARNERS.

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SCHOOL AND TEACHER PROGRAMS -

MUSEUM EDUCATORS DELIVERED PROGRAMS TO APPROXIMATELY 19,100 STUDENTS IN GRADES K12 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 HISTORICAL SPACES, INQUIRY-BASED DISCUSSIONS, PRIMARY SOURCE ANALYSIS AND DESIGN CHALLENGES. STUDENTS VIEWED THE MUSEUM'S HISTORICAL AIRCRAFT COLLECTION, DISCUSSED AIRCRAFT DESIGN AND USE, AND ENGAGED IN PHYSICS DEMONSTRATIONS AND EXPERIMENTS TO DISCOVER HOW FLIGHT IS POSSIBLE; 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, CONDUCTED EXPERIMENTS UTILIZING HYDROMETERS TO TEST SALINITY AND DISCOVERED ITS RELATION TO CORROSION. THIS YEAR, IN CONJUNCTION WITH TWO EXHIBITIONS AT THE MUSEUM, STUDENTS EXPLORED THE HISTORY OF THE U.S. NAVY'S INVOLVEMENT IN THE VIETNAM WAR AS EXEMPLIFIED THROUGH THE MUSEUM'S COLLECTIONS AND ORAL HISTORIES OF INTREPID CREW MEMBERS. STUDENTS ALSO LEARNED ABOUT THE HISTORY, SCIENCE AND ETHICAL QUESTIONS BEHIND DRONE TECHNOLOGIES. AN ADDITIONAL 4,618 STUDENTS PARTICIPATED IN DISTANCE LEARNING EXPERIENCES FROM THEIR SCHOOLS.

THE MUSEUM'S EDUCATION TEAM ALSO ENGAGED 1,202 STUDENTS WITH PHYSICAL,

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COGNITIVE OR EMOTIONAL CHALLENGES THROUGH TAILORED PROGRAMS 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.

A MAJOR PROJECT UNDERTAKEN WITH SCHOOLS THIS YEAR WAS THE SECOND YEAR OF A TWO YEAR PROJECT THE STEM EDUCATOR'S ACADEMY. THE MUSEUM, IN PARTNERSHIP WITH EXPANDED SCHOOLS, PARTNERED WITH FOUR SCHOOLS TO PROVIDE PROFESSIONAL DEVELOPMENT FOR TEAMS OF IN-SCHOOL AND OUT-OF-SCHOOL-TIME EDUCATORS IN A COLLABORATIVE ATMOSPHERE. THE TEACHERS' GOAL WAS TO BUILD COHERENCE IN STUDENTS' STEM EXPERIENCES AS THEY MOVE THROUGHOUT THE SCHOOL DAY AND INTO AFTER-SCHOOL SETTINGS.

MUSEUM EDUCATORS LED FREE AND LOW-COST PROFESSIONAL DEVELOPMENT PROGRAMS FOR MORE THAN 300 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 THE NEW YORK CITY DEPARTMENT OF EDUCATION (DOE) FOR PROFESSIONAL DEVELOPMENT CREDIT NEEDED TO MAINTAIN CREDENTIALING. THESE PROGRAMS IN TURN BENEFITED APPROXIMATELY 15,000 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 ORDER TO PROVIDE TIMELY AND RELEVANT SUPPORT TO NEW YORK CITY TEACHERS, MUSEUM EDUCATORS CONTINUED TO PARTICIPATE IN PROFESSIONAL

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WORKSHOPS AND TAKE PART IN NYC DOE TRAINING, PARTNER MEETINGS AND EVENTS. THEY ALSO ATTEND PROFESSIONAL NETWORKING GROUPS SUCH AS HIVE LEARNING NETWORKS, THE NEW YORK CITY MUSEUM EDUCATORS 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 GREATER OPPORTUNITIES ADVANCING LEADERSHIP AND SCIENCE FOR GIRLS (GOALS), 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 DESIGNED TO GIVE THESE YOUNG ADULTS WORK EXPERIENCE AS THEY MOVE FROM HIGH SCHOOL INTO COLLEGE.

ACCESS, VETERAN AND MILITARY FAMILY PROGRAMS -  
THE MUSEUM PROVIDED PROGRAMS FOR 3,358 PEOPLE WITH COGNITIVE, SENSORY, PHYSICAL OR EMOTIONAL NEEDS. AN ADDITIONAL 816 SUPPORT STAFF, INSTRUCTORS OR CAREGIVERS ALSO PARTICIPATED IN THESE PROGRAMS. 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

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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 14 CAMPERS DURING THE WEEKLONG ALL ACCESS MAKER CAMP, WHERE CHILDREN WERE CHALLENGED TO TINKER AND CREATE. MILITARY FAMILY PROGRAMS FOR RETURNING VETERANS AND THEIR FAMILIES SERVED 120 PARTICIPANTS, AND 116 VETERANS PARTICIPATED IN INTREPID AFTER HOURS EVENTS DESIGNED JUST FOR THEM.

IN ADDITION, TWO PART-TIME, PAID POSITIONS WERE CREATED AND STAFFED IN COLLABORATION WITH BIRCH FAMILY SERVICES, BUILDING OUR TEAM CAPACITIES AND PROVIDING WORK EXPERIENCE FOR PEOPLE WITH AUTISM.

COMMUNITY & FAMILY ENGAGEMENT PROGRAMS -

MORE THAN 2,930 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.

THE MULTI-VISIT MATH AND DESIGN PROGRAM CREATED FOR HIGH SCHOOL STUDENTS INCARCERATED ON RIKERS ISLAND CONTINUED AND WAS ALSO OFFERED AT DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT SITES ACROSS THE CITY.

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IN ADDITION, THE MUSEUM CONTINUED TO WORK WITH NYC DOE HOSPITAL SCHOOLS AND OFFERED SEVERAL SEVEN TO TEN-PART PROGRAMS DELIVERED TO HOMEBOUND SENIOR CITIZENS OVER THE PHONE THROUGH A PARTNERSHIP WITH DOROT, A NONPROFIT ORGANIZATION WHOSE GOAL IS TO ALLEVIATE SOCIAL ISOLATION AND PROVIDE CONCRETE SERVICES TO OLDER ADULTS.

THE MUSEUM CONTINUED TO COLLABORATE WITH THE NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES TO ARRANGE VISITS TO THE MUSEUM FOR MORE THAN 1,000 CHILDREN AND ADULTS. MUSEUM EDUCATORS ORGANIZED FOUR EVENTS AT THE MUSEUM AND PROVIDED PROGRAMMING AT COMMUNITY LOCATIONS. THE ON-SITE EVENTS INCLUDED TOURS OF THE MUSEUM, HANDS-ON ACTIVITIES, DEMONSTRATIONS, PERFORMANCES AND A MEAL. THE MUSEUM CONTINUED ITS PARTNERSHIP WITH THE ADMINISTRATION FOR CHILDREN'S SERVICES, PROVIDING PROGRAMMING FOR 82 CHILDREN, ALL OF WHOM HAD BEEN REMOVED FROM THEIR HOMES WITHIN THE PREVIOUS 48 HOURS BECAUSE OF ABUSE OR NEGLECT AND HAD NOT YET BEEN PLACED IN A PERMANENT FACILITY. DURING THIS VULNERABLE TIME, THE MUSEUM PROVIDED A CHANCE FOR FUN, ENGAGEMENT AND A SENSE OF NORMALCY. NO-FEE TOURS AND WORKSHOPS WERE ALSO DELIVERED AT THE MUSEUM TO STUDENTS IN NON-SECURE DETENTION THROUGH THE NYC DOE'S DISTRICT 79, WHICH SERVES STUDENTS WITH LEGAL ISSUES AND LITTLE SUCCESS IN A TRADITIONAL CLASSROOM.

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. DURING CAMP INTREPID, EACH WEEK INCLUDED OPPORTUNITIES FOR CAMPERS TO VISIT THE MUSEUM'S HISTORICAL

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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 SUPPORT OF THE NYC DOE INITIATIVE STEM MATTERS, THE MUSEUM PROVIDED TWO WEEKS OF STEM STARS, A FREE, WEEKLONG, FULL-DAY PROGRAM HELD DURING THE SUMMER AND SPRING BREAK. THE MUSEUM ALSO SERVED AS A 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 BOROUGHES, AND THIS PAST YEAR EDUCATORS WORKED WITH 11 SCHOOLS FOR 4550 CONTACT HOURS WITH EACH SCHOOL'S STUDENTS. PROGRAMS FOCUS ON INTREPID AND ITS HISTORICAL 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 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.

NEW THIS YEAR WAS THE LAUNCH OF A TEEN NIGHT AND A COLLEGE NIGHT, BOTH WITH SIMILAR FORMATS AND GEARED TOWARD YOUTH AND YOUNG ADULTS. ORGANIZED BY OUR TEEN ADVISORY COUNCIL, THESE NIGHTS FEATURED MUSEUM



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LEARNING, MUSIC, SNACKS AND A CHANCE FOR PARTICIPANTS TO SOCIALIZE IN A SAFE ATMOSPHERE.

PUBLIC EDUCATION -

MUSEUM EDUCATORS PROVIDED REGULARLY SCHEDULED DEMONSTRATIONS THROUGHOUT THE MUSEUM AND IN THE SPACE SHUTTLE PAVILION FOR THE GENERAL PUBLIC.

THESE INQUIRY-BASED DEMONSTRATIONS ENGAGED THE AUDIENCE IN MAKING HYPOTHESES AND PREDICTIONS, DESCRIBING WHAT THEY SAW AND OBSERVED, AND ASSISTING WITH THE DEMONSTRATION OR EXPERIMENT. AUDIENCE DEMOGRAPHICS VARIED. THE MAJORITY OF THE PARTICIPANTS WERE ADULTS, SENIORS AND MULTIGENERATIONAL FAMILIES WITH GRANDPARENTS, PARENTS AND CHILDREN.

MUSEUM EDUCATORS PRESENTED THE DEMONSTRATIONS TO ENGAGE ALL AUDIENCE MEMBERS. THIS YEAR, MORE THAN 7,000 VISITORS EXPERIENCED DEMONSTRATIONS. WEEKEND FAMILY PROGRAMS, CALLED INTREPID ADVENTURES, GAVE GUIDANCE FOR INTERGENERATIONAL LEARNING WHILE VISITING THE MUSEUM, GENERALLY CONSISTING OF A SHORT TOUR AND A THEMATICALLY LINKED ACTIVITY. THIS YEAR, 345 CHILDREN AND THEIR CAREGIVERS PARTICIPATED IN INTREPID ADVENTURES.

THE PUBLIC TOURS AND TALKS TEAM SERVED 23,341 MEMBERS OF THE PUBLIC THROUGH IN-DEPTH TOURS. TOPICS COVERED THE HISTORY OF INTREPID, THE PACIFIC WAR, THE VIETNAM WAR, AND THE PAST AND FUTURE OF SPACE EXPLORATION. A FAMILY-FRIENDLY TOUR WAS ALSO INTRODUCED ON WEEKENDS AND HOLIDAYS. AN ADDITIONAL 1,685 VISITORS ORGANIZED SPECIAL PRIVATE TOURS, AND 415 COLLEGE STUDENTS TOOK A TOUR AS PART OF THEIR COURSES. MORE THAN 5,000 VISITORS EXPERIENCED FREE-WITH-ADMISSION TOUR GUIDE TALKS THIS YEAR.

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## EVALUATION -

IN ORDER TO ENSURE THE QUALITY OF THE MUSEUM'S PROGRAMS AND EXHIBITIONS, OUR INTERNAL RESEARCH AND EVALUATION TEAM IMPLEMENTED A RANGE OF PROJECTS TO COLLECT FRONT-END, FORMATIVE AND SUMMATIVE DATA TO INFORM THE DEVELOPMENT OF PROGRAMS AND EXHIBITIONS AND DOCUMENT THEIR IMPACT. THESE EVALUATION STUDIES SPANNED A WIDE RANGE OF EDUCATION PROGRAMMING AND EXHIBITION DEVELOPMENT. FRONT-END STUDIES OF VISITOR EXPECTATIONS, PRIOR KNOWLEDGE AND CONTENT PREFERENCES FOR BOTH TEMPORARY AND PERMANENT EXHIBITIONS, AND VISITOR FEEDBACK ON PUBLIC PROGRAMS AND MUSEUM-WIDE FESTIVALS ALLOWED FOR INFORMED DECISION-MAKING. EXAMPLES OF THE WORK COMPLETED DURING THIS FISCAL YEAR INCLUDED DOCUMENTING THE BEHAVIORS AND ENGAGEMENT LEVELS OF MORE THAN 10,000 VISITORS IN A RANGE OF INTERACTIVE EXHIBITS TO INFORM CHANGE IN CONTENT PRESENTATION AND DESIGN FEATURES; CONDUCTING INTERVIEWS WITH VISITORS ABOUT THE MUSEUM'S SPACE & SCIENCE FESTIVAL, KIDS WEEK AND FLEET WEEK ACTIVITIES; AND 1,130 VISITOR INTERVIEWS DURING VISITS TO AREAS OF THE MUSEUM, INCLUDING CITY AT SEA, ON THE LINE, THE SPACE SHUTTLE PAVILION AND THE SUBMARINE GROWLER. IN ADDITION, THE TEAM CONTINUED THEIR PROGRAM-OUTCOME TRACKING METHOD FOR SCHOOL PROGRAMS AND COLLECTED 1,415 SURVEYS FROM INDIVIDUALS WHO PARTICIPATED IN ONE OF THE FOLLOWING: MUSEUM PUBLIC PROGRAMS, TEACHER PROFESSIONAL DEVELOPMENT PROGRAMS, FAMILY ACCESS PROGRAMS, STUDENT INTERNSHIPS AND COMMUNITY ENGAGEMENT PROGRAMMING. WITH AN INCREASE IN LANGUAGE CAPACITIES OF MUSEUM TEAM MEMBERS, SURVEYS AND INTERVIEWS WERE ABLE TO BE GIVEN IN FIVE LANGUAGES AS NEEDED, FURTHER CAPTURING THE FEEDBACK OF THE MUSEUM'S DIVERSE AUDIENCE.

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

## FLEET WEEK

DATES: MAY 25-30, 2016

ATTENDANCE: 35,070

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.

IN FY 2017, THE MUSEUM ALSO HOSTED BATTLE OF THE BIG BANDS, FEATURING THREE OF NEW YORK CITY'S BEST BIG BANDS, SWING DANCE PERFORMANCES, A DANCE CONTEST, SWING DJs AND FREE BEGINNER SWING DANCE LESSONS.

## SUMMER MOVIE SERIES

MAYAUGUST 20-16

ATTENDANCE: 1,615 - 4 SCREENINGS

SPANNING SEVERAL WEEKS EACH SUMMER, THE SUMMER MOVIE SERIES IS A FREE EVENING EVENT WITH FILM SCREENINGS ON THE INTREPID'S FLIGHT DECK. SEATING UP TO 850 VISITORS, THE VENUE SERVES AS THE PERFECT SETTING FOR MOVIES WITH THEMES OF SEA, AIR AND SPACE. EACH FILM WAS INTRODUCED BY A GUEST SPEAKER. FAN FAVORITE TOP GUN WAS INTRODUCED BY DAVID BARANEK. DAVID ENJOYED A SUCCESSFUL 20-YEAR CAREER IN THE NAVY, STARTING WITH ASSIGNMENTS TO F-14 TOMCAT SQUADRONS AND THE ELITE TOPGUN TRAINING PROGRAM, AND GOING ON TO THE JOINT CHIEFS OF STAFF AND THE U.S. SEVENTH FLEET. LATER IN THE SUMMER, GALAXY QUEST WAS INTRODUCED BY THE FILM'S

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DIRECTOR, DEAN PARISOT.

SPACE & SCIENCE FESTIVAL

JULY 23-26, 2016

ATTENDANCE: 21,448

THE SPACE & SCIENCE FESTIVAL IS A MULTIDAY, FAMILY-FRIENDLY EVENT. WELCOMING A WIDE RANGE OF PARTNERS, THE EVENT FOCUSES ON THE FUTURE OF SCIENCE AND SPACE EXPLORATION. THE FESTIVAL OFFERS GUESTS A VARIETY OF INTERACTIVE DISPLAYS, ACTIVITIES, EXHIBITIONS AND PRESENTATIONS, AS WELL AS A FAMILY ASTRONOMY NIGHT AND A FREE MOVIE SCREENING ON THE FLIGHT DECK OF INTREPID. THIS YEAR'S CELEBRATION FOCUSED ON HOW NEW TECHNOLOGY IS TRANSFORMING SCIENCE FICTION INTO SCIENCE FACT, AND IT COINCIDED WITH THE MUSEUM'S TEMPORARY EXHIBITION STAR TREK: THE STARFLEET ACADEMY EXPERIENCE, AN INTERACTIVE EXHIBITION THAT IMMERSSED VISITORS IN THE WORLD OF THE BELOVED SCIENCE FICTION FRANCHISE.

LONDON-BASED ROCK DUO PUBLIC SERVICE BROADCASTING PERFORMED TWO VERY SPECIAL SHOWS FROM ITS ACCLAIMED ALBUM THE RACE FOR SPACE. THE CONCERTS TOOK PLACE IN THE MUSEUM'S SPACE SHUTTLE PAVILION, UNDERNEATH THE SPACE SHUTTLE ENTERPRISE, THE ORIGINAL NASA ORBITER.

BLUEPRINT SPECIALS

JANUARY 6-11, 2017 (6 SHOWS)

ATTENDANCE: 1,965

IN THE SUMMER OF 1944, ENGULFED BY A WAR SPREAD ACROSS THREE

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CONTINENTS, THE U.S. ARMY MADE A FORAY INTO SOME UNLIKELY TERRITORY: PRODUCING BROADWAY-STYLE MUSICALS. THE ORIGINAL REVUES WERE DESIGNED AS "BLUEPRINTS" FOR SOLDIERS TO EASILY PUT ON IN THE FIELD AS A WAY TO BOOST MORALE. THE ARMY PACKAGED AND DISTRIBUTED THEM AS A COMPLETE SCRIPT, WITH SCORE AND ORCHESTRATIONS, SCENE AND COSTUME DRAWINGS, AND INSTRUCTIONS FOR HOW TO PUT ON THE SHOW. THE PERFORMANCES OF THESE "BLUEPRINT SPECIALS" ON THE MUSEUM'S HANGAR DECK WERE THE FIRST STAGING OF THESE MUSICALS SINCE 1945 AND THE FIRST EVER FOR THE AMERICAN PUBLIC.

THE CRITICALLY ACCLAIMED THEATER COMPANY WATERWELL EXCAVATED AND REVIVED THESE VIRTUALLY UNKNOWN SHOWS AS COLLABORATION BETWEEN CIVILIAN ARTISTS AND VETERANS. THIS PROGRAM SERIES WAS HOSTED IN PARTNERSHIP WITH THE UNDER THE RADAR FESTIVAL AT THE PUBLIC THEATER AND WATERWELL.

#### KIDS WEEK

FEBRUARY 15-20, 2017

ATTENDANCE: 19,181

HELD DURING THE WINTER BREAK OF NEW YORK CITY PUBLIC SCHOOLS, KIDS WEEK IS A SIX-DAY EVENT FULL OF FUN, FAMILY-FRIENDLY EDUCATION PROGRAMMING. VISITORS ENJOY FUN-FILLED ACTIVITIES, HANDS-ON WORKSHOPS, LIVE SHOWS, SPECIAL GUESTS AND DEMONSTRATIONS FOR THE WHOLE FAMILY. THIS YEAR KIDS WEEK FOCUSED ON THE SCIENCE AND ART OF GAMES. YOUTH EXPLORED STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ARTS AND MATH) AS THEY PLAYED CUTTING-EDGE DIGITAL GAMES, DESIGNED THEIR OWN GAMES ENGAGED WITH INTERACTIVE DISPLAYS AND SAW LIVE DEMONSTRATIONS. FAMILIES LEARNED ABOUT THE LOGIC AND IMAGINATION THAT INSPIRES GAME DESIGN, SCIENTIFIC INVESTIGATION AND DISCOVERY AS THEY BUILT, TINKERED AND PLAYED.

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ASTRONOMY NIGHT

7 SESSIONS TOTAL: 4 FAMILY ASTRONOMY NIGHTS AND 3 ASTRO CAFE EVENTS

ATTENDANCE: FAMILY ASTRONOMY NIGHT - 2,346; ASTRO CAFE - 540

THIS PROGRAM FEATURES ENGAGING TALKS BY EXPERTS IN THE FIELDS OF ASTRONOMY, ASTROPHYSICS, COSMOCHEMISTRY AND MORE. ASTRONOMY NIGHTS ARE HOSTED EITHER ON THE HANGAR DECK OR IN THE SPACE SHUTTLE PAVILION, WITH STARGAZING ON THE FLIGHT DECK IN THE LATE SPRING AND SUMMER. EACH YEAR, AMATEUR ASTRONOMERS ARE INVITED TO SET UP THEIR TELESCOPES ON THE FLIGHT DECK AND SHARE THEIR ENTHUSIASM FOR AND KNOWLEDGE OF THE STARS WITH THE HUNDREDS (SOMETIMES THOUSANDS) OF VISITORS WHO ATTEND EACH ASTRONOMY NIGHT.

SELECT ASTRONOMY NIGHTS, CALLED ASTRO CAFE, ARE OPEN ONLY TO GUESTS AGES 21 AND OVER, WHO ARE INVITED TO ENJOY A GLASS OF BEER OR WINE AS THEY LISTEN TO TALKS. FAMILY ASTRONOMY NIGHTS, WHICH ARE OPEN TO PEOPLE OF ALL AGES, FEATURE FASCINATING TALKS BY INNOVATIVE SCIENTISTS AND RESEARCHERS. ADMISSION TO ASTRONOMY NIGHT AND ASTRO CAFE IS FREE THROUGHOUT THE YEAR.

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 UNAFFILIATED 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

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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 \$ 164,087. 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.

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.

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.

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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.

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



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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 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

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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 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

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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 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.

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## 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 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

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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 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

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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 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 FY17.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
NY, AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NC, ND  
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, MO

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

THE MUSEUM MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED

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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:

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.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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

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

Schedule R (Form 990) 2016



**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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 VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

**Part VII** Supplemental Information.

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

Multiple horizontal lines for supplemental information.