

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)

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning** and ending

<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 Name of organization</b> <b>INTREPID MUSEUM FOUNDATION, INC.</b>		<b>D Employer identification number</b> <b>13-3062419</b>
	Doing business as <b>INTREPID SEA-AIR-SPACE MUSEUM</b>		<b>E Telephone number</b> <b>(212) 245-0072</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G Gross receipts \$</b> <b>32,202,777.</b>
	<b>WEST 46TH ST &amp; 12TH AVE</b>		<b>H(a) Is this a group return for subordinates? .....</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10036</b>		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F Name and address of principal officer: SUSAN MARENOFF-ZAUSNER</b> <b>SAME AS C ABOVE</b>			If "No," attach a list. See instructions
<b>I Tax-exempt status:</b> <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 Website:</b> ▶ <b>WWW.INTREPIDMUSEUM.ORG</b>			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> <b>1982</b> <b>M State of legal domicile:</b> <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE THE AWARENESS AND UNDERSTANDING OF HISTORY, SCIENCE AND SERVICE THROUGH ITS</b>		
	<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>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>317</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>205</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>78,254.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>7,882.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>3,924,927.</b>	<b>Current Year</b> <b>12,890,657.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3,006,977.</b>	<b>5,165,774.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,046,991.</b>	<b>3,190,774.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,110,126.</b>	<b>2,056,812.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>9,089,021.</b>	<b>23,304,017.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>75,765.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>15,547,051.</b>	<b>15,211,917.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,205,008.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>8,878,402.</b>	<b>8,169,767.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>24,501,218.</b>	<b>23,432,181.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-15,412,197.</b>	<b>-128,164.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>94,686,490.</b>	<b>End of Year</b> <b>107,274,514.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>31,674,593.</b>	<b>34,394,996.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>63,011,897.</b>	<b>72,879,518.</b>

**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	Date			
	<b>SUSAN MARENOFF-ZAUSNER, PRESIDENT</b> Type or print name and title				
<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>11/15/22</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>245 PARK AVENUE, 12TH FLOOR</b>		<b>NEW YORK, NY 10167</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: AS AN EDUCATIONAL AND CULTURAL NONPROFIT INSTITUTION, THE INTREPID MUSEUM PROMOTES THE AWARENESS AND UNDERSTANDING OF HISTORY, SCIENCE AND SERVICE THROUGH ITS COLLECTIONS, EXHIBITIONS AND PROGRAMMING IN ORDER TO HONOR OUR HEROES, EDUCATE THE PUBLIC AND INSPIRE OUR YOUTH.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 14,942,442. including grants of \$ 0. ) (Revenue \$ 5,116,618. ) EXHIBITS AND MUSEUM SERVICES

MUSEUM SERVICES

FY 2021 WAS A CHALLENGING YEAR FOR THE ENTIRE CULTURAL AND TOURISM INDUSTRY, AS ALL STRUGGLED TO WELCOME RETURNING VISITORS WHILE BALANCING EVER CHANGING SAFETY PROTOCOLS AND TRAVEL RESTRICTIONS. ENDURING A NEARLY 3-MONTH CLOSURE TO BEGIN THE YEAR, THE MUSEUM REOPENED IN LATE MARCH TO AN ABBREVIATED 4-DAY A WEEK OPERATING SCHEDULE. APPROXIMATELY 3 MONTHS LATER, THE MUSEUM RETURNED TO ITS NORMAL 7-DAY WEEKLY OPERATION. GIVEN THOSE CHALLENGES AND THE SEVERE IMPACT TO INTERNATIONAL TRAVEL MARKET, THE MUSEUM STILL WELCOMED OVER 252,000 VISITORS DURING THE FY 2021. THE SUMMER MONTHS BROUGHT A SURGE

4b (Code: ) (Expenses \$ 3,516,371. including grants of \$ 50,497. ) (Revenue \$ 49,156. ) EDUCATION & EVALUATION

DURING THE CONTINUING CHALLENGES AND UNCERTAINTIES OF 2021, THE MUSEUM'S EDUCATION & EVALUATION DEPARTMENT CONTINUED TO SERVE ITS AUDIENCES IN THE FACE OF THE PANDEMIC-DRIVEN RESTRICTIONS AND NECESSARY STAFF REDUCTIONS. WE CONTINUED TO OFFER REMOTE SYNCHRONOUS AND ASYNCHRONOUS PROGRAMMING WHILE RE-INTRODUCING IN-PERSON PROGRAMMING IN ACCORDANCE WITH OUR MAJOR PARTNERS' NEEDS. EDUCATION STAFF MEMBERS CONTINUED TO WORK FROM A PLACE OF WELCOMING AND INCLUSIVENESS, OFFERING PROGRAMS SUCH AS THE CULTURAL IMMIGRANT INITIATIVE AND PROGRAMMING EXPLICITLY HIGHLIGHTING TYPICALLY MARGINALIZED STORIES AND VOICES SUCH AS WOMEN IN STEM FIELDS, LGBTQ VETERANS AND AFRICAN AMERICAN

4c (Code: ) (Expenses \$ 776,310. including grants of \$ 0. ) (Revenue \$ 0. ) OTHER PROGRAMS

VIRTUAL KIDS WEEK

FEBRUARY 15 - 19, 2021

VIEWERS ATTENDED: 15,289

THE MUSEUM HOSTED ITS ANNUAL KIDS WEEK FESTIVAL FOR THE FIRST TIME VIRTUALLY THIS YEAR! MORE THAN 30 PARTNERS PARTICIPATED FROM MONDAY, FEBRUARY 15 THROUGH FRIDAY, FEBRUARY 19, IN THEMED WEEK OF FUN, EDUCATIONAL PROGRAMMING, HELD DURING NYC PUBLIC SCHOOL WINTER BREAK.

DURING KIDS WEEK, CHILDREN OF ALL AGES AND INTERESTS LEARNED MORE ABOUT

4d Other program services (Describe on Schedule O.) (Expenses \$ 109,416. including grants of \$ 0. ) (Revenue \$ 0. )

4e Total program service expenses 19,344,539.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>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>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 21; 1b Enter the number of voting members included on line 1a... 21; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) SUSAN MARENOFF-ZAUSNER PRESIDENT	50.00			X			565,522.	0.	26,114.	
(2) PATRICIA BEENE-COLASANTI CFO/CAO	50.00			X			343,471.	0.	28,661.	
(3) MATTHEW WOODS SVP ENGINEERING/FACILITIES	50.00				X		300,780.	0.	36,488.	
(4) MARC LOWITZ SVP BUSINESS DEVELOPMENT	45.00				X		256,991.	0.	41,419.	
(5) DAVID A. WINTERS EXECUTIVE VICE PRESIDENT	45.00 3.00			X			268,280.	0.	29,712.	
(6) ELAINE CHARNOV SVP EXHIBITS/EDUCATION	45.00				X		270,145.	0.	27,462.	
(7) MICHAEL ONYSKO VP, MARKETING	45.00				X		188,504.	0.	36,698.	
(8) LYNDA KENNEDY VP, EDUCATION & EVALUATION	45.00				X		186,879.	0.	35,124.	
(9) VINCENT FORINO VP, INFORMATION TECHNOLOGY	50.00				X		188,542.	0.	32,648.	
(10) ALEXIS MARION VP, INSTITUTIONAL ADVANCEMENT	45.00				X		182,857.	0.	11,956.	
(11) BRIAN WALKER, VP, CORPORATE COMM. & EXTERNAL AFFAIRS	45.00				X		152,061.	0.	35,059.	
(12) THOMAS CUMBE VP, HUMAN RESOURCES	45.00				X		164,126.	0.	15,440.	
(13) LISA YACONIELLO VP, VENUE SALES & EVENTS	45.00				X		158,388.	0.	14,639.	
(14) LAURIE SCOFIELD DIR. OF INTERNAL AUDIT	48.00					X	152,354.	0.	14,747.	
(15) IRENA TSITKO AVP, GRANTS MGMT & ADMIN	40.00					X	119,384.	0.	34,849.	
(16) CATHERINE CAMIOLO CONTROLLER	45.00					X	115,319.	0.	27,734.	
(17) JESSICA WILLIAMS CURATOR OF HISTORY	45.00					X	105,740.	0.	32,702.	

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ERIC BOEHM, CURATOR OF AVIATION AND AIRCRAFT RESTORATION	45.00					X		104,736.	0.	24,299.
(19) KENNETH FISHER CO-CHAIRMAN	5.00	X		X				0.	0.	0.
(20) BRUCE MOSLER CO-CHAIRMAN	5.00	X		X				0.	0.	0.
(21) DENIS A. BOVIN VICE-CHAIRMAN	3.00	X		X				0.	0.	0.
(22) CHARLES DE GUNZBURG VICE-CHAIRMAN	3.00	X		X				0.	0.	0.
(23) MARTIN L. EDELMAN VICE-CHAIRMAN	3.00	X		X				0.	0.	0.
(24) MEL IMMERGUT VICE-CHAIRMAN	3.00	X		X				0.	0.	0.
(25) RICHARD SANTULLI VICE-CHAIRMAN	1.00	X		X				0.	0.	0.
(26) CHARLES BOLDEN TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,824,079.	0.	505,751.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,824,079.	0.	505,751.

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 **22**

	Yes	No
3 Did the organization list any former officer, director, 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
MAJOR TOM AGENCY USA, INC. 434 WEST 33RD STREET, NEW YORK, NY 10016	DIGITAL MARKETING	109,855.

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 **1**

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 list trustees from (27) Gerry Byrne to (39) David H. W. Turner.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	343,766.				
	<b>c</b> Fundraising events	<b>1c</b>	1,458,650.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	8,797,201.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,291,040.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			12,890,657.			
Program Service Revenue	<b>2 a</b> ADMISSIONS	<b>Business Code</b>	900099	4,979,401.	4,979,401.		
	<b>b</b> MEMBERSHIPS		900099	137,217.	137,217.		
	<b>c</b> MUSEUM TOURS & EXHIBITS		900099	26,430.	26,430.		
	<b>d</b> EDU. PGMS & WORKSHOPS		900099	22,726.	22,726.		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			5,165,774.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			552,139.		552,139.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	1,748,030.	5,000.		
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		0.	420.		
	<b>c</b> Rental income or (loss)	<b>6c</b>		1,748,030.	4,580.		
	<b>d</b> Net rental income or (loss)			1,752,610.		4,580.	1748030.
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	11,365,725.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		8,727,090.			
<b>c</b> Gain or (loss)	<b>7c</b>		2,638,635.				
<b>d</b> Net gain or (loss)			2,638,635.			2638635.	
<b>8 a</b> Gross income from fundraising events (not including \$ 1,458,650. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>			109,000.			
<b>b</b> Less: direct expenses	<b>8b</b>			171,250.			
<b>c</b> Net income or (loss) from fundraising events				-62,250.		-62,250.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> CONCESSIONS	<b>Business Code</b>	900099	275,272.		275,272.	
	<b>b</b> SPONSORSHIP REVENUE		900099	73,674.	73,674.		
	<b>c</b> MISCELLANEOUS INCOME		900099	17,506.		17,506.	
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			366,452.			
<b>12 Total revenue.</b> See instructions			23,304,017.	5,165,774.	78,254.	5169332.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	50,497.	50,497.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	3,405,714.	1,915,042.	1,090,318.	400,354.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	8,807,123.	8,335,530.	170,897.	300,696.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	2,105,770.	1,720,701.	220,595.	164,474.
<b>10</b> Payroll taxes .....	893,310.	746,864.	92,448.	53,998.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	49,540.	32,741.	12,179.	4,620.
<b>c</b> Accounting .....	79,999.	52,872.	19,667.	7,460.
<b>d</b> Lobbying .....	114,340.	54,565.	59,775.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	161,816.		161,816.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	128,278.	71,539.	10,931.	45,808.
<b>12</b> Advertising and promotion .....	449,462.	389,920.	6,816.	52,726.
<b>13</b> Office expenses .....	412,955.	323,785.	48,913.	40,257.
<b>14</b> Information technology .....	339,234.	236,748.	81,246.	21,240.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,465,322.	1,297,487.	151,472.	16,363.
<b>17</b> Travel .....	13,438.	5,156.	4,026.	4,256.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	10,888.	6,529.	2,119.	2,240.
<b>20</b> Interest .....	499,348.	410,865.	86,276.	2,207.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	3,385,768.	2,790,210.	580,736.	14,822.
<b>23</b> Insurance .....	100,000.	83,408.	16,181.	411.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>UBI TAX PAYMENT</b>	11,546.	6,924.	2,247.	2,375.
<b>b</b> <b>CONTRACT SVC/ RENTAL EQ</b>	292,408.	274,623.	13,881.	3,904.
<b>c</b> <b>REPAIRS AND MAINTENANCE</b>	255,183.	243,379.	11,510.	294.
<b>d</b> <b>EVENT &amp; PROGRAM EXPENSE</b>	214,991.	185,716.	883.	28,392.
<b>e</b> All other expenses .....	185,251.	109,438.	37,702.	38,111.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	23,432,181.	19,344,539.	2,882,634.	1,205,008.
<b>26</b> <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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,189,493.	<b>1</b>	7,536,791.
	<b>2</b> Savings and temporary cash investments .....	14,273,619.	<b>2</b>	14,303,847.
	<b>3</b> Pledges and grants receivable, net .....	1,321,090.	<b>3</b>	8,607,311.
	<b>4</b> Accounts receivable, net .....	783,003.	<b>4</b>	701,900.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<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 .....	435,246.	<b>9</b>	437,752.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 121,475,915.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 79,881,577.	<b>10c</b>	41,594,338.
	<b>11</b> Investments - publicly traded securities .....	32,387,806.	<b>11</b>	34,092,575.
	<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 33) .....	94,686,490.	<b>16</b>	107,274,514.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,601,750.	<b>17</b>	2,427,682.
	<b>18</b> Grants payable .....	10,742.	<b>18</b>	4,000,000.
	<b>19</b> Deferred revenue .....	2,638,128.	<b>19</b>	1,971,906.
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	18,758,750.	<b>23</b>	18,550,000.
	<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 .....	8,665,223.	<b>25</b>	7,445,408.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	31,674,593.	<b>26</b>	34,394,996.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	27,694,890.	<b>27</b>	28,944,746.
	<b>28</b> Net assets with donor restrictions .....	35,317,007.	<b>28</b>	43,934,772.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	63,011,897.	<b>32</b>	72,879,518.
<b>33</b> Total liabilities and net assets/fund balances .....	94,686,490.	<b>33</b>	107,274,514.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,304,017.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,432,181.
3	Revenue less expenses. Subtract line 2 from line 1	3	-128,164.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	63,011,897.
5	Net unrealized gains (losses) on investments	5	2,153,270.
6	Donated services and use of facilities	6	4,269,412.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,573,103.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	72,879,518.

**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 on 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 on 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 on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5042011.	5362948.	5412291.	3924927.	12890657.	32632834.
<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 .....	15038942.	19564207.	19519447.	3006977.	5165774.	62295347.
<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 .....	308,000.	462,000.	462,000.	462,000.	348,667.	2042667.
<b>6 Total.</b> Add lines 1 through 5 .....	20388953.	25389155.	25393738.	7393904.	18405098.	96970848.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	618,417.	1081583.	1109105.	1094600.	1018708.	4922413.
<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 .....	618,417.	1081583.	1109105.	1094600.	1018708.	4922413.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						92048435.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....	20388953.	25389155.	25393738.	7393904.	18405098.	96970848.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4763488.	6061088.	5584659.	1090227.	2300169.	19799631.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....			29,324.	12,608.	39,526.	81,458.
<b>c</b> Add lines 10a and 10b .....	4763488.	6061088.	5613983.	1102835.	2339695.	19881089.
<b>11</b> Net income from unrelated business activities not included on 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.) .....	1097014.	1550023.	1197454.	550,575.	292,778.	4687844.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	26249455.	33000266.	32205175.	9047314.	21037571.	121539781

**14 First 5 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 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	75.74 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	75.09 %

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	16.36 %
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	17.08 %

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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

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

**CONCESSIONS**

2017 AMOUNT: \$ 1,097,014.

2018 AMOUNT: \$ 1,397,592.

2019 AMOUNT: \$ 1,182,424.

2020 AMOUNT: \$ 173,574.

2021 AMOUNT: \$ 275,272.

**MISCELLANEOUS INCOME**

2018 AMOUNT: \$ 969.

2019 AMOUNT: \$ 15,030.

2020 AMOUNT: \$ 10,423.

2021 AMOUNT: \$ 17,506.

**INSURANCE PROCEEDS**

2018 AMOUNT: \$ 134,536.

2020 AMOUNT: \$ 329,592.

**REIMBURSEMENT**

2018 AMOUNT: \$ 16,926.

**REFUND**

2020 AMOUNT: \$ 36,986.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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	 <hr/> <hr/> <hr/>	\$ <u>4,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>2,792,484.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>726,756.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>625,351.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>568,588.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>435,000.</u>	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
7	 <hr/> <hr/> <hr/>	\$ <u>327,805.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>275,864.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>135,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>97,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>97,500.</u>	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
13	<hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>71,208.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>68,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>64,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>62,180.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>60,000.</u>	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
19	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ 47,500.	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
25	<hr/> <hr/> <hr/>	\$ <u>47,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ <u>47,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ <u>47,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ <u>45,704.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ <u>42,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ <u>35,000.</u>	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
31	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ 25,000.	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/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	 <hr/> <hr/> <hr/>	\$ <u>23,438.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	 <hr/> <hr/> <hr/>	\$ <u>22,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	 <hr/> <hr/> <hr/>	\$ <u>22,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	 <hr/> <hr/> <hr/>	\$ <u>22,500.</u>	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	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <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
49	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____ _____ _____	\$ 19,625.	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
55	<hr/> <hr/> <hr/>	\$ 17,761.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 17,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 14,500.	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
61	_____ _____ _____	\$ <u>14,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	_____ _____ _____	\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	_____ _____ _____	\$ <u>12,780.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	_____ _____ _____	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	_____ _____ _____	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	_____ _____ _____	\$ <u>12,500.</u>	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	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <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
73	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 12,500.	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
79	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	_____ _____ _____	\$ 10,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	_____ _____ _____	\$ 10,000.	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
85	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	_____ _____ _____	\$ 10,000.	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
91	<hr/> <hr/> <hr/>	\$ <u>9,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ <u>9,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ <u>9,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ <u>9,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ <u>9,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ <u>9,500.</u>	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
97	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	_____ _____ _____	\$ <u>7,000.</u>	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
103	<hr/> <hr/> <hr/>	\$ <u>6,750.</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>5,950.</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>5,360.</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>5,259.</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>5,188.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <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
109	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <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
115	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <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
121	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<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)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

**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 (grassroots 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: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">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) 2018	(b) 2019	(c) 2020	(d) 2021	(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)).**

	(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		114,340.
<b>j</b> Total. Add lines 1c through 1i .....			114,340.
<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 TO SECURE GOVERNMENT GRANTS FOR CAPITAL NEEDS AND PROGRAM SUPPORT.



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 ▶ \$ 24,394,241.

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 FASB 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) 2021

**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 make 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 program
  - 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	34,138,379.	31,335,945.	26,668,186.	28,928,387.	26,494,747.
b Contributions	6,867.		600,000.	600,000.	600,000.
c Net investment earnings, gains, and losses	5,321,791.	3,810,654.	5,011,039.	-1,958,014.	2,316,275.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,502,013.	862,982.	807,429.	763,734.	482,635.
f Administrative expenses	161,816.	145,238.	135,851.	138,453.	
g End of year balance	37,803,208.	34,138,379.	31,335,945.	26,668,186.	28,928,387.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.0000 %
  - b Permanent endowment  57.5970 %
  - c Term endowment  42.4030 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		22,896,819.	8,172,118.	14,724,701.
d Equipment		8,301,025.	7,985,161.	315,864.
e Other		90,278,071.	63,724,298.	26,553,773.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				41,594,338.

**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	12,869.
(2) CAPITALIZED LEASE OBLIGATION	17,661.
(3) DUE TO FEDERAL AGENCY	5,414,878.
(4) PAYCHECK PROTECTION PROGRAM LOAN	2,000,000.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,445,408.

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 FASB 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>	33,684,119.
<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>	2,153,270.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	4,815,125.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	3,573,523.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	10,541,918.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	23,142,201.
<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>	161,816.
<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>	161,816.
<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>	23,304,017.

**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>	23,816,498.
<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>	545,713.
<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>	420.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	546,133.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	23,270,365.
<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>	161,816.
<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>	161,816.
<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>	23,432,181.

**Part XIII Supplemental Information.**

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

**PART III, LINE 1A:**

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

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

**Part XIII** Supplemental Information (continued)

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

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

## PART III, LINE 4:

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

**Part XIII** Supplemental Information (continued)

JOB FOR WHICH THE SERVICEMEN WOULD HAVE BEEN RESPONSIBLE.

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

PART V, LINE 4:

UNDER THE MUSEUM'S SPENDING POLICY, UP TO 5% OF THE AVERAGE FAIR AND UNRESTRICTED VALUE OF THE INVESTMENTS AT THE END OF THE PRIOR THREE CALENDAR YEARS IS AVAILABLE FOR OPERATIONS. THE AMOUNT APPROVED FOR OPERATIONS DURING THE YEAR ENDED DECEMBER 31, 2021 WAS \$1,502,013 (3%). THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO SUPPORT THE ORGANIZATION'S OPERATIONS.

PART X, LINE 2:

THE MUSEUM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE MUSEUM HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE MUSEUM IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR TAX YEARS PRIOR TO FISCAL 2018.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON EXTINGUISHMENT OF DEBT 3,573,103.

PERSONAL PROPERTY RENTAL EXPENSE 420.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 3,573,523.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PERSONAL PROPERTY RENTAL EXPENSE 420.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
NEW YORK UNIVERSITY 105 E 17TH ST, 2ND FLOOR NEW YORK, NY 10003-9580	13-5562308	501(C)(3)	50,489.	0.			TO DEVELOP A FREE, DIGITAL PUBLICATION TITLED SENSORY TOOLS FOR INTERPRETING HISTORIC

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

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

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

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

Schedule I (Form 990) 2021



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

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

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

PART I, LINE 2:

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

**Part IV** Supplemental Information

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

INTREPID MUSEUM IS PARTNERING WITH NEW YORK UNIVERSITY ON A THREE-YEAR PROJECT TO DEVELOP A FREE, DIGITAL PUBLICATION TITLED SENSORY TOOLS FOR INTERPRETING HISTORIC SITES THAT WILL OFFER STRATEGIES FOR INCREASING VISITOR ENGAGEMENT THROUGH INTERPRETATION THAT IS ACCESSIBLE FOR VISITORS WITH DISABILITIES AND ACHIEVABLE BY HISTORIC SITES OF ALL SIZES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP A FREE, DIGITAL PUBLICATION TITLED SENSORY TOOLS FOR INTERPRETING HISTORIC SITES

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**INTREPID MUSEUM FOUNDATION, INC.**

Employer identification number  
**13-3062419**

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**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 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>1b</b>		
<b>2</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) 2021

**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 and/or 1099-NEC 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)	564,232.	0.	1,290.	0.	26,114.	591,636.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PATRICIA BEENE-COLASANTI CFO/CAO	(i)	309,661.	30,000.	3,810.	0.	28,661.	372,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MATTHEW WOODS SVP ENGINEERING/FACILITIES	(i)	299,490.	0.	1,290.	0.	36,488.	337,268.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARC LOWITZ SVP BUSINESS DEVELOPMENT	(i)	255,701.	0.	1,290.	0.	41,419.	298,410.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID A. WINTERS EXECUTIVE VICE PRESIDENT	(i)	267,590.	0.	690.	0.	29,712.	297,992.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELAINE CHARNOV SVP EXHIBITS/EDUCATION	(i)	268,855.	0.	1,290.	0.	27,462.	297,607.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL ONYSKO VP, MARKETING	(i)	188,054.	0.	450.	0.	36,698.	225,202.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LYNDA KENNEDY VP, EDUCATION & EVALUATION	(i)	186,189.	0.	690.	0.	35,124.	222,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) VINCENT FORINO VP, INFORMATION TECHNOLOGY	(i)	186,562.	0.	1,980.	0.	32,648.	221,190.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ALEXIS MARION VP, INSTITUTIONAL ADVANCEMENT	(i)	182,587.	0.	270.	0.	11,956.	194,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BRIAN WALKER, VP, CORPORATE COMM. & EXTERNAL AFFAIRS	(i)	150,787.	0.	1,274.	0.	35,059.	187,120.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) THOMAS COUMBE VP, HUMAN RESOURCES	(i)	162,178.	0.	1,948.	0.	15,440.	179,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LISA YACONIELLO VP, VENUE SALES & EVENTS	(i)	158,091.	0.	297.	0.	14,639.	173,027.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) LAURIE SCOFIELD DIR. OF INTERNAL AUDIT	(i)	150,385.	0.	1,969.	0.	14,747.	167,101.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) IRENA TSITKO AVP, GRANTS MGMT & ADMIN	(i)	119,016.	0.	368.	0.	34,849.	154,233.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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:

BONUSES ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE BASED ON  
PERFORMANCE REVIEWS AND BUDGET AVAILABILITY. THE INDIVIDUALS RECEIVED BONUS  
PAYMENTS IN 2021 REPORTED ON PART II, COLUMN B(II).

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....	X	43	0.	
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
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 V, 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.		

**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 I, COLUMN (B) OF SCHEDULE M.

SCHEDULE M, LINE 33:

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

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

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

INTREPID MUSEUM FOUNDATION, INC.

Employer identification number

13-3062419

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

COLLECTIONS, EXHIBITIONS AND PROGRAMMING IN ORDER TO HONOR OUR HEROES,  
EDUCATE THE PUBLIC AND INSPIRE OUR YOUTH.

FORM 990, PART I, DOING BUSINESS AS:

INTREPID SEA-AIR-SPACE MUSEUM

INTREPID SEA-AIR-SPACE FOUNDATION

INTREPID MUSEUM

FORM 990, PART I, LINE 6:

THE MUSEUM ALSO RECEIVES DONATED SERVICES THAT DO NOT REQUIRE SPECIFIC  
EXPERTISE, BUT WHICH ARE NONETHELESS CENTRAL TO THE MUSEUM'S  
OPERATIONS. THE ESTIMATED VALUE OF THESE SERVICES FOR THE YEAR ENDED  
DECEMBER 31, 2021 IS BASED ON THE ESTIMATED DOLLAR VALUE OF VOLUNTEER  
TIME AND AMOUNTED TO APPROXIMATELY \$226,000 (8,902 HOURS OF TIME).

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

THE MUSEUM'S MISSION IS REALIZED IN THREE WAYS:

1) DISPLAYING COLLECTIONS AND EXHIBITIONS THAT OFFER INTERPRETATIONS OF  
AMERICAN AND GLOBAL HISTORY;

2) PROVIDING INNOVATIVE SCIENCE, HISTORY AND LEADERSHIP PROGRAMS FOR  
STUDENTS; AND

3) PLAYING AN INTEGRAL ROLE IN THE LOCAL AND NATIONAL COMMUNITY BY  
HOSTING A WIDE RANGE OF PUBLIC EVENTS FOR YOUTH, FAMILIES, SENIOR  
CITIZENS, VETERANS, AND THE MEN AND WOMEN IN SERVICE TO OUR NATION.

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

Schedule O (Form 990) 2021

132211 11-11-21



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

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:  
OF DOMESTIC VISITATION LED BY STRONG DEMAND; HOWEVER, NEW STRAINS OF THE COVID-19 VIRUS STUNTED MOMENTUM IN Q4. WHILE MANY TRADITIONAL ADVERTISING OUTLETS REMAINED DORMANT, THE MUSEUM LEANED HEAVILY ON DIGITAL ADVERTISING TO STRETCH THE BUDGET AND STIMULATE INCREASED SALES.

IN FY 2021 THE INTREPID MUSEUM'S GROUP SALES OFFERINGS INCLUDED A VARIETY OF PROGRAMS FOR MANY DIFFERENT GROUP TYPES. THESE PROGRAMS WERE ALIGNED WITH OUR MISSION AND OFFERED OUR GUESTS THE OPPORTUNITY TO EXPLORE AND LEARN IN AN INFORMAL SETTING. GIVEN COVID-19, A PORTION OF THESE PROGRAMS WERE DELIVERED ON-SITE AND A PORTION WERE DELIVERED VIRTUALLY. FOR THOSE PROGRAMS TAKING PLACE ON-SITE, STRINGENT COVID-19 HEALTH AND SAFETY PROTOCOLS WERE PUT IN PLACE AND FOLLOWED. DURING FY 2021 THE MUSEUM OFFERED SPECIALIZED CHILDREN'S BIRTHDAY PARTIES WITH THEMES OF SEA, AIR AND SPACE, CONSISTENT WITH OUR EXHIBITIONS. WE HOSTED 48 BIRTHDAY PARTIES ATTENDED BY OVER 1,528 GUESTS ABOARD INTREPID. OUR OVERNIGHT PROGRAM, OPERATION SLUMBER, SUCCESSFULLY COMPLETED 3 OVERNIGHTS INVOLVING OVER 400 CHILDREN AND THEIR PARENTS AND CHAPERONES. WE HOSTED 7,542 GUESTS THIS YEAR THROUGH OUR RECEPTIVE OPERATORS AND 1,218 GUESTS VIA OUR TOUR OPERATOR PARTNERS. WE HAD LIMITED OPPORTUNITIES TO HOST PERFORMANCE GROUPS GIVEN CLOSURES AND OVERALL HEALTH AND SAFETY PRECAUTIONS, BUT WE ARE PROUD TO HAVE HOSTED

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

TWO PERFORMANCE GROUPS THAT WERE ABLE TO SHARE THEIR PERFORMANCES WITH MUSEUM GUESTS ON OUR PIER. THE MUSEUM WAS ALSO ABLE TO HOST A LIMITED NUMBER OF COMMISSIONING CEREMONIES FOR A TOTAL OF 150 CEREMONY GUESTS, WHICH INCLUDED COMPLIMENTARY ADMISSION TO VETERAN AND ACTIVE MEMBERS OF THE MILITARY AND THEIR FAMILIES PRESENT TO CELEBRATE A MILITARY ENLISTMENT OR PROMOTION, AS WELL AS RETIREMENT CEREMONIES. IN ADDITION, WE HOSTED 15 VIP TOURS FOR OVER 50 GUESTS.

#### EXHIBITS

THE INTREPID MUSEUM CONTINUED TO DEVELOP AND IMPLEMENT EXHIBITS THAT ALIGN WITH ITS STRATEGIC PLAN UNDER THE PRONG OF "OPENING MORE SPACES" TO ENABLE VISITORS TO EXPERIENCE FASCINATING AREAS OF THE FORMER AIRCRAFT CARRIER. INTERPRETATION FOCUSED ON STORIES OF THOSE WHO SERVED, AND THE TECHNOLOGICAL INNOVATIONS PRESENT IN EACH AREA.

THE LIST BELOW REPRESENTS THE PHYSICAL AND DIGITAL EXHIBITS FOR 2021. ALL OF THE EXHIBITS DESCRIBED ARE FREE WITH MUSEUM ADMISSION. WE DO NOT HAVE "PEOPLE COUNTERS" INSTALLED IN THESE EXHIBIT GALLERIES, SO THERE ARE NO DETAILS ON ATTENDANCE FOR EACH EXPERIENCE.

#### BOMB ELEVATOR, MARCH 2021 (PERMANENT)

INTREPID'S AIRCRAFT CARRIED BOMBS, TORPEDOES, ROCKETS AND MISSILES. THEY WERE STORED IN ARMOR-PROTECTED MAGAZINES DEEP WITHIN THE HULL. BOMB ELEVATORS CARRIED THESE WEAPONS FROM THE MAGAZINES TO OTHER PARTS OF THE SHIP.

#### PILOT'S ESCALATOR, MARCH 2021 (PERMANENT)

THE NAVY INSTALLED ESCALATORS ON AIRCRAFT CARRIERS TO SOLVE A SPECIFIC

Name of the organization

INTREPID MUSEUM FOUNDATION, INC.

Employer identification number

13-3062419

PROBLEM: HOW TO MOVE PILOTS QUICKLY FROM THEIR READY ROOMS TO THE  
FLIGHT DECK.

PHOTO LAB, MAY 2021 (PERMANENT)

THIS EXHIBIT EXAMINES THE CRITICAL AND UNSUNG ROLE OF PHOTOGRAPHER'S  
MATES AND THE IMPORTANCE OF DOCUMENTING ALL ASPECTS OF LIFE ON BOARD A  
NAVAL SHIP. THE EXHIBIT, INCLUDING ARTIFACTS, ORAL HISTORIES, PROPS  
AND, OF COURSE, PHOTOS IS LOCATED IN THE MUSEUM'S HANGAR DECK, ON THE  
VERY FOOTPRINT OF INTREPID'S ORIGINAL PHOTO LAB FROM ITS TIME IN  
SERVICE.

THE EXHIBITS TEAM DEVELOPED A FEW NEW INSTALLATIONS IN THE EXPLOREUM,  
OUR HANDS-ON LEARNING ZONE. HERE, VISITORS LEARN KEY CONCEPTS THROUGH  
TOUCH AND FEEL AND ENGAGE WITH SOME OF THE CONCEPTS AND STORYLINES  
RELATED TO INTREPID'S SERVICE AND STORIES OF THE CREW.

FLIGHT DECK OPERATIONS, (SEPTEMBER 2021 PERMANENT)

DECK CREWS USE METHODS AND PROCEDURES THAT HAVE BEEN DEVELOPED OVER  
DECADES OF NAVAL AVIATION HISTORY. EVERYBODY HAS A SPECIFIC JOB, WHICH  
IS SYMBOLIZED BY SHIRT COLOR. FROM THE PURPLE SHIRTS, (WHO HANDLE JET  
FUEL AND INTERNAL ENGINE OILS), TO GREEN SHIRTS (CARGO HANDLERS,  
EQUIPMENT MECHANICS AND PHOTOGRAPHERS). THESE 5 INDIVIDUAL LIFE SIZE  
CUT OUTS SHARE THE STORIES OF CRITICAL ROLES THEY PLAYED ON THE MASSIVE  
FLIGHT DECK AND ALSO PROVIDE "INSTAGRAM-ABLE MOMENTS" FOR VISITORS.

CHAIRS EVERYWHERE! OCTOBER 2021 (PERMANENT)

EACH OF INTREPID'S 3,000 CREW MEMBERS HAD A JOB. SOME JOBS REQUIRED  
CREW MEMBERS TO WORK ON THEIR FEET. OTHER JOBS REQUIRED A SPECIAL TYPE

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

OF CHAIR OR A COMFORTABLE PLACE TO SIT. VISITORS MAY SIT IN REPRODUCTIONS OF 4 CHAIRS THAT PLAYED CRITICAL ROLES ONBOARD INTREPID FROM - PILOT READY ROOM, DENTIST, BARBER AND OFFICE CHAIRS.

MAKING HISTORY ACCESSIBLE - THE CORNERSTONE EXHIBITION FOR THE YEAR (AUGUST - NOVEMBER 2021) THIS TEMPORARY EXHIBIT INVITES VISITORS TO TEST AND EVALUATE A SERIES OF FIVE DIGITAL AND PHYSICAL EXPERIENCES THAT SEEK TO MAKE EXHIBITS AT HISTORIC SITES AND HOUSE MUSEUMS MORE ACCESSIBLE AND INCLUSIVE. VISITORS MAY EXPLORE THESE PROTOTYPES AND EVALUATE THEIR EFFECTIVENESS.

ONE OF THE PROTOTYPES IN PARTICULAR "BRING YOUR OWN ACCESSIBLE DEVICE" HAS GAINED A LOT OF ATTENTION AND BEEN THE CENTERPIECE OF MANY VIRTUAL CONFERENCES AND FEATURED IN A PUBLICATION. THE INNOVATION OF THIS PROJECT WAS PROPELLED BY THE PANDEMIC BUT MAKES CONTENT MORE ACCESSIBLE FOR ALL. THIS PROJECT HAS BEEN GENEROUSLY SUPPORTED BY THE INSTITUTE FOR MUSEUM AND LIBRARY SERVICES.

NAVY CAKES: A SLICE OF HISTORY (OCTOBER 2019 - OCTOBER 2021) THIS PLAYFUL BUT CONTENT RICH EXHIBITION EXPLORES THE HISTORY OF NAVAL PERSONNEL AND THEIR INCREDIBLE CAKES. A SMALLER PANEL EXHIBIT (PERMANENT) HAS NOW BEEN INSTALLED (DECEMBER 2021) TO CONTINUE TO TELL ELEMENTS OF THE STORY, ALONGSIDE A LONG TERM DIGITAL EXHIBIT STAGED ON THE GOOGLE ARTS & CULTURE SITE:  
[HTTPS://ARTSANDCULTURE.GOOGLE.COM/EXHIBIT/NAVY-CAKES-A-SLICE-OF-HISTORY-INTREPID-SEA-AIR-AND-SPACE-MUSEUM/LGLYDKC1MUVPJG?HL=EN](https://artsandculture.google.com/exhibit/navy-cakes-a-slice-of-history-intrepid-sea-air-and-space-museum/lglydkc1muvpjpg?hl=en)

COLLECTIONS ACQUISITIONS 2021:

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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657 ARTIFACTS WERE ADDED TO THE COLLECTION IN 2021 AND THERE WERE 47  
TOTAL ACQUISITIONS (INCLUDING COLLECTIONS FOUND ON BOARD AND  
PURCHASED).

- 47 TOTAL ACQUISITIONS: (43 DONATIONS, 3 FOUND ON BOARD, 1 PURCHASE)

- ARTIFACTS CONSISTING OF: 22 ARCHIVAL COLLECTIONS, 68 OBJECTS, 567

MEDIA ITEMS (INCLUDING SCAN AND RETURN DONATIONS)

- ORAL HISTORY PARTICIPANTS WHO DONATED ARTIFACTS THIS YEAR: 5

- REPEAT DONORS: 8

- CURRENT RECORDS PUBLISHED TO EMUSEUM: 814 (189 ARCHIVES, 253  
OBJECTS, 343 MEDIA, 29 ORAL HISTORIES)

ESTIMATED TOTAL COLLECTION = 20,913

ARCHIVES (RECORDS) = 1,789

OBJECTS = 3,356

MEDIA = 15,768

OTHER HIGHLIGHTS:

A DOUGLAS F4D SKYRAY AIRCRAFT JULY 2021 (PERMANENT LOAN)

THIS SKYRAY ACTUALLY SERVED ABOARD INTREPID DURING THE COLD WAR. OF

GREAT INTEREST, THIS SPECIFIC AIRFRAME, BU.134836, SERVED ABOARD

INTREPID DURING ITS SERVICE CAREER, PROVIDING IT EXTRA RELEVANCE IN

HELPING TELL BOTH THE STORY OF NAVAL AVIATION AND OF THE CARRIER TOO.

THE SECOND GENERATION JET FIGHTER WAS THE FIRST CARRIER-BORNE AIRCRAFT

CAPABLE OF EXCEEDING THE SPEED OF SOUND IN LEVEL FLIGHT, AND HELD THE

WORLD ABSOLUTE AIRSPEED RECORD (752.943 MPH) FOR A BRIEF PERIOD TOO.

JUST A HANDFUL OR SO OF COMPLETE EXAMPLES SURVIVE IN PRESERVATION

TODAY. THE TALENTED AIRCRAFT RESTORATION TEAM WILL BE RESTORING THE

AIRCRAFT AND DEVELOPING INTERPRETATION OF THE ARTIFACT AND IT WILL BE

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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UNVEILED TO THE PUBLIC FOR ON-GOING EDUCATIONAL ENGAGEMENT IN THE  
SUMMER OF 2022.

STEPHEN BONELLI DIGITAL PHOTOGRAPHS    STEPHEN BONELLI SERVED ABOARD USS  
INTREPID AS A PHOTOGRAPHER'S MATE SECOND CLASS (PH2) WITH  
ANTI-SUBMARINE SQUADRON 27 (VS-27), FROM 1970 TO 1971. WE CONTACTED HIM  
AS PART OF OUR RESEARCH FOR OPENING THE PHOTO LAB EXHIBIT AND HE  
COMPLETED AN ORAL HISTORY INTERVIEW (OHP.211) FOR THE MUSEUM'S  
COLLECTION. AS PART OF THE PREPARATION FOR THE INTERVIEW HE PROVIDED US  
WITH A COLLECTION OF DIGITAL PHOTOGRAPHS THAT HIGHLIGHT HIS TIME ON  
BOARD AS A PHOTOGRAPHER'S MATE.

CHARLES O'DAY BOWLING SHIRT, PHOTOGRAPHS AND ARCHIVES    DANIEL O'DAY  
DONATED ITEMS FROM HIS FATHER, CHARLES O'DAY, INCLUDING A NUMBER OF  
PHOTOGRAPHS AND ARCHIVES. CHARLES O'DAY SERVED ON BOARD THE SUBMARINE  
USS GROWLER (SSG-577) AS A QUARTERMASTER FIRST CLASS (QM1) FROM JULY  
1959 TO SEPTEMBER 1961. MOST COMPELLING FROM THIS DONATION WAS A  
BOWLING SHIRT FOR THE GROWLER'S SCREWBALLS BOWLING TEAM.

BEHEIREN ANTI-AMERICAN MILITARY LEAFLET FEATURING THE "INTREPID FOUR" -  
THIS LEAFLET WAS DONATED BY ERVIN PETERSON II WHO SERVED ABOARD THE  
REPAIR SHIP USS AJAX (AR-6) THAT SUPPORTED USS INTREPID DURING THE  
VIETNAM WAR. HE WAS FRIENDS WITH JERRY MARSHALL, A JOURNALIST SECOND  
CLASS (JO2) WHO SERVED ON BOARD INTREPID. OUR COLLECTION CONTAINS ONLY  
A SMALL NUMBER OF ITEMS RELATED TO THE "INTREPID FOUR" AND THIS LEAFLET  
PROVIDES AN INTERESTING PERSPECTIVE ON HOW THE AMERICAN MILITARY WAS  
PERCEIVED BY SOME IN JAPAN AT THE TIME.

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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INTREPID BAND SIGN AND ORIGINAL SHEET MUSIC - RICHARD THOMASSON WAS A MUSICIAN SECOND CLASS (MU2) ON BOARD USS INTREPID FROM MARCH 1966 - NOVEMBER 1966. THOMASSON PLAYED THE TRUMPET. HE DONATED THE SIGN THAT WAS PUT OUT DURING INTREPID'S BAND PERFORMANCES, AS WELL AS THE ORIGINAL SHEET MUSIC TO THE "FIGHTING I MARCH" THAT HE AND BAND LEADER, BEN MCHORNEY COMPOSED AND WROTE.

ORAL HISTORY INTERVIEWS CAPTURED IN 2021

TOTAL INTERVIEWS: 8

BY VESSEL: INTREPID: 8

BY ERA: WWII: 1; COLD WAR: 4; VIETNAM WAR: 3

NARRATOR NAMES, VESSELS, ERAS, AND INTERVIEW DATES LISTED BELOW.

- OHP.213 JOHN W. WHITE INTREPID VIETNAM WAR / COLD WAR JANUARY 25, 2021

REMOTE INTERVIEW VIA AUDIO RECORDER & ZOOM

- OHP.214 ROBERT WAYNE OSBURN INTREPID COLD WAR FEBRUARY 10, 2021

REMOTE INTERVIEW VIA AUDIO RECORDER & ZOOM

- OHP.215 GOFRIDO GARCIA INTREPID COLD WAR MARCH 4, 2021

REMOTE INTERVIEW VIA AUDIO RECORDER & ZOOM

- OHP.216 JOHN LAWRENCE DONOGHUE INTREPID WORLD WAR II SEPTEMBER 14, 2021

REMOTE INTERVIEW VIA AUDIO RECORDER & ZOOM

- OHP.217 ROBERT RUSS INTREPID COLD WAR OCTOBER 19, 2021

REMOTE INTERVIEW VIA AUDIO RECORDER & ZOOM

- OHP.218 DAVID M. MACMILLAN INTREPID VIETNAM WAR NOVEMBER 4, 2021

REMOTE INTERVIEW VIA AUDIO RECORDER & ZOOM

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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- OHP.219 MARSHALL N. MORTON INTREPID VIETNAM WAR DECEMBER 8, 2021

IN-PERSON INTERVIEW (FIRST SINCE MARCH 2, 2020)

- OHP.220 PATRICIA R. MCGLINCHY INTREPID COLD WAR DECEMBER 15, 2021

IN-PERSON INTERVIEW

#### VOLUNTEERS

THE EXPANSION AND ENHANCEMENT OF OUR MUSEUM VOLUNTEER PROGRAM CONTINUED IN 2021 VISITOR FEEDBACK REPORTED INTERACTION WITH OUR VOLUNTEERS AS A FAVORITE ASPECT OF THE MUSEUM EXPERIENCE. OUR ACTIVE AND GROWING TEAM OF VOLUNTEERS, MANY OF WHOM ARE VETERANS AND SOME OF WHOM ARE INTREPID FORMER CREW MEMBERS, OFFERED THE PUBLIC A UNIQUE PERSPECTIVE ON OUR EXHIBITS AND ARTIFACTS, WITH STORIES AND ANECDOTES FROM THEIR OWN SERVICE TO OUR COUNTRY.

IN 2021, APPROX. 150 VOLUNTEERS GAVE ALMOST 9,000 HOURS OF THEIR TIME TO THE MUSEUM. IN ADDITION TO WORKING WITH THE PUBLIC, VOLUNTEERS ALSO ASSISTED IN THE INFORMATION TECHNOLOGY, INSTITUTIONAL ADVANCEMENT, MEMBERSHIP AND EXHIBITS DEPARTMENTS, AND APPROXIMATELY 13 DEDICATED VOLUNTEERS HELPED OUR AIRCRAFT RESTORATION STAFF SAND, PAINT, WASH AND DUST THE HISTORICAL AIRCRAFT. VOLUNTEERS AIDED AN INCREASING NUMBER OF EDUCATION PROGRAMS, SUCH AS INTREPID AFTER HOURS, TEACHER PROFESSIONAL DEVELOPMENT WORKSHOPS, AND PROGRAMS FOR CHILDREN WITH AUTISM. THROUGH VIRTUAL PROGRAMING, MANY OF OUR VOLUNTEERS PARTICIPATED IN MUSEUM PROGRAMS PARTNERING WITH EXTERNAL ORGANIZATIONS SUCH AS CARING KIND ON CAREGIVER APPRECIATION DAY, CULTURAL AFTER SCHOOL ADVENTURES (CASA) WORKING WITH SCHOOLS THROUGHOUT THE CITY AND NYU ABILITY PROJECT'S BRING YOUR OWN DEVICE (BYOD) MOBILE GUIDE TESTING AND IMPROVING ACCESS CAPABILITIES AND TECHNOLOGY.



Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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THE INTREPID MUSEUM COLLABORATED WITH A DEDICATED TEAM OF VOLUNTEERS AND CONTINUED THE WORK OF TRANSCRIBING THE MUSEUM'S INTERVIEWS OF FORMER CREW MEMBERS OF INTREPID AND GROWLER FOR ITS ORAL HISTORY PROJECT. TO DATE, VOLUNTEERS HAVE ASSISTED IN TRANSCRIBING MORE THAN 179 OF THE 60- TO 90-MINUTE INTERVIEWS, EACH OF WHICH TAKES APPROXIMATELY EIGHT TO TWELVE HOURS OF WORK.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CONTRIBUTIONS DURING INTREPID'S ACTIVE SERVICE YEARS. ULTIMATELY, THE MUSEUM'S EDUCATION SERVED WELL OVER 30,000 INDIVIDUALS THROUGH VARIOUS TYPES OF PROGRAMMING IN THE FISCAL YEAR SPANNING JANUARY 1, 2021 - DECEMBER 31, 2021.

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 PUBLIC. IN A TYPICAL YEAR, PROGRAMS HAPPEN AT THE MUSEUM, IN THE COMMUNITIES OF NEW YORK CITY AND THROUGH DISTANCE LEARNING NATIONALLY AND INTERNATIONALLY. OVER THE COURSE OF 2021, PROGRAMS HAPPENED BOTH REMOTELY AND AT THE MUSEUM. IN THE FALL OF 2021 SOME SCHOOL PARTNERSHIPS SUCH AS CASA AND A LOCAL SCHOOL RESIDENCY ALSO SAW MUSEUM EDUCATION TEAM MEMBERS BACK IN THE SCHOOLS. THE MUSEUM PRIORITIZES SECURING FUNDING THAT ALLOWS IT TO OFFER MANY EDUCATION PROGRAMS AT NO COST TO STUDENTS, FAMILIES AND INDIVIDUALS FROM HIGH-NEED SCHOOLS AND COMMUNITIES. A LARGE PERCENTAGE OF THOSE SERVED ARE SPECIAL NEEDS GROUPS, INCLUDING ENGLISH LANGUAGE LEARNERS.

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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SCHOOL AND TEACHER PROGRAMS (IN AND OUT OF SCHOOL TIME)

OVER 10,000 K12 SCHOOL-AGE PARTICIPANTS, TEACHERS AND CHAPERONES TOOK PART IN EDUCATIONAL EXPERIENCES WITH THE MUSEUM IN PERSON AND REMOTELY THROUGH PLATFORMS SUCH AS ZOOM OR GOOGLE CLASSROOM. IN ADDITION, 1,400 MORE TOOK PART IN REGULARLY SCHEDULED SCHOOL-FOCUSED DROP-IN VIRTUAL PROGRAMS. EDUCATOR-LED 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 VIRTUAL EXPLORATION OF THE SHIP'S RESTORED HISTORIC SPACES USING THE GOOGLE ARTS AND CULTURE SITE FEATURING THE MUSEUM, INQUIRY-BASED DISCUSSIONS, PRIMARY SOURCE ANALYSIS AND DESIGN CHALLENGES. STUDENTS VIEWED THE MUSEUM'S HISTORIC AIRCRAFT COLLECTION, DISCUSSED AIRCRAFT DESIGN AND USE, AND ENGAGED IN PHYSICS DEMONSTRATIONS AND EXPERIMENTS TO DISCOVER HOW FLIGHT IS POSSIBLE; 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. WITH REMOTE INSTRUCTION, STUDENTS FROM ALL OVER THE UNITED STATES AND FROM MULTIPLE COUNTRIES EXPERIENCED VIRTUAL TOURS OF MUSEUM SPACES AND COLLECTIONS, LED BY AN EDUCATOR WHOM THEY INTERACT WITH IN REAL TIME. DURING THE SPRING AND SUMMER SCHOOL BREAKS, THE MUSEUM HOSTED NEW YORK CITY DEPARTMENT OF EDUCATION (NYC DOE) DISCOVERY DAYS IN PARTNERSHIP WITH THE NYC DOE CENTRAL OFFICE OF INSTRUCTION AND PROFESSIONAL LEARNING, PROVIDING SOME OF THE FIRST

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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MUSEUM EXPERIENCES AVAILABLE TO STUDENTS AND THEIR CAREGIVERS AFTER THE PANDEMIC LOCK-DOWN FOR FREE TO ALL PARTICIPANTS.

THE MUSEUM'S EDUCATION TEAM ALSO ENGAGED MORE THAN 1,000 SCHOOL AGE PARTICIPANTS WITH PHYSICAL, COGNITIVE OR EMOTIONAL CHALLENGES AND THEIR INSTRUCTORS 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. THESE AUDIENCES CAN BE PARTICULARLY CHALLENGING TO CONNECT WITH IN VIRTUAL SPACE, YET FEEDBACK TO OUR REMOTE PROGRAMS REMAINED POSITIVE.

FOR TEACHERS, MUSEUM EDUCATORS LED FREE AND LOW-COST PROFESSIONAL DEVELOPMENT PROGRAMS FOR TEACHERS OF GRADES PRE-K12. PROGRAMS FOCUSED ON USING ORAL HISTORIES IN THE CLASSROOM WITH MULTILINGUAL LEARNERS AND THE HEALTH OF THE HUDSON RIVER. PROGRAM FORMATS WERE OFFERED OVER SEVERAL WEEKS VIRTUALLY IN THE AFTER-SCHOOL HOURS TO MEET THE NEED OF EDUCATORS ACROSS THE CITY AND VARIED FROM 5 TO 15 CREDITS.

IN RESPONSE TO THE NYC DOE SUMMER RISING INITIATIVE, AND AS PART OF THE NYC STEM EDUCATION NETWORK, MUSEUM EDUCATION STAFF MEMBERS OFFERED PROFESSIONAL DEVELOPMENT TO SUMMER RISING EDUCATORS. THE ENTIRE YEAR, MUSEUM EDUCATION STAFF MEMBERS COORDINATED WITH THE NEW YORK CITY DEPARTMENT OF EDUCATION CENTRAL OFFICES TO EXAMINE NEEDS, COMMUNICATE PROGRAM OFFERINGS AND DEVELOP PROGRAMS SUPPORTING THE NYC DOE PRIORITIES OF HIGHLIGHTING MARGINALIZED HISTORIES. THEY ALSO ATTEND PROFESSIONAL NETWORKING GROUPS SUCH AS 100K IN 10, THE NEW YORK CITY

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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MUSEUM EDUCATION ROUNDTABLE AND THE STEM EDUCATION NETWORK, ESPECIALLY IMPORTANT AS THE CULTURAL AND EDUCATIONAL COMMUNITY AS A WHOLE MARSHALLED RESOURCES AND SHARED APPROACHES FOR SUPPORTING TEACHERS AND STUDENTS ALONG WITH OTHER AUDIENCES.

IN ADDITION, THE IMLS CARES GRANT AWARDED IN SEPTEMBER 2020 ALLOWED THE TEAM TO UNDERTAKE THE CONSOLIDATION OF CURRICULUM, VIDEO AND DIGITAL RESOURCES INTO A LEARNING LIBRARY OF RESOURCE SETS, WHICH WILL BE MADE AVAILABLE AT NO COST TO OUT OF SCHOOL TIME AND CLASSROOM BASED EDUCATORS, LIBRARIANS AND INDIVIDUAL LEARNERS. WORK HAS CONTINUED THROUGH 2021 AND THE USER TESTING OF THE LEARNING LIBRARY PLATFORM WILL BEGIN IN EARLY 2022.

WITH SUPPORT FROM THE NEW YORK CITY COUNCIL AND THE DEPARTMENT OF CULTURAL AFFAIRS (DCLA), 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 44 SCHOOLS THROUGHOUT THE FIVE BOROUGHES, AND IN SPRING OF 2021 WE DELIVERED PROGRAMS FOR 10 OF THESE, CONTINUING VIRTUALLY IN ORDER TO SERVE THE NEEDS OF SCHOOLS AND PARTICIPANT STUDENTS AS THEY NAVIGATED THE NEW REALITY. PROGRAMS FOCUSED ON INTREPID AND ITS HISTORIC SPACES, THE MUSEUM'S ARCHIVES, COLLECTIONS AND AIRCRAFT, AND THE SPACE SHUTTLE ENTERPRISE, WHICH SERVE AS CATALYSTS TO PIQUE STUDENT INTEREST IN SOCIAL STUDIES, MATH AND SCIENCE. STUDENTS ANALYZED ARTIFACTS, READ TEXT, WROTE IN JOURNALS, EXPERIMENTED WITH SCIENTIFIC MATERIALS AND EXPLORED THE MUSEUM'S EXHIBITIONS. STUDENTS ALSO COMPLETED A NEWSLETTER AT THE CONCLUSION OF THE PROGRAM. NEWSLETTERS HIGHLIGHTED THEIR EXPERIENCES, WHAT THEY LEARNED AND MEMORABLE MOMENTS. BEGINNING IN FALL

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

OF 2019 WE WERE AWARDED NEW FUNDING UNDER THE DCLA IMMIGRANT INITIATIVE TO WORK WITH FOUR SCHOOLS ON STATEN ISLAND TO EXPLORE IMMIGRANT CONTRIBUTIONS TO STEM INNOVATIONS. THIS PROGRAM CONTINUED SUCCESSFULLY IN THE VIRTUAL SPACE DURING SPRING OF 2021.

YOUTH LEADERSHIP INITIATIVE & CAREER PATHWAY

THIS YEAR CHALLENGED US TO CONTINUE THE EXCELLENCE OF THE GOALS (GREATER OPPORTUNITIES ADVANCING LEADERSHIP AND SCIENCE) FOR GIRLS PROGRAM, IN THE VIRTUAL SPACE, ADDING IN-PERSON EXPERIENCES IN SMALL GROUPS AS POSSIBLE AND AS APPROPRIATE. THE CORE OF GOALS IS AN INTENSIVE, SIX-WEEK SUMMER SCIENCE PROGRAM, GENERALLY FOR 50 GIRLS. MUCH OF THIS YEAR IT WAS ONCE AGAIN DESIGNED FOR A MOSTLY ONLINE SETTING, WITH MATERIALS SENT TO PARTICIPANTS AND THE DAYS BALANCED BETWEEN SYNCHRONOUS AND ASYNCHRONOUS ACTIVITIES. YOUTH LEADERSHIP PROGRAMMING ALSO INCLUDED STEM CAREER MENTORSHIP DAYS AND STEM PANEL FORUMS THROUGHOUT THE YEAR SERVING HUNDREDS OF GOALS ALUMNAE ALONG WITH THEIR FRIENDS AND FAMILIES AND PAID INTERNSHIPS FOR FIFTEEN ALUMNAE OF PREVIOUS GOALS SUMMERS. WE WERE ABLE TO SUPPORT THE WORK EXPERIENCE FOR THREE ADDITIONAL PAID "LANGUAGE ACCESS" INTERNS FUNDED THROUGH THE CITY COUNCIL, ASSISTING IN THE TRANSLATION OF PROGRAM MATERIALS FOR SPEAKERS OF SPANISH. IN ADDITION, CHANNELS OF COMMUNICATION - VITAL TO PROVIDING THE SUPPORT NETWORK OUR YOUTH LEADERSHIP PROGRAMMING HELPS ESTABLISH - WERE MAINTAINED THROUGH AN ALUMNI FACEBOOK GROUP AND LINKEDIN. ONCE AGAIN, THE MUSEUM OFFERED A FULL-DAY VIRTUAL YOUTH SUMMIT. APPROXIMATELY 1500 TEEN PARTICIPANTS ATTENDED ONSITE AND VIRTUAL TEEN EVENTS IN 2021, INCLUDING:

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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- FEBRUARY - SCIENCE FORUM
- MARCH - VIRTUAL GSED
- JUNE - YOUTH SUMMIT
- NOVEMBER - STEM IN OUR LIVES

ACCESS, VETERAN AND MILITARY FAMILY PROGRAMS

PROGRAMS WERE PROVIDED ONLINE AND ONSITE FOR 2,335 PEOPLE WITH COGNITIVE, SENSORY, PHYSICAL OR EMOTIONAL NEEDS, ALONG WITH THEIR FAMILIES OR SUPPORT STAFF. OFFERINGS INCLUDED AMERICAN SIGN LANGUAGE (ASL)LED PUBLIC TOURS FOR ADULTS; ASL-INTERPRETED SCHOOL PROGRAMS FOR STUDENTS IN GRADES K12; VERBAL DESCRIPTION AND TOUCH TOURS FOR ADULTS WHO ARE BLIND OR HAVE LOW VISION; VERBAL DESCRIPTION AND TOUCH TOURS FOR STUDENT GROUPS; MODIFIED SCHOOL PROGRAMS FOR K12 STUDENTS; PROGRAMS FOR VISITORS WITH DEMENTIA AND THEIR CAREGIVERS; FAMILY PROGRAMS FOR CHILDREN WITH DEVELOPMENTAL OR LEARNING DISABILITIES AND THEIR FAMILIES; EARLY MORNING OPENINGS FOR FAMILIES AFFECTED BY AUTISM; AND PARTNER EVENTS. ASL INTERPRETATION FOR LARGE VIRTUAL PUBLIC EVENTS REACHED EVEN MORE. WITH FUNDING FROM THE ANDREW W. MELLON FOUNDATION, THE MUSEUM EXPANDED ITS OFFERINGS FOR INDIVIDUALS WITH DEMENTIA AND THEIR CARE PARTNERS. THESE PROGRAMS INTEGRATED THE ARTS FOR AN ENRICHING EXPERIENCE, AND WHILE THE MUSEUM WAS OPEN, REMOVED BARRIERS BY PROVIDING TRANSPORTATION TO THE MUSEUM AND PROGRAMS AT THE CARE SITES. THE ACCESS TEAM SUCCESSFULLY FACILITATED 1062.5 DIRECT SERVICE HOURS FOR 47 CAMPERS DURING THREE WEEK-LONG VIRTUAL OR HYBRID ALL ACCESS MAKER CAMP SESSIONS AND A ONE-DAY VIRTUAL REUNION, WHERE CHILDREN WERE CHALLENGED TO TINKER AND CREATE. MATERIALS FOR VIRTUAL DAYS WERE SENT AHEAD OF TIME AND "UNBOXING" BECAME AN EVENT IN ITSELF. THE SUMMER HYBRID SESSION WAS THE FIRST RETURN TO IN-PERSON LEARNING

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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FOR MANY. MILITARY FAMILY PROGRAMS FOR RETURNING VETERANS AND ACTIVE SERVICE MEMBERS AND THEIR FAMILIES AND VETERANS' PROGRAMS SUCH AS INTREPID AFTER HOURS AND VETERANS PLUS (INCLUDING CIVILIAN GUESTS) SERVED 627 PARTICIPANTS BOTH ON SITE AND IN THE VIRTUAL SPACE.

THE TWO PART-TIME, PAID POSITIONS CREATED AND STAFFED IN COLLABORATION WITH BIRCH FAMILY SERVICES CONTINUED THROUGH 2021 WITH JOB PATH, AND THOSE TEAM MEMBERS CONTINUED TO WORK REMOTELY, RETURNING ON A BLENDED BASIS ALONG WITH THE REST OF THE STAFF.

IN ADDITION, THE DIRECTOR OF ACCESS INITIATIVES ACTED IN A KEY ROLE FOR THE PROJECT FUNDED THROUGH THE IMLS FOCUSING ON THE DEVELOPMENT OF SENSORY TOOLS FOR INTERPRETING HISTORIC SITES. IN RESPONSE TO THE PANDEMIC, THIS PROJECT YIELDED AN ACCESSIBLY DESIGNED "BRING YOUR OWN DEVICE" ASSET COMPLETED TO ASSIST WITH COVID TOUCHLESS SAFETY AND PHYSICAL DISTANCING FOR THE MUSEUM'S RE-OPENING. AN EXHIBIT OF PROTOTYPES DEVELOPED THROUGH THE PROJECT FOR OTHER HISTORIC SITES WAS FABRICATED AND EVALUATIVE FEEDBACK COLLECTED THROUGH SURVEYS AND TARGETING USER TESTING.

COMMUNITY & FAMILY ENGAGEMENT PROGRAMS OVER 2,700 PEOPLE PARTICIPATED IN COMMUNITY PROGRAMS LED BY MUSEUM EDUCATORS FOR LIBRARIES AND COMMUNITY CENTERS THROUGH VIRTUAL PROGRAMMING OR WEB-BASED ACTIVITIES SUCH AS THOSE MADE AVAILABLE THROUGH THE PLATFORM FLIPGRID. A NEW PARTNERSHIP WITH THE FRANKLIN INSTITUTE, FUNDED BY GSK PROMOTED STEM LEARNING THROUGH THE DISTRIBUTION OF 200 KITS TO NYC COMMUNITY SITES WHICH RUN SUMMER PROGRAMMING, AND LIVE MUSEUM EDUCATOR-LED VIRTUAL EXPLORATION OF

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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ENGINEERING THEMES. IN ADDITION, THE MUSEUM OFFERED SEVERAL SEVEN- TO TEN-PART PROGRAMS DELIVERED TO 147 HOMEBOUND SENIOR CITIZENS OVER THE PHONE AND THROUGH WEB-BASED PLATFORMS.

FAMILY PROGRAMS CONTINUED THROUGHOUT THE PANDEMIC, SERVING NEARLY 3,154 PEOPLE THROUGH THE DELIVERY OF 45-MINUTE PROGRAMS WHICH INCLUDE A GUIDED, THEMED EXPLORATION OF THE MUSEUM'S HISTORIC SPACES AND EXHIBITIONS AND A CURATED ACTIVITY DESIGNED TO ENGAGE THE ENTIRE FAMILY BY FOSTERING PARTICIPATION AND TEAMWORK. FOR THE SECOND SUMMER IN A ROW, INTREPID EDUCATORS WERE A FEATURED SEGMENT ON WNET'S CAMP TV, DISTRIBUTED NATIONWIDE.

THE MY MUSEUM INITIATIVE IN PARTNERSHIP WITH FIVE NEW YORK CITY HOUSING AUTHORITY (NYCHA) COMMUNITIES CAME TO A CLOSE AND A WHITE PAPER WAS GENERATED, WHICH HAS BEEN SHARED AT SEVERAL PROFESSIONAL FORUMS SUCH AS THE NEW YORK CITY EDUCATION ROUNDTABLE AND THE VISITOR EXPERIENCE GROUP.

A PARTNERSHIP WITH THE DEPARTMENT OF HOMELESS SERVICES (DHS) CONTINUED IN A MODIFIED FORM FOR THIS MOST CHALLENGING OF CIRCUMSTANCES. IN COLLABORATION WITH DHS STAFF, THE TEAM PUT TOGETHER AND SENT 100 KITS CONTAINING STEM ACTIVITIES TO FAMILIES IN TRANSITIONAL HOUSING IN LIEU OF THE MUSEUM'S ANNUAL GIFT OF THANKS CELEBRATION AND 300 MORE KITS ALONG WITH TOYS PROVIDED BY THE MARINE'S TOYS FOR TOTS PROGRAM AT THE HOLIDAY SEASON.

A NATIONAL ENDOWMENT FOR THE HUMANITIES (NEH)-FUNDED RESEARCH, WRITING AND PERFORMANCE 10- WEEK RESIDENCY, CROSSING THE LINE, CONTINUING



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

VIRTUALLY.

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

#### PUBLIC EDUCATION

THE MUSEUM DELIVERED COMPLEMENTARY VIP TOURS TO 72 SPECIAL GUESTS AND OVER 300 OTHER GUESTS EXPERIENCED PAID, PRIVATE TOURS. THE SENIOR MANAGER OF INTERPRETATION & ENGAGEMENT CONTINUED COORDINATING WITH CURATORS TO UPDATE TRAINING MATERIALS FOR ALL STAFF AND VOLUNTEERS TO ENSURE ACCURACY AND UNDERTOOK TRAINING OF THE REST OF THE EDUCATION TEAM FOR DELIVERY OF MORE SPECIALIZED CONTENT FOR ADULT-ORIENTED PROGRAMS BOTH VIRTUALLY AND FOR IN PERSON VIP TOURS. SHE HAS ALSO BEEN KEY IN TRAINING VISITOR SERVICES STAFF WHO PROVIDE LESS FORMAL INTERPRETATION IN THE MUSEUM'S SPACES. IN ADDITION, EDUCATION TEAM MEMBERS PROVIDED PRE-SHOW PROGRAMMING FOR VIRTUAL ASTRONOMY LIVE EVENTS WHICH GARNERED 13,792 IN ATTENDANCE BY THE VIEWING PUBLIC THROUGH FACEBOOK LIVE, YOUTUBE LIVE AND TWITCH.

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

UNDER THE OVERSIGHT OF THE VP OF EDUCATION & EVALUATION, THE ALL PROGRAMS HAVE A FORMAL, DATA-DRIVEN EVALUATION BUILT-IN IN TO ENSURE THAT THE MYRIAD PROGRAMS OFFERED THROUGH THE EDUCATION DEPARTMENT REMAIN OF THE HIGHEST QUALITY. DATA WAS COLLECTED THROUGH OBSERVATION PROTOCOLS, PARTICIPANT SURVEYS AND OTHER DATA COLLECTION METHODS. IN ADDITION, WORK CONTINUES WITH MARKETING DEPARTMENT TO COLLECT DATA ON VISITOR EXPERIENCE AND WITH OTHER DEPARTMENTS AS NEEDED.

## CONTRIBUTIONS TO THE FIELD

IN ADDITION TO SERVING IN LEADERSHIP POSITIONS FOR PROFESSIONAL ORGANIZATIONS SUCH AS THE NEW YORK CITY MUSEUM EDUCATOR'S ROUNDTABLE (NYCMER), THE NEW YORK CITY STEM EDUCATION NETWORK, THE MUSEUM ACCESS CONSORTIUM AND THE EDUCATION COMMITTEE OF THE AMERICAN ALLIANCE OF MUSEUMS, MUSEUM EDUCATION & EVALUATION STAFF PRESENTED VIRTUALLY AT SEVERAL CONFERENCES. IN 2021 WE SHARED THE WORK OF THE INTREPID SEA, AIR & SPACE MUSEUM THROUGH 13 CONFERENCE PRESENTATIONS AT LOCAL AND NATIONAL CONFERENCES INCLUDING THE AMERICAN ALLIANCE OF MUSEUMS (AAM), THE ASSOCIATION OF SCIENCE AND TECHNOLOGY CENTERS (ASTC), THE VISITOR EXPERIENCE GROUP, THE SPACE EXPLORATION EDUCATORS CONFERENCE, THE AMERICAN ASSOCIATION FOR STATE AND LOCAL HISTORY AND NYCMER. THE WORK OF THE EDUCATION DEPARTMENT AND ITS MEMBERS WAS ALSO HIGHLIGHTED IN SEVERAL PUBLICATIONS INCLUDING THE INTERNATIONAL JOURNAL OF THE INCLUSIVE MUSEUM AND THE CENTER FOR ADVANCEMENT OF INFORMAL SCIENCE LEARNING FEATURED BLOG.

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

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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STEAM THROUGH VIRTUAL PRESENTATIONS, WORKSHOPS AND DEMONSTRATIONS

DESIGNED TO EDUCATE AND INSPIRE. THIS YEAR, VIRTUAL KIDS WEEK FEATURED THREE THEMES ACROSS THE FIVE DAYS - SPACE & SCIENCE, MUSIC & ARTS, AND SAFARI & NATURE.

PARTNERS, PRESENTERS AND PROGRAMS INCLUDED: AMERICAN MUSEUM OF NATURAL HISTORY, NASA, AMERICAN SOCIETY OF CIVIL ENGINEERS, BILLION OYSTER PROJECT, THE RADIO CITY ROCKETTES, THE CLIMATE MUSEUM, CONNECTICUT'S BEARDSLEY ZOO, CURIOUS-ON-HUDSON, JAZZ AT LINCOLN CENTER, KERBAL SPACE ACADEMY, BALLET HISPANICO SCHOOL OF DANCE, U.S. SPACE FORCE, THE LAMONT-DOHERTY EARTH OBSERVATORY, NASA ASTRONAUT, ROBOFUN, RUBE GOLDBERG, TWO BY TWO ZOO, MEET THE CREATORS WITH BRIGETTE BARRAGER, RACHEL IGNOTOFSKY, LAURA KNETZGER, LAUREN CASTILLO, AND JUDD WINICK, MEET THE AUTHORS WITH THEANNE GRIFFITH, BILL DOYLE, JENNIFER L. HOLM AND JOHN ROCCO, MINDFULNESS EXPERT FOR CHILDREN: KIRA WILLEY, WILDLIFE CONSERVATION SOCIETY FEATURING THE BRONX ZOO, AND MORE.

FLEET WEEK MEMORIAL DAY WEEKEND

MAY 28-31, 2021

ATTENDANCE: 6,549

IN RECOGNITION OF OUR MEN AND WOMEN IN UNIFORM, THE INTREPID MUSEUM CELEBRATED MEMORIAL DAY WEEKEND, MAY 28-31. THROUGHOUT THE WEEKEND, VISITORS EXPLORED A VARIETY OF DISPLAYS, ACTIVITIES AND DEMOS FROM THE MILITARY, INCLUDING THE U.S. MARINE CORPS AND U.S. COAST GUARD. THE WEEKEND CONCLUDED ON MONDAY, MAY 31 WITH THE MUSEUM'S ANNUAL MEMORIAL DAY CEREMONY, WHICH WAS LIVE STREAMED FOR THE PUBLIC.

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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FRIDAY, MAY 28 (CANCELED DUE TO WEATHER, RESCHEDULED JULY 30)

INTREPID MUSEUM'S FREE MOVIE NIGHT: FRIDAY, MAY 28

GUESTS WATCHED TOP GUN ON THE SHIP'S FLIGHT DECK, UNDER THE STARS!

SATURDAY, MAY 29 AND SUNDAY, MAY 30

A VARIETY OF MILITARY ASSETS AND ACTIVITIES

U.S. COAST GUARD

USCG CUTTER PENOBSCOT BAY WAS DOCKED AT THE INTREPID MUSEUM'S PIER 86.

MEMBERS OF THE U.S. COAST GUARD WERE ON-HAND TO ANSWER QUESTIONS ABOUT THE CUTTER, THE SEVENTH OF NINE UNITED STATES COAST GUARD 140-FOOT BAY-CLASS ICEBREAKING TUGS.

U.S. MARINE CORPS

THE U.S. MARINE CORPS WERE ONSITE WITH VEHICLES, GEAR, EQUIPMENT AND MORE! VISITORS WERE ABLE TO TRAIN LIKE A MARINE WITH A VARIETY OF DEMOS AND ACTIVITIES.

VIRTUAL ASTRONOMY LIVE:

VIEWERS ATTENDED 14,000

JAN-DEC, 2021

LOCAL, NATIONAL AND INTERNATIONAL AUDIENCES WHO HAVE A PASSION FOR SPACE SCIENCE PARTICIPATED AND MET ASTRONAUTS, SCIENTISTS AND OTHERS TALENTS THROUGH THESE MONTHLY LIVE VIRTUAL EVENTS THAT EXPLORE RELEVANT SPACE, ASTRONOMY AND OTHER TOPICS.

VIRTUAL ASTRONOMY LIVE PROGRAMS TOOK PLACE ON A MONTHLY BASIS ON THE

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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THIRD THURSDAY OF EVERY MONTH FROM JANUARY THROUGH DECEMBER FROM  
5:00PM-7:00PM. A PRE-SHOW WITH MUSEUM EDUCATORS, CURATORS AND STAFF  
TOOK PLACE FROM 5:00PM-5:30PM EVERY SHOW, AND INCLUDED INTERACTIVE  
TALKS.

MODERATOR: SUMMER ASH: SUMMER ASH HAS BEEN BOTH A ROCKET SCIENTIST AND  
AN ASTROPHYSICIST. SHE IS A FREELANCE SCIENCE WRITER AND COMMUNICATOR  
WHOSE WORK HAS BEEN PUBLISHED IN THE ATLANTIC, NBC NEWS, SMITHSONIAN,  
NOW.SPACE, SCIENTIFIC AMERICAN, SLATE, AND NAUTILUS.

HOST: JOHN "DAS" GALLOWAY: "DAS" IS A SCIENCE OUTREACH COMMUNICATOR  
WHO SPECIALIZES IN LIVE, INTERACTIVE VIDEO CONTENT. HE IS THE CREATOR  
OF THE KERBAL SPACE ACADEMY, WHERE HE USES VIDEO GAMES AS A TOOL TO  
START SCIENCE AND ENGINEERING CONVERSATIONS WITH VIEWERS OF ALL AGES,  
AND VECTORS VIRTUAL FIELD TRIPS, WHICH BRINGS REAL-TIME INTERACTIVE  
VIDEO TO MUSEUMS, EVENTS, AND HISTORICAL LOCATIONS. "DAS" ALSO SERVES  
AS A HOST AND PRODUCER FOR NASASPACEFLIGHT.COM.

PROGRAM DATES, TOPICS AND PARTICIPANTS INCLUDED:

DATE: JANUARY 21, 2021

TOPIC: 35TH ANNIVERSARY OF THE SPACE SHUTTLE COLUMBIA LAUNCH

PARTICIPANTS: CHARLES F. BOLDEN JR. IN CONVERSATION WITH MIKE MASSIMINO

DATE: FEBRUARY 18, 2021

TOPIC: PREPARING FOR LAUNCH: ASSEMBLING THE ARTEMIS ROCKET

PARTICIPANT: ABDIEL SANTOS-GALINDO

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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DATE: MARCH 18, 2021

TOPIC: RECYCLING AND SUSTAINABILITY IN SPACE

PARTICIPANTS: NASA ENGINEERS: TRACIE PRATER AND MICHAEL EWERT

DATE: THURSDAY. APRIL 15, 2021

TOPIC: NASA'S SPACEX CREW-2 MISSION LAUNCH

PARTICIPANT: DANIEL HUOT

DATE: THURSDAY, MAY 20, 2021

TOPIC: COLLECTING ASTROMATERIALS FROM SPACE

PARTICIPANTS: NASA SCIENTISTS: RYAN ZEIGLER AND JULIANE GROSS

DATE: JUNE 17, 2021

TOPIC: ASTRONAUTS DIG DIRT

PARTICIPANTS: NASA SCIENTISTS: KELSEY YOUNG AND TREVOR GRAFF

DATE: JULY 15, 2021

TOPIC: EXERCISE IN SPACE

PARTICIPANTS: GARRETT REISMAN, FORMER NASA ASTRONAUT, FORMER DIRECTOR OF SPACE , OPERATIONS, SPACEX, CURRENT PROFESSOR, USC, SCHOOL OF ENGINEERING AND BRUCE NIESCHWITZ, AN ATHLETIC TRAINER AND A MEMBER OF THE ASTRONAUT STRENGTH, CONDITIONING AND REHABILITATION

DATE: AUGUST 19, 2021

TOPIC: SPACESUITS

PARTICIPANT: NASA ENGINEERS ALICIA BAKER AND DAVID WESTHEIMER

DATE: SEPTEMBER 16, 2021

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

PARTICIPANT: ARIANE CORNELL IS THE DIRECTOR OF ASTRONAUT AND ORBITAL SALES AT BLUE ORIGIN.

DATE: OCTOBER 21, 2021

TOPIC: THE JAMES WEBB SPACE TELESCOPE LAUNCH

PARTICIPANTS: WEBB PROJECT MANAGER, BILL OCHS, AND WEBB INSTRUMENTS SYSTEMS ENGINEER, BEGOA VILA.

DATE: NOVEMBER 18, 2021

AMERICAN SIGN LANGUAGE INTERPRETERS AND LIVE CAPTIONING (CART) WAS AVAILABLE FOR THIS PROGRAM

TOPIC: THE HIDDEN HEROES OF SPACE RESEARCH

PARTICIPANTS: ANN GRAYBIEL AND JAMES LACKNER

DATE: DECEMBER 16, 2021

TOPIC: DOUBLE ASTEROID REDIRECTION TEST (DART) MISSION

PARTICIPANT: SCOTT BELLAMY, NASA MISSION MANAGER

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

INTREPID FALLEN HEROES FUND AND INTREPID RELIEF FUND

THE MUSEUM PROVIDES PROGRAM SUPPORT AND ADMINISTRATIVE SERVICES TO TWO 501(C)3 ORGANIZATIONS WITH RELATED MISSIONS: THE INTREPID FALLEN HEROES FUND (IFHF) AND THE INTREPID RELIEF FUND (IRF), BOTH OF WHICH WERE ORIGINALLY FOUNDED BY THE INTREPID MUSEUM FOUNDATION. THE MUSEUM'S SUPPORT INCLUDES BUT IS NOT LIMITED TO PERSONNEL, OFFICE SPACE AND FACILITY SERVICES, AS WELL AS TECHNOLOGY, DATA AND COMMUNICATIONS

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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SYSTEMS SUPPORT, ALL AT NO COST.

EXPENSES \$ 109,416. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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

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

BRUCE MOSLER AND TOM HIGGINS, 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 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.



Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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THE FORM 990 IS THEN APPROVED BY MANAGEMENT AND E-FILED WITH THE IRS.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY APPLICABLE TO ALL BOARD TRUSTEES AND OFFICERS. ALL APPLICABLE INDIVIDUALS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST AGREEMENT "ANNUAL CERTIFICATION" ANNUALLY, DISCLOSING ANY POSSIBLE CONFLICT OF INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD. AFTER DISCLOSURE OF ALL MATERIAL FACTS, AND AFTER ANY DISCUSSIONS WITH THE INTERESTED PERSON, HE/SHE LEAVES THE BOARD MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING DISINTERESTED BOARD MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS BY A MAJORITY VOTE. THE INTERESTED PERSON RECUSES THEMSELVES FROM DELIBERATIONS AND VOTING ON MATTERS GIVING RISE TO SUCH CONFLICT. DELIBERATION AND DECISIONS ARE RECORDED IN THE MINUTES OF THE BOARD.

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

THE EXECUTIVE COMMITTEE AND THE BOARD, VIA THE BUDGET PRESENTATION AND APPROVAL PROCESS, ARE RESPONSIBLE FOR APPROVING THE HIRING COMPENSATION AND ANNUAL EVALUATIONS FOR SALARY INCREASES. THE COMMITTEE STUDIES MARKET COMPENSATION AND COMPETITIVENESS, ANALYZING BOTH ECONOMIC CLIMATE, CURRENT BUDGET RESTRICTIONS IF HIRE IS WITHIN A BUDGET CYCLE, COMPETITIVE DATA AT SIMILAR INSTITUTIONS IN METROPOLITAN LOCATIONS BEGINNING WITH NYC (COMPARING BUDGET SIZE, POSITION RESPONSIBILITY, NUMBER OF SUBORDINATES TO BE MANAGED, ETC), POSITION WITHIN NON-PROFIT WORLD AND FOR PROFIT WORLD. THEY ALSO USE CURRENT SURVEY DATA FOR COMPARATIVE ANALYSIS FROM VARIOUS APPLICABLE SOURCES IN THE MUSEUM FIELD, SUCH AS AMERICAN ASSOCIATION OF MUSEUMS, MUSEUM ASSOCIATION OF NY, AS WELL AS A SALARY SURVEY FROM PNP

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

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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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 2021.

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

FORM 990, PART VI, SECTION C, LINE 18:  
THE MUSEUM MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY HAVING THE 990 POSTED ON GUIDESTAR.ORG AS WELL AS THE INTREPID WEBSITE. IN ADDITION, FORMS 990 AND 1023 AS WELL AS THE CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION, BY-LAWS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST OF THE MUSEUM AT ONE INTREPID SQUARE (W. 46 ST. & 12TH AVE.), NEW YORK, NY 10036.

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

Name of the organization

INTREPID MUSEUM FOUNDATION, INC.

Employer identification number

13-3062419

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 VII, SECTION A, COLUMN (A):

THE MUSEUM SHARES EMPLOYEES WITH THE INTREPID FALLEN HEROES FUND (IFHF). COMPENSATION EXPENSE WAS ALLOCATED AND RECORDED FOR THE MUSEUM AND IFHF FOR THE FOLLOWING OFFICERS REPORTED ON FORM 990, PART VII, SECTION A AS FOLLOWS:

NAME: DAVID A. WINTERS

TITLE: EXECUTIVE VICE PRESIDENT

COMPENSATION EXPENSES ALLOCATED TO INTREPID MUSEUM FOUNDATION, INC. (50%): \$134,140

COMPENSATION EXPENSES ALLOCATED TO INTREPID FALLEN HEROES FUND (50%): \$134,140

NAME: LISA YACONIELLO

TITLE: VP, VENUE SALES & EVENTS

COMPENSATION EXPENSES ALLOCATED INTREPID MUSEUM FOUNDATION, INC. (75%): \$118,791

COMPENSATION EXPENSES ALLOCATED TO INTREPID FALLEN HEROES FUND (25%): \$39,597

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN ON EXTINGUISHMENT OF DEBT

3,573,103.

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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FORM 990, PART XII, LINE 2C:

THE FOUNDATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR  
 THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND FOR THE  
 SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED  
 FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<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) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(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.