Forr	990-T_C	ļ E	Exempt Organization Bu	sine	ss Income 1	Γax Re	eturn	<b>)</b> [	OMB No 1545-0687
	("CA")		(and proxy tax und	der se	ction 6033(e))	181	$\mathcal{L}$		2040
	- ( 300)	For ca	llendar year 2018 or other tax year beginning		and ending	<u> </u>	<u> </u>		2018
Depa Inter	artifiant of the Treasury nal Revenue Service	<b>▶</b>	► Go to www irs.gov/Form990T for • Do not enter SSN numbers on this form as it ma				01(c)(3).	ļ	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization ( Check box if name	changed	and see instructions.)			(Emp	oyer identification number loyees' trust, see uctions)
B F	Exempt under section	Print	INTREPID MUSEUM FOUNDA	OITA	N, INC.			1	3-3062419
X	☐ 501( <b>c</b> )( <b>3</b> )	or	Number, street, and room or suite no. If a P.O. b			.,		E Unrel	ated business activity code
	408(e) 220(e)	Туре	WEST 46TH ST & 12TH AV	<u>/E</u>				] (	,
	408A 530(a) 529(a)		City or town, state or province, country, and ZIP NEW YORK, NY 10036	or foreig	n postal code			532	000_
C Bo	ook value of all assets end of year		F Group exemption number (See instructions.)	<b>•</b>					
_	94,644,5	81.	G Check organization type ► X 501(c) co	rporation	1 501(c) trust		401(a)	trust	Other trust
		_	ition's unrelated trades or businesses.	2	Describe	e the only (o	r first) un	related	
			NTAL OF PERSONAL PROPER			e, complete F			
			ice at the end of the previous sentence, complete F	Parts I an	d II, complete a Schedul	e M for each	addition	al trade	or
	usiness, then complete I		· · · - · · · · · · · · · · · · · · · ·						TT.
			poration a subsidiary in an affiliated group or a pare	ent-subsi	idiary controlled group?			Υe	es X No
			tifying number of the parent corporation. > PATRICIA BEENE, CHIEF F	7 T NT N N	TOTAL /AD Tolon	hone number		16	201 5250
			de or Business Income	TIVAL	(A) Income		Expenses		(C) Net
- 15. 1	Gross receipts or sale				(1.)	13-12534	15 to 15	15.75	1. 20 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	·		c Balance	10		Contraction of the second	پر اور اور اور اور اور اور اور اور اور او	15.00	
2	Cost of goods sold (S			2		112.11.15	4 6 17.00	1/1/315	Mangalla South South
3	Gross profit. Subtract		· · ·	3		Sec. 25 80			
4 a	Capital gain net incom	ne (attac	h Schedule D)	4a		alling the	. 7 J. J. J. J.	1.18 1.16	
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b		N 2 ( 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ر میدورد. از اسال میدادید	1469 F	
C	Capital loss deduction	for trus	ets	4c		2.44.16			
5	income (loss) from a	partners	ship or an S corporation (attach statement)	5		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
6	Rent income (Schedul	le C)		6	49,935.		<u>10,7</u>	84.	39,151.
7	Unrelated debt-finance		•	7		<del>                                     </del>			
8			nd rents from a controlled organization (Schedule F)						
9			on 501(c)(7), (9), or (17) organization (Echedule G			<del>                                     </del>			
10 11	Exploited exempt active Advertising income (S	•	•	10		<del>                                     </del>			
12	Other income (See ins		•	12		14 3 May 12	(	1000	
13	Total. Combine lines			13	49,935.		10,7		39,151.
Pa			t-Taken-Elsewhere (See instructions i						337 - 32 - 3
) }	(Except for c	ontribu	itions déductions must be directly connecte	d with t	he unrelated business	s income.)			
<b>2</b> 14	Compensation of offi	cers, dir	rectors, and trustees (Schedule K)					14	
<b>1</b> 5	Salaries and wages	MAG	R 0 2 2020 [S]					15	
16	Repairs and maintena	ance	1.21					16	
J <sub>17</sub>	Bad debts							17	
_18 _19 _20	Interest (attach sched	dulė) (se	ee instructions);		CEE CEA	m maken sier	. 7	18	250
≥19	Taxes and licenses				SEE STA	TEMENT	. 7	19	250.
21			e instructions for limitation rules)		امرا			20	-
a <sup>∑ 1</sup>	Depreciation (attach I				21 22a			37,50,00	
ა <sup>22</sup>	Depletion	iiiieo oii	n Schedule A and elsewhere on return		[228]	•		22b 23	
Š23 ⊃24	Contributions to defe	rred cor	mpensation plans					24	
25	Employee benefit pro							25	
26	Excess exempt expen	•	chedule 1)					26	<del></del>
27	Excess readership co	•	•					27	
28	Other deductions (att		•		SEE STA	PEMENT	~	28	2,000.
29	Total deductions, Ad	dd lines	14 through 28				28	29	2,250.
30	Unrolated business to	axable in	ncome before net operating loss deduction. Subtra	ct line 29	) from line 13			30	36,901.
31			oss arising in tax years beginning on or after Janu	ary 1, 20	18 (see instructions)		o (	31	中,也是你是是一个
32			ncome. Subtract line 31 from line 30		<del></del>		21	32	36,901.

Form 950-		62419	Page 2
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	36,901.
34	Amounts paid for disallowed fringes*Repealed under H.R. 1865 Further Consolidated Appropriations Act, 202		0.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  STMT 3	35	23,553.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	13,348.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	/	13,348.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	7 38	12,348.
Part I		1	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	(2) 39	2,593.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax. See instructions	<b>-</b> 41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	48	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	2,593.
Part \		<del>/                                      </del>	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
	Other credits (see instructions) 45b		
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d	7 .	
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	2,593.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule		<del></del>
48	Total tax. Add lines 46 and 47 (see instructions)	<u> </u>	2,593.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018 563		
	2018 estimated tax payments 50b 42,500		
	Tax deposited with Form 8868 50c 3,000		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 5Qe	7	
	Credit for small employer health insurance premiums (attach Form 8941) 50f	7	
	Other credits, adjustments, and payments: Form 2439	7	
•	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	<u> </u>	46,063.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
. 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	S 54	43,470.
1058	Enter the amount of line 54 you want: Credited to 2019 estimated tax   948. Refunded	3/ 35	42,522.
Part V			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here <b>&gt;</b>		x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
٠.	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amaging of tax exempt interest received or accrued during the tax year		
	Under penallies of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	rledge and belief,	ıt is true,
Sign	correct, and complete. Decaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here	2/12/2020   PRESIDENT	May the IRS disc the preparer show	use this return with we below (see
	Signature of officer Date Title	instructions)?	
	Print/Type preparer's name Rrigarer's signature Date Check	ıf PTIN	
Paid	Print Type preparer's name Check self- employe		
	CARREST W STOCING AND THE CON DIAGO 2.5.2028		543209
Prepa	- DUD OLGONION THATEGUE IND		1728945
Use C	665 FIFTH AVENUE		
		212-28	6-2600
823711 01-			rm 990-T (2018)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation > N/	/A			
1 Inventory at beginning of year	1		1	Inventory at end of			6	
2 Purchases	2		7	Cost of goods sold.	Subtract	line 6	127	
3 Cost of labor	3			from line 5. Enter h	ere and in l	Part I,	. 6	
4a Additional section 263A costs			}	line 2		Ĺ	7	
(attach schedule)	4a	<u>-</u>	8	Do the rules of sect	ion 263A (	with respect to	Yes No	
<ul><li>Other costs (attach schedule)</li></ul>	4b		property produced or			for resale) apply to	ي مرد اين مرد اين	
5 Total. Add lines 1 through 4b	5		<u></u>	the organization?			X	
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property	/ Lease	d With Real Prope	erty) 	
1. Description of property								
(1) EQUIPMENT RENTAL								
(2)				·				
(3)								
(4)								
	2 Rent receiv	ed or accrued		-		0(-)2-1		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal	onal property (if the perce property exceeds 50% or ed on profit or income)	entage r if	columns 2(a) and SEE STAT	ectly connected with the income in (a) and 2(b) (attach schedule) ATEMENT 4	
(1)				49,	935.		10,784.	
(2)								
(3)				-				
(4)								
Total	0.	Total		49,	935.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -	•	49,	935.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>▶</b> 10,784.	
Schedule E - Unrelated Deb		Income (see	ınstru				· · · · · · · · · · · · · · · · · · ·	
		·	2	Gross income from		3. Deductions directly conn to debt-finance		
1. Description of debt-fit		or allocable to debt- financed property		(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)			1	,				
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule)	of or a	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				9	6			
(2)				9	<b>6</b>			
(3)				9/	6			
(4)				9	<b>6</b>			
						inter here and on page 1. Part I, line 7, column (A)	Enter here and on page 1, Part i, line 7, column (B)	
Totals						0.	.l o.	
Total dividends-received deductions in	ncluded in columi	n 8			-	<b>•</b>	0.	
							Form 990-T (2018)	

Form **990-T** (2018)

			Exempt (	Controlled O	ganızatı	ons ,					
1. Name of controlled organizati	identi	mployer Ification mber	Net unrelated income (loss) (see instructions)		4. Tot payr	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)		*.							_		
(2)											
(3)	· <del>-,</del>										
					-					<del></del>	
(4) Ionexempt Controlled Organii			<u> </u>				L.,				
					-	45		<del></del>			
7 Taxable Income	8. Net unrelated inco (see instruction		y, lotal	of specified payr made	rents	10 Part of column in the controlling gross	nn 9 that is ng organiz i income	s included ation's		uctions directly connected ncome in column 10	
(1)											
(2)											
(3)										,	
(4)								.		- ·· · · · · · · · · · · · · · · · · ·	
						Add colum Enter here and line 8, c			Enter he	l columns 8 and 11 re and on page 1, Part I, ne 8, column (B)	
Totals					<b>•</b>			0.		0	
Schedule G - Investme		Section	501(c)(7	'), (9), or ( <sup>·</sup>	17) Org	anization					
· · · · · · · · · · · · · · · · · · ·	ription of income	<del>-</del>		2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)	
(1)										<u> </u>	
(2)										1	
(3)		<del></del>								<del>                                     </del>	
(4)										<del> </del>	
Totals	· · · · · · · · · · · · · · · · · · ·			Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)	
Schedule I - Exploited	Exempt Activity	y Income	o, Other	Than Adv		g Income	50 W	11/2/14/14/2	california f	1	
(see instru	2 Gross		oenses onnected	4. Net incomfrom unrelated	trade or	5. Gross inco		<b>6</b> , Exp	enses.	7. Excess exempt expenses (column	
Description of exploited activity	unrelated business income from trade or business	with pro of unr business	duction elated	business (co minus columi gain, compute through	3) if a cols 5	from activity t is not unrelat business inco	eđ	attributa colum	ble to	6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)				Ì							
(4)	***	<b>†</b>				·-· .					
<u> </u>	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1 line 10,	, Part I,				10 (17 11 - 17 17 17 17 17 17 17 17 17 17 17 17 17			Enter here and on page 1, Part II, line 26	
Totals 🕨	0.	· · · · · · · · · · · · · · · · · · ·	0.	松原李原				1 1 10 2 10 10		0	
Schedule J - Advertisir											
Rartel Income From F	Periodicals Rep	orted or	n a Cons	solidated	Basis						
	2. Gross			4 Advert	sing galn					7. Excess readership	
1. Name of periodical	advertising income		3. Direct ertising costs	or (loss) (co col 3) If a ga cols 5 th	in, comput	5. Circulat e income	ion	6. Reade		costs (column 8 minus column 5, but not more than column 4)	
(1)					Carlotte State	\$ .				Carllette January	
(2)					STEEL STEEL						
(3)		T				3					
(4)											
· · · · · · · · · · · · · · · · · · ·											

Form 990-T (2018) INTREPID MUSEUM FOUNDATION, INC. 13-30624

Part; II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)		<del></del>				
(4)						<del></del>
Totals from Part I	0.	0.			18 12 18 18 18 18 18 18 18 18 18 18 18 18 18	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.	Sales Sa	Chill Ballet Paper	是是一种的	0.
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)						

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b></b>	0.

Form 990-T (2018)

FOOTNOTES

STATEMENT 1

THE FORM 990-T HAS BEEN AMENDED DUE TO THE PASSAGE OF THE H.R. 1865 FURTHER CONSOLIDATED APPROPRIATIONS ACT, 2020, WHICH WAS SIGNED INTO LAW ON DECEMBER 20, 2019. THE NEW LEGISLATION REPEALS THE TAX ON QUALIFIED TRANSPORTATION FRINGE BENEFITS (QTFB) WHICH WAS ORIGINALLY PASSED AS PART OF THE TAX CUTS AND JOBS ACT (TCJA) AND IS RETROACTIVE TO THE DATE OF ENACTMENT. THEREFORE, LINE 34 WAS CHANGED TO "0".

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ACCOUNTING FEES		2,000.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	2,000.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	46,225.	22,672.	23,553.	23,553.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	23,553.	23,553.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT 4
DESCRIPTION				CTIVITY NUMBER	AMOUNT	TOTAL
SALARIES PAYROLL TAXES UTILITY COSTS REPAIRS AND MAI	NTENANCE				3,750. 324. 3,000. 3,410.	•
COMMISSIONS		- SUBTOTA	<b>L</b> –	1	300.	10,784.
TOTAL TO FORM 9	90-T, SCHEDU	LE C, COLU	MIN 3			10,784.

	Amount
NYS CT-13 TAX	250
Total Taxes	250

## SCHEDULE M (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

ENTIT	Y 1
OMB No	1545-0687

For calendar year 2018 or other tax year beginning					, and ending				<b>ZU 10</b>	
	ment of the Treasury I Revenue Service (99)	► Go to www.irs.gov ► Do not enter SSN numbers o						3).	Open to Public Inspection for \$150 (c)(3) Organizations Only	
Name of the organization  INTREPID MUSEUM FOUNDATI					, INC.		Employer identification number 13-3062419			
	Inrelated business	activity code (see instructions)	54180	0						
			ONSORSH	ΙP	REVENUE					
Pai	t≀i∛ Unrelated	Trade or Business Incom	е		(A) Inco	me	(B) Expense	es	(C) Net	
1 a	Gross receipts or					19.00	<b>经验的证据的</b>			
b	Less returns and allowances c Balance ▶			1c				19.5	的有效學的學學	
2	Cost of goods sold (Schedule A, line 7)						大学の大学を		S. P. C. C. S.	
3	Gross profit Subtract line 2 from line 1c						11 60 37 5-10 11			
4 a	Capital gain net in	<u>4</u> a			2 3 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
þ	Net gain (loss) (Fo	4b			100 100 100 100 100 100 100 100 100 100		·			
C	Capital loss deduction for trusts				<u> </u>		or freely without the			
5	Income (loss) from a partnership or an S corporation (attach							مارية و الأولية المارية والمولية		
	statement)			5	<u></u>		Same Bleefel V. W.	58. 37.5		
6	Rent income (Sch	·		6						
7		anced income (Schedule E)		7						
8		, royalties, and rents from a contro	illed							
_	organization (Sche	•		_8_	<u> </u>					
9		e of a section 501(c)(7), (9), or (17)								
	organization (Sche	·		9						
10	•	activity income (Schedule I)		10						
11	Advertising incom	·	STMT 5	11	115	000	THE RECEIPED THE	Pagarete	115,000.	
12	,	e instructions, attach schedule)	SIMI S	12		,000.	CARS 250.2 500.2 0.50	.eg. 1.52	115,000.	
13	Total. Combine lir			13			ļ			
Pâr	<u>t</u> श्∥्र Deduction deductionः	ns Not Taken Elsewhere (\$ s must be directly connected	See instructed with the u	ions f inrela	for limitation ated busines	is on de ss incon	eductions.) (Ex ne.)	cept f	or contributions,	
14	Compensation of	officers, directors, and trustees (Se	chedule K)					14		
15	Salaries and wage	98						15	2,153.	
16	Repairs and maint	tenance						16		
17	Bad debts	-						17		
18	Interest (attach sc	hedule) (see instructions)					-	18		
19	Taxes and license	s			SEE	STAT	EMENT 8	19	237.	
20	Charitable contrib	utions (See instructions for limitati	on rules)					20		
21	Depreciation (attac	ch Form 4562)			<u>  1</u>	21		3/8/2		
22	Less depreciation	claimed on Schedule A and elsew	here on return		[2	2a		22b		
23	Depletion .							23		
24	Contributions to d	leferred compensation plans						24		
25	Employee benefit	programs						25	194.	
26	Excess exempt ex	penses (Schedule I)						26		
27	Excess readership		<u></u>	·		27	4545			
28	Other deductions (attach schedule)				SEE	STA	TEMENT 6	28	173,455.	
29	Total deductions. Add lines 14 through 28						29	176,039.		
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13							30	-61,039.	
31	1 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)							31		
32	•	is taxable income. Subtract line 31	from line 30					32	-61,039.	
	For Panerwork F	Reduction Act Notice, see instru	ctions.				9	chedu	le M (Form 990-T) 2018	

FÖRM 990-T (M)	OTHER	INCOME	STATEMENT 5
DESCRIPTION			AMOUNT
SPONSORSHIP REVENUE	115,000.		
TOTAL TO SCHEDULE M, I	115,000.		
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 6
DESCRIPTION			AMOUNT
COMMISSIONS EVENT EXPENSES BANNERS AND SIGNAGE MOVIE EQUIPMENT & RENT OTHER RENTAL EXPENSES OTHER EXPENSES	PALS		23,000. 15,000. 45,000. 34,205. 40,000. 16,250.
TOTAL TO SCHEDULE M, H	PART II, LINE 28	•	173,455.

## TAXES AND LICENSES - Schedule M

	Amount
PAYROLL TAX	237
Total Taxes	237