203	j
c	2
$\bar{}$	ũ
_	4
7	4
`	_
1	-
_	7
-	2
•	_
2	2
2	
CLIVIA	
CLIMIN	
	コリンとく)
CLIMINACO	こととに
CLIMINACO	ロコととくつの

om 990-7 CS	Exempt Organizat	ion Busine xy tax under se		ax Returr	۱	OMB No 1545-0047
1 33	For calendar year 2019 or other tax year beginning	l	, and ending	1110	_	2019
assessment of the Transport	☐ Go to www irs gov/F	orm990T for instruction	ons and the latest inform	ation		
epartment of the Treasury Iternal Revenue Service	▶ Do not enter SSN numbers on this	form as it may be ma	ide public if your organiz	ation is a 501(c)(3)	50	pen to Public Inspection for 1(c)(3) Organizations Only
Check box if address changed	Name of organization ( Check	k box if name changed	d and see instructions )			er identification number yees' trust, see tions)
Exempt under section	Print INTREPID MUSEUM	FOUNDATIO	N, INC.			3-3062419
X 501(cy(3) 408(e) 220(e)	Number, street, and room or suite r Type WEST 46TH ST & 1	-	nstructions			ed business activity code tructions )
408A 530(a) 529(a)	City or town, state or province, coul		n postal code		5320	100
Book value of all assets	F Group exemption number (See in		<del></del>		10 0 10	
at end of year	70. G Check organization type ► 2		n 501(c) trust	401(a	) trust	Other trust
	organization's unrelated trades or businesses			the only (or first) ui		
describe the first in the l	Parts III-V.  RENTAL OF PERSONAL  Parts III-V.  the corporation a subsidiary in an affiliated gi	ce, complete Parts I an	nd II, complete a Schedule	, complete Parts I-V. e M for each addition		or Cara
•	and identifying number of the parent corporat		iolary controlled group.		163	110
	► PATRICIA BEENE, C		NCIAL/AD Teleph	one number 🕨 6	<del>546-3</del>	81-5250
Part Unrelate	d Trade or Business Income		(A) Income	(B) Expense		(C) Net
1a Gross receipts or sal						
<b>b</b> Less returns and allo		ce <b>l</b> c				
2 Cost of goods sold (	Schedule A, line 7)	2				
3 Gross profit. Subtrac		3				
4a Capital gain net inco		4a				
	1 4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction		4c			T	
•	partnership or an S corporation (attach state	ment) 5				
6 Rent income (Sched		6	65,750.	13,2	1.80	52,542.
	ced income (Schedule E)	7				
	yalties, and rents from a controlled organizatio	on (Schedule F) 8				
9 Investment income of	f a section 501(c)(7), (9), or (17) organization	n (Schedule G) 9				
0 Exploited exempt act	ıvıty ıncome (Schedule I)	10				
1 Advertising income (		11/	<u> </u>			
2 Other income (See in	structions, attach schedule)	12				
3 Total. Combine line	s 3 through 12		65,750.	13,2	1.80	52,542.
	ons Not Taken Elsewhere (See 1					
	s must be directly connected with the un				, ,	
4 Compensation of of	ficers, directors, and trustees (Schedulers)	REVERUE SERVIC	is Se		14	
5 Salaries and wages	Receive	O No Bally on	•		15	
6 Repairs and mainte		348			16	
7 Bad debts	Alí	OS 02 6 1 VE			17	
	edule) (see instructions)	A I C Fran	ann an-	DD1453777 4	18	252
9 Taxes and licenses 0° Depreciation (attact				rement 1	19	250.
O Depreciation (attact	Form 4562)	Oaden. UT	20			
1 Less depreciation c	Form 4562) laimed on Schedule A and elsewhere on return	J- 0-3	21a		21b	
z Depletion	/				22	<del>-</del> -
	erred compensation plans				23	
4 Employee benefit p					24	_
5 Excess exempt exp					25	
6 Excess readership of			655 655 F		26	2 222
7 Other deductions (a			SEE STAT	EMENT 2	27	2,000.
8 Total deductions	Add lines 14 through 27				28	2,250.
	taxable income before net operating loss dedu				29	50,292.
9 Uprelated business	perating loss arising in tax years beginning on	or after January 1, 20	018			^
/					30	0.
(see instructions)				1.1		
(see instructions) Unrelated business	taxable income Subtract line 30 from line 29				] 31	50,292.
(see instructions) Unrelated business	taxable income Subtract line 30 from line 29 or Paperwork Reduction Act Notice, see inst	ructions			]  31	50,292. Form <b>990-T</b> (2019

Form 990-T (	20/49 INTREPID MUSEUM FOUNDATION, INC.  Total Unrelated Business Taxable Income		13-3062419 Page 2
\	tal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	-	32 50,292.
		I	
	nounts paid for disallowed fringes	1	1 38
34 Ch	aritable contributions (see instructions for limitation rules) STMT 3 STMT 4	ر	4,929.
<b>35</b> Tot	tal unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lit	nes 32 and 33	35 45,363.
36 De	duction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	_	1 36
	tal of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	<b>`</b>	45.363.
	$\sim$ 11	1 9	$\frac{3}{38}$ $\frac{1,000}{1,000}$
	ecific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	1 7	0 38 1,000.
	related business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37.	11	44,363.
Part IV		V	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
, —			+ 40 9,316.
-	panizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	<b>₩</b>	• 40 9,316.
41 <u>Tru</u>	ists Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	(	<b>                                     </b>
	Tax rate schedule or Schedule D (Form 1041)	•	► <u>41  </u>
42 Pro	oxy tax. See instructions	•	- 42
43 Alte	ernative minimum tax (trusts only)		43
	c on Noncompliant Facility Income. See instructions		44
	al. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	1	
		<del></del>	45 9,316.
Part W	Tax and Payments		
46a For	eign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b Oth	ner credits (see instructions)		7 1
c Ger	neral business credit. Attach Form 3800		7
	./ \ \ / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	dit for prior year minimum tax (attach Form 8801 or 8827)		-  ,
	,		466
47 Sul	otract line 46e from line 45		47 9,316.
48 Oth	er taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (at	tach schedule)	48
49 Tot	al tax. Add lines 47 and 48 (see instructions)	l	49 9,316.
	19 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		
		0.4.0	
_	ments: A 2018 overpayment credited to 2019	948	
<b>b</b> 201	19 estimated tax payments $VV$ 51b 5	1,427	<u>.  </u>
c Tax	deposited with Form 8868		
d For	eign organizations: Tax paid or withheld at source (see instructions) 51d		
	ckup withholding (see instructions) 51e		
			<del> </del>
	dit for small employer health insurance premiums (attach Form 8941)  51f		<b>⊣</b> i
g Oth	er credits, adjustments, and payments: Form 2439		
L	Form 4136 Other Total ▶ 51g		
52 Tot	al payments. Add lines 51a through 51g		$\frac{1}{52}$ 52,375.
_	imated tax penalty (see instructions). Check if Form 2220 is attached		53
	t due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	_	
	• • • • • • • • • • • • • • • • • • • •	10.	54
	erpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	10 >	55 43,059.
	er the amount of line 55 you want. Credited to 2020 estimated tax	nded 🔪 🕨	43,059.
Part VI	Statements Regarding Certain Activities and Other Information (see instruct	ons)	<u> </u>
57 At a	any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	r a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1.55 110
	CEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
her	· · · · · · · · · · · · · · · · · · ·		X
	ing the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust?	X
If "Y	es," see instructions for other forms the organization may have to file.		
59 Ent	er the amount of texteempt interest received or accrued during the tax year 🕨 \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bo	st of my know	ledge and belief, it is true,
Sign	correct, and complete Declaration of exeparer (other than taxpayer) is based on all information of which preparer has any knowledge	_	<u> </u>
Here	I la land Department		May the IRS discuss this return with
	Signature of officer Date PRESIDENT		the preparer shown below (see
			instructions)? X Yes No
	Print/Type preparer's name Preparer's signature Date C	heck	if PTIN
Paid		elf- employe	d
Prepare	MADDERM WITGOTHO   Market Mark	, ,	P00543209
•	DVII OLGONYON DAVITAG	irm'e EIN 1	
Use On	"/	ırm's EIN	ZI-1120343
		Phone no.	212-286-2600
923711 01-27	7-20		Form 990-T (2019)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation   N/A	1				
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	2	7 Cost of goods sold Subtract line 6			ine 6			
3 Cost of labor	3	-	from line 5. Enter here	and in f	Part I,			
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to		Ye	s No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to			_
5 Total Add lines 1 through 4b	5		the organization?					X
Schedule C - Rent Income ( (see instructions)	From Real	Property and	Personal Property L	_ease	d With Real Prop	erty) 		
1 Description of property								
(1) EQUIPMENT RENTAL								
(2)								
(3)								
(4)								
	2 Rent receiv	ed or accrued						
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ige	3(a) Deductions directly columns 2(a) ar SEE STAT	nd 2(b) (atta	ach schedule)	e in
(1)			65,7	50.			13,	208.
(2)						•		
(3)								
(4)								
Total	0.	Total	65,7	50.				
(c) Total income Add totals of columns a here and on page 1, Part I, line 6, column	(A)	<b>&gt;</b>	65,7	50.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	13,	208.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)	I	3 Deductions directly con	nected wit	h or allocable	
			2 Gross income from		to debt-finance			
1 Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		Other deducti (attach schedul	ions le)
(1)		-						
(2)								
(3)		· · · · · · · · · · · · · · · · · · ·		<u> </u>				<u></u>
(4)								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to noed property n schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		Allocable dedu dumn 6 x total of 3(a) and 3(b)	columns
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)		ter here and on p art I, line 7, colum	•
Totals			•		0			0.
Total dividends-received deductions in	cluded in column	ı 8				-		0.
								<del></del>

Schedule F - Interest,	Annuities, Roy	alties, an	d Rents	From Co	ntrolle	d Organiza	itions	see ins	structio	ns)
	1		Exempt	Controlled C	rganızatı	ons				· · · · · · · · · · · · · · · · · · ·
1 Name of controlled organizat	ıde	Employer Intification number	3 Net uni (loss) (see	related income e instructions)	4 Tot payr	al of specified ments made	includ	rt of column 4 led in the contra ation's gross	rolling	6 Deductions directly connected with income in column 5
(1)					<del>                                     </del>		<u> </u>			<del></del>
(2)										
(3)		_							<u> </u>	<del>-</del>
(4)			<del>                                     </del>							<u> </u>
Nonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelated in (see instruc		<b>9</b> Total	of specified paymade	ments	10 Part of colur in the controlli	mn 9 tha	nization's	11 D	reductions directly connected th income in column 10
/1\						•				
(1)		<del></del>		<del></del>						
(2)			-							
(3)										
(4)				·						
						Add colum Enter here and line 8, c		1, Part I,	1	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals								0.		0.
Schedule G - Investme		Section	501(c)(7	7), (9), or (	17) Org	janization		<u> </u>		-
(566 1151)	ructions)					3 Deduction	ne			5 Total deductions
1 Desc	ription of income			2 Amount of	income	directly conne (attach sched	cted	4 Set- (attach s	asides schedule)	and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
				Enter here and Part I, line 9, co				-		Enter here and on page 1, Part I, line 9, column (B)
Totals			•		0.					0.
Schedule I - Exploited	•	ty Income	e, Other	Than Adv	ertisin	g Income				1
(see instru	T	1		1 4						
1. Description of exploited activity	2 Gross unrelated business income from trade or business	directly of with pro of unr	oenses onnected oduction elated s income	4 Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)		re and on , Part I, col (B)			3				Enter here and on page 1, Part II, line 25
Totals	0		0.							0.
Schedule J - Advertising										
Part I Income From I	Periodicals Re	ported or	n a Cons	solidated	Basis					
1 Name of periodical	2 Gros advertisii income	ng adve	3 Direct ertising costs			5 Circulat		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										]
(3)										_
(4)										
Totals (carry to Part II, line (5))	•	0.	0							0.
Totale (carry to rait ii, iiio (b))	<u> </u>			- 1		1 -				Form 990-T (2010)

## 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)	<del>-</del>							
(2)								
(3)	*							
(4)				•				
Totals fro	m Part I	•	0.	0.				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 26
	art II (lines 1-5)	<b>_</b>	0.	0.	<u> </u>			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2019)

## SCHEDULE M (Form 990-T)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

► Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No 1545-0047

ENTITY

13-3062419

501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Employer identification number

INTREPID MUSEUM FOUNDATION, INC. 541800 Unrelated Business Activity Code (see instructions)

For calendar year 2019 or other tax year beginning

	Describe the unrelated trade or business > SPONSORSH	IP:	REVENUE		
Pai	TI Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			1
2	Cost of goods sold (Schedule A, line 7)	2			-
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) ·	_5_			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				•
	organization (Schedule F)	8			•
9	Investment income of a section 501(c)(7), (9), or (17)				'
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule) STMT 6	12	115,000.		115,000.
13	Total. Combine lines 3 through 12	13	115,000.		115,000.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salanes and wages	15	2,153.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	237.
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return . 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	194.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 7	27	127,455.
28	Total deductions. Add lines 14 through 27	28	130,039.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-15,039.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) STMT 8	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	-15,039.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FOOTNOTES	STATEMENT 1
FORM 990-T, PART II, LINE 19 - TAXES AND LICENSES	
NEW YORK STATE FORM CT-13	250.
TOTAL TAXES	250.

92,383.

TOTAL TO FORM 990-T, PAGE 2, LINE 34

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ACCOUNTING FEES		2,000.
TOTAL TO FORM 990-T, PAGE 1, 1	LINE 27	2,000.
FORM 990-T	CONTRIBUTIONS	STATEMENT 3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH CONTRIBUTIONS	N/A	92,383.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 5
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES PAYROLL TAXES UTILITY COSTS				8,925. 713. 3,570.	
		- SUBTOTA	L - 1		13,208.
TOTAL TO FORM 9	90-т, schedui	LE C, COLUI	MIN 3		13,208.

		<del></del>			<del></del>
FORM 990-T	(M)	OTHER	INCOM	3	STATEMENT 6
DESCRIPTION	ſ				AMOUNT
SPONSORSHIP REVENUE					115,000.
TOTAL TO SCHEDULE M, PART I, LINE 12					115,000.
FORM 990-T (M) OTHER DEDUCTIONS					STATEMENT 7
DESCRIPTION					AMOUNT
BANNERS AND SIGNAGE MOVIE EQUIPMENT & RENTALS OTHER RENTAL EXPENSES OTHER EXPENSES					45,000. 34,205. 40,000. 8,250.
TOTAL TO SCHEDULE M, PART II, LINE 27					127,455.
SCHEDULE M	NET	OPERATING	LOSS	DEDUCTION	STATEMENT 8
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU APPLI	SLY	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	61,039.			61,039.	61,039.
NOL CARRYOVER AVAILABLE THIS YEAR				61,039.	61,039.