DLN: 93493311012130

OMB No. 1545-0047

2019

# Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

|                                | r the       | 2010 6  | alendar vear or tay vear begin                                   | ning 01-01-2019 , and ending 12-3               | 21-2010            |                                | _                        |                          |  |
|--------------------------------|-------------|---|--|---|--------------------|--------------------------------|--------------------------|--------------------------|--|
|                                |             | pplicable:                                      | C Name of organization   |   | 71 2015            | D Employ                       | er identi                | ification number         |  |
|                                |             | change  | INTREPID MUSEUM FOUNDATION IN                                    | С   |                    | 13-306                         | 2419                     |                          |  |
| □ Nar                          |             | -   | Doing business as  |   |                    | —l <sup>13 300</sup>           |                          |                          |  |
| ☐ Init                         |             | urn<br>n/terminated                             | INTREPID SEA-AIR-SPACE MUSEUM                                    |   |                    |                                |                          |                          |  |
|                                |             | return  | Number and street (or P.O. box if ma                             | ail is not delivered to street address) Room/su | uite               | E Telephor                     | ne numbe                 | r                        |  |
| □ App                          | olicatio    | on pending                                      | WEST 46TH ST 12TH AVE  |   |                    | (212) 2                        | 45-0072                  | 2                        |  |
|                                |             |   | City or town, state or province, coun<br>NEW YORK, NY 10036      | try, and ZIP or foreign postal code             |                    |                                |                          |                          |  |
|                                |             |   | HEW TORK, ITT 19000  |   |                    | <b>G</b> Gross re              | ceipts \$ 4              | 48,646,111               |  |
|                                |             |   | <b>F</b> Name and address of principal<br>SUSAN MARENOFF-ZAUSNER | l officer:                                      | H(a) I             | s this a group re              | turn for                 |                          |  |
|                                |             |   | WEST 46TH ST 12TH AVE  |   |                    | subordinates?                  |                          | □Yes <b>☑</b> No         |  |
|                                |             |   | NEW YORK, NY 10036   |   |                    | Are all subordinat<br>ncluded? | les                      | ☐ Yes ☐No                |  |
| [ lax                          | -exen       | npt status:                                     | <b>☑</b> 501(c)(3) ☐ 501(c)( ) <b>◄</b> (                        | insert no.) 4947(a)(1) or 527                   | 1                  | f "No," attach a               | •                        | •                        |  |
| J W                            | ebsit       | e:► WW  | /W.INTREPIDMUSEUM.ORG  |   | H(c) (             | Group exemption                | numbe                    | r 🟲                      |  |
|                                |             |   |  |   | I Voor of          | formation: 1982                | M State                  | e of legal domicile: NY  |  |
| <b>K</b> Form                  | of or       | ganization                                      | : 🗹 Corporation 🗌 Trust 🔲 Assoc                                  | ciation ☐ Other ►                               | L real of          | TOTTII audott. 1982            | PI State                 | e or regar dofffiche. NT |  |
| Pa                             | rt I        | Sum   | mary   |   |                    |                                |                          |                          |  |
|                                |             |   | scribe the organization's mission or                             | most significant activities:                    |                    |                                |                          |                          |  |
| a.                             | 5           | SEE SCHE  | DULE O   |   |                    |                                |                          |                          |  |
| <u> </u>                       | _           |   |  |   |                    |                                |                          |                          |  |
| Ĕ                              | _           |   |  |   |                    |                                |                          |                          |  |
| Governance                     |             |   |  | continued its operations or disposed of r       | more than          | 25% of its net a               | ssets.                   | 1                        |  |
| 5                              |             |   | of voting members of the governing                               |   |                    |                                | 3                        | 22                       |  |
| Activities &                   | 4           | Number o  | of independent voting members of                                 | the governing body (Part VI, line 1b) .         |                    |                                | 4                        | 22                       |  |
| ا <u>ا</u>                     | 5           | Total nun                                       | nber of individuals employed in cal                              | endar year 2019 (Part V, line 2a)               |                    |                                | 5                        | 486                      |  |
| §                              | 6           | Total nun                                       | 6  | 189   |                    |                                |                          |                          |  |
| <b>č</b>                       | 7a          | Total unr                                       | elated business revenue from Part                                | VIII, column (C), line 12                       |                    |                                | 7a                       | 167,542                  |  |
|                                | b           | Net unrel                                       | ated business taxable income from                                | 1 Form 990-T, line 39                           |                    |                                | 7b                       | 44,363                   |  |
|                                |             |   |  |   |                    | Prior Year                     |                          | Current Year             |  |
| <u>o</u> .                     | 8           | 8 Contributions and grants (Part VIII, line 1h) |  |   |                    |                                |                          | 5,412,29                 |  |
| Ravenue                        | 9           | Program   | service revenue (Part VIII, line 2g)                             | 19,564,   | 207                | 19,519,44                      |                          |                          |  |
| ξ.                             | 10          | Investme  | ent income (Part VIII, column (A), li                            | 2,537,  | 687                | 792,43                         |                          |                          |  |
|                                | 11          | Other rev                                       | venue (Part VIII, column (A), lines 5                            | 5, 6d, 8c, 9c, 10c, and 11e)                    |                    | 7,003,                         |                          | 6,295,98                 |  |
|                                |             |   |  | st equal Part VIII, column (A), line 12)        |                    | 34,468,                        | 777                      | 32,020,15                |  |
|                                | 13          | Grants ar                                       | nd similar amounts paid (Part IX, co                             | olumn (A), lines 1–3)....                       |                    | 79,                            | 602                      | 102,01                   |  |
|                                | 14          | Benefits  | paid to or for members (Part IX, co                              | lumn (A), line 4)                               |                    |                                | 0                        |                          |  |
| &                              | 15          | Salaries,                                       | other compensation, employee be                                  | nefits (Part IX, column (A), lines 5-10)        |                    | 20,834,                        | 20,834,987 20            |                          |  |
| Expenses                       | <b>16</b> a | Professio                                       | onal fundraising fees (Part IX, colun                            | nn (A), line 11e)                               |                    |                                | 0                        |                          |  |
| Ř                              |             |   | raising expenses (Part IX, column (D), li                        |   |                    |                                |                          |                          |  |
| ۳                              |             |   | penses (Part IX, column (A), lines 1                             | •   |                    | 14,035,                        | 818                      | 12,634,310               |  |
|                                |             |   | enses. Add lines 13–17 (must equ                                 | •         |                    | 34,950,                        |                          | 33,549,14                |  |
| (0)                            | 19          | Revenue   | less expenses. Subtract line 18 fro                              | om line 12                                      |                    | -481,                          |                          | -1,528,993               |  |
| Net Assets or<br>Fund Balances |             |   |  |   | Begin              | ining of Current Y             | 'ear                     | End of Year              |  |
| aar                            | 20          | Total ass                                       | ets (Part X, line 16)  |   |                    | 94,644,                        | 581                      | 96,789,670               |  |
| AB B                           |             |   | ilities (Part X, line 26)  |   |                    | 21,706,                        |                          | 21,124,170               |  |
| <u> </u>                       |             |   | s or fund balances. Subtract line 2                              |   |                    | 72,938,                        |                          | 75,665,500               |  |
|                                | rt II       |   | ature Block  |   |                    | , 2,550,                       |                          | , 3,003,00               |  |
| Jnder                          | pena        | alties of p                                     | erjury, I declare that I have exami                              | ned this return, including accompanying         |                    |                                |                          |                          |  |
|                                |             |   | f, it is true, correct, and complete.                            | Declaration of preparer (other than offi        | icer) is bas       | sed on all inform              | ation of                 | which preparer has       |  |
| any kr                         | iowie       | age.  |  |   |                    |                                |                          |                          |  |
|                                |             | *****   |  |   |                    | 2020-11-05                     |                          |                          |  |
| Sign                           |             | Signati   | ure of officer   |   |                    | Date                           |                          |                          |  |
| Here                           |             |   | MARENOFF-ZAUSNER PRESIDENT                                       |   |                    |                                |                          |                          |  |
|                                |             | 17  | r print name and title   |   |                    | ·                              |                          |                          |  |
| _                              | _           | P   | rint/Type preparer's name  |   | Date<br>2020-11-05 |                                | PTI <b>N</b><br>P0054320 | 09                       |  |
| Paid                           |             | <u> </u>  | Timely warms. A DIVE OLGONOUS DAY THE                            |   |                    | self-employed                  |                          |                          |  |
| Prep                           |             | ;ı  | irm's name PKF O'CONNOR DAVIES                                   | o LLY   |                    | Firm's EIN ► 27                | -1/28945                 |                          |  |
| Use                            | On          | ly ြ  | ïrm's address ▶ 665 FIFTH AVENUE                                 |   |                    | Phone no. (212)                | 286-2600                 | )                        |  |
|                                |             |   | NEW YORK, NY 10022   |   |                    |                                |                          |                          |  |
| Mav H                          | ne IR       | S discuss                                       | this return with the preparer show                               | yn above? (see instructions)                    |                    |                                | <b>▽</b>                 | Yes 🗆 No                 |  |

| Form  | 990 (2019)   |  |  |   |  | Page <b>2</b>  |
|---|--|--|--|---|--|--|
| Pa  | rt III Statement   | of Program Ser   | vice Accomplis   | hments  |  |  |
|   | Check if Sched   | dule O contains a re   | esponse or note to   | any line in this Part III   |  | 🗹  |
| 1   | Briefly describe the o   |  |  |   |  |  |
| HIST<br>THE I<br>THAT<br>PROG<br>PUBL<br>MISS | ORY, SCIENCE AND SE<br>PUBLIC AND INSPIRE C<br>OFFER INTERPRETATI<br>GRAMS FOR STUDENTS<br>IC EVENTS FOR YOUTH | RVICE THROUGH IT<br>DUR YOUTH. THE MI<br>ONS OF AMERICAN<br>; AND 3) PLAYING<br>H, FAMILIES, SENIC | FS COLLECTIONS, I<br>USEUM'S MISSION<br>AND GLOBAL HIST<br>AN INTEGRAL ROLE<br>OR CITIZENS, VETE | EXHIBITIONS AND PRO<br>IS REALIZED IN THREE<br>FORY; 2) PROVIDING II<br>E IN THE LOCAL AND N<br>RANS, AND THE MEN A | M PROMOTES THE AWARENESS A GRAMMING IN ORDER TO HONO E WAYS: 1) DISPLAYING COLLEC NOVATIVE SCIENCE, HISTORY A ATIONAL COMMUNITY BY HOSTII ND WOMEN IN SERVICE TO OUR G, WHETHER PROGRAMMATIC, CI | R OUR HEROES, EDUCATE TIONS AND EXHIBITIONS AND LEADERSHIP NG A WIDE RANGE OF NATION. THE MUSEUM'S |
| 2   | -  | , ,  |  | ,   | hich were not listed on  |  |
|   | the prior Form 990 or  |  |  |   |  | 🗌 Yes 🗹 No   |
| _   | If "Yes," describe the   |  |  |   |  |  |
| 3   | _  | <u>.</u>   | _  | changes in how it cond  | ucts, any program  | □ Yes ☑ No   |
|   | services?  |  |  |   |  | ∟ Yes ⊻ No   |
| _   | If "Yes," describe the   | -  |  |   |  |  |
| 4   |  | d 501(c)(4) organiz  | ations are required  | to report the amount of   | largest program services, as me<br>of grants and allocations to other  |  |
| 4a  | (Code:   | ) (Expenses \$   | 20,337,524   | including grants of \$  | ) (Revenue \$  | 18,863,309 )   |
|   | See Additional Data  |  | · ,  |   |  |  |
| 4b  | (Code:   | ) (Expenses \$   | 6,119,823  | including grants of \$  | 102,016 ) (Revenue \$  | 656,138 )  |
|   | See Additional Data  | , (  |  |   |  |  |
| 4c  | (Code:   | ) (Expenses \$   | 1,894,311  | including grants of \$  | ) (Revenue \$  | )  |
|   | See Additional Data  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  |   |  | ,<br>  |
|   | (Code:   | ) (Expenses \$   | 120,528  | including grants of \$  | ) (Revenue \$  | )  |
|   | ORGANIZATIONS WITH I<br>ORIGINALLY FOUNDED E   | RELATED MISSIONS: T<br>BY THE INTREPID MUS   | THE INTREPID FALLEN<br>EUM FOUNDATION. TH  | HEROES FUND (IFHF) AND  | AM SUPPORT AND ADMINISTRATIVE SE<br>THE INTREPID RELIEF FUND (IRF), BO<br>CLUDES BUT IS NOT LIMITED TO PERS<br>PORT, ALL AT NO COST.   | OTH OF WHICH WERE  |
| 4d  | Other program service  | es (Describe in Sch  | edule O.)  |   |  |  |
|   | (Expenses \$   | •  | including grants of  | \$  | ) (Revenue \$  | )  |
| 4e  | Total program serv   | ice expenses >   | 28,472,1   | 86  |  |  |

| Form | 990 (2019)  |     |     | Page <b>3</b> |
|------|---|-----|-----|---------------|
| Par  | 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)? If "Yes," complete Schedule A   | 1   | Yes |               |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞   | 2   | Yes |               |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I "  | 3   |     | No            |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   | Yes | _             |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | No            |
| 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>   | 6   |     | No            |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | No            |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🥦   | 8   | Yes |               |
| 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? If "Yes," complete Schedule D, Part IV             | 9   |     | No            |
| 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>   | 10  | Yes |               |
| 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.   |     |     |               |
|      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  | 11a | Yes |               |
|      | 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? If "Yes," complete Schedule D, Part VII 🥞   | 11b |     | No            |
|      | 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? If "Yes," complete Schedule D, Part VIII 2   | 11c |     | No            |
|      | 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? If "Yes," complete Schedule D, Part IX  | 11d |     | No            |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e | Yes |               |
| 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)? If "Yes," complete Schedule D, Part X  | 11f | Yes |               |
| 12a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a | Yes |               |
| b    | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b | 103 | No            |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | No            |
| 14a  | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No            |
| 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? If "Yes," complete Schedule F, Parts I and IV | 14b |     | No            |
| 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? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | No            |
| 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? If "Yes," complete Schedule $F$ , Parts $III$ and $IV$ .   | 16  |     | No            |
| 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? If "Yes," complete Schedule G, Part I(see instructions)  | 17  |     | No            |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | Yes |               |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No            |
| ∠∪a  | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | No            |

 $\mathbf{b}$  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? If "Yes," complete Schedule I, Parts I and II . . . . . .

20b

21

Yes

| m ' | 990 (2019)  |     |      | Pag            |
|-----|---|-----|------|----------------|
| art | Checklist of Required Schedules (continued)   |     |      |                |
|     |   |     | Yes  | No             |
|     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |      | No             |
|     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  | 23  | Yes  |                |
|     | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  | 24a |      | No             |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |      |                |
|     | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |      |                |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |      |                |
|     | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |      | No             |
|     | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 25b |      | No             |
|     | Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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? If "Yes," complete Schedule L, Part II   | 26  |      | No             |
|     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27  |      | No             |
|     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |      |                |
|     | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV  | 28a | <br> | l<br>No        |
|     | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b |      | No             |
|     | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV   | 28c |      | N              |
|     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸  | 29  | Yes  |                |
|     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  | Yes  |                |
|     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |      | N <sub>1</sub> |
|     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II  | 32  |      | N <sub>1</sub> |
|     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33  |      | N-             |
|     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34  | Yes  |                |
|     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |      | N              |
|     | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2  | 35b |      |                |
|     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |      | N-             |
|     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |      | No             |
|     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38  | Yes  |                |
| ali | Statements Regarding Other IRS Filings and Tax Compliance   |     |      |                |
| _   | Check if Schedule O contains a response or note to any line in this Part V  |     |      | 므              |
|     |   |     | Yes  | N              |
|     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 111   |     |      |                |
|     | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .   1b   0  |     |      | ĺ              |

**1**c

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|--------|---|------------|-----|--------|
| Pai    | Statements Regarding Other IRS Filings and Tax Compliance (continued)   |            |     |        |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return   |            |     |        |
|        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   | 2b         | Yes |        |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a         | Yes |        |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   | 3b         | Yes |        |
|        | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 4a         |     | No     |
| 52     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a         |     | No     |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |            |     | No     |
|        |   | 5b<br>5c   |     |        |
|        | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a         |     | No     |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6b         |     |        |
| 7      | Organizations that may receive deductible contributions under section 170(c).   |            |     |        |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a         | Yes |        |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b         | Yes |        |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c         |     | No     |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year   |            |     |        |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e         |     | No     |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f         |     | No     |
| _      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g         |     |        |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h         |     |        |
| 8      | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  | 8          |     |        |
| 9      | Sponsoring organizations maintaining donor advised funds.   |            |     |        |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a         |     |        |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b         |     |        |
| 10     | Section 501(c)(7) organizations. Enter:   |            |     |        |
|        | Initiation fees and capital contributions included on Part VIII, line 12 10a  |            |     |        |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |            |     |        |
| 11     | Section 501(c)(12) organizations. Enter:  |            |     |        |
| a      | Gross income from members or shareholders   |            |     |        |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  |            |     |        |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a        |     |        |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  |            |     |        |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |            |     |        |
|        | Is the organization licensed to issue qualified health plans in more than one state?  | 13a        |     |        |
|        | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   |            |     |        |
|        | Enter the amount of reserves on hand  | 14a        |     | No     |
|        | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .  | 14a<br>14b |     | 140    |
|        | If the arganization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess  | 140        |     |        |
|        | parachute payment(s) during the year?   | 15         |     | No .   |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.   | 16         |     | No     |

| Pai | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI | •          | onse to i | lines<br><b>V</b> |
|-----|---|------------|-----------|-------------------|
| Se  | ction A. Governing Body and Management  | <u> </u>   |           |                   |
|     | ation At Coverning Body and Hanagement  |            | Yes       | No                |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year   1a   22   |            |           |                   |
|     | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.   |            |           |                   |
| b   | Enter the number of voting members included in line 1a, above, who are independent  1b 22   |            |           |                   |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2          | Yes       |                   |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?   | 3          |           | No                |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .  | 4          |           | No                |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5          |           | No                |
| 6   | Did the organization have members or stockholders?  | 6          |           | No                |
| 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?  | 7a         |           | No                |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b         |           | No                |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |            |           |                   |
| а   | The governing body?   | 8a         | Yes       |                   |
| b   | Each committee with authority to act on behalf of the governing body?   | <b>8</b> b | Yes       |                   |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9          |           | No                |
| Se  | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue  | : Code     | e.)       |                   |
|     |   |            | Yes       | No                |
| L0a | Did the organization have local chapters, branches, or affiliates?  | 10a        |           | No                |
| b   | 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?  | 10b        |           |                   |
| L1a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a        | Yes       |                   |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990  |            |           |                   |
| L2a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a        | Yes       |                   |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b        | Yes       |                   |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  | 12c        | Yes       |                   |
| L3  | Did the organization have a written whistleblower policy?   | 13         | Yes       |                   |
| L4  | Did the organization have a written document retention and destruction policy?  | 14         | Yes       |                   |
| L5  | 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?  |            |           |                   |
| а   | The organization's CEO, Executive Director, or top management official  | 15a        | Yes       |                   |
| b   | Other officers or key employees of the organization   | 15b        | Yes       |                   |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |            |           |                   |
| L6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   | 16a        |           | No                |
| Ь   | 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?    | 16b        |           |                   |
| Se  | ction C. Disclosure   |            |           |                   |
| L7  | List the states with which a copy of this Form 990 is required to be filed  NY , AL , AR , CA , CO , FL , GA , HI , IL , k , MN , MS , NH , NJ , NM , NC , ND , OH , C UT , VA , WV , WI  |            |           |                   |
| L8  | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.   |            |           |                   |
|     | ☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  |            |           |                   |
| L9  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.   |            |           |                   |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records:  PATRICIA BEENE CHIEF FINANCIALADMIN OFFICER WEST 46TH ST 12TH AVE NEW YORK, NY 10036 (646) 381-5250  |            |           |                   |

Name and title

Part VII

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

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

 $\checkmark$ 

(F)

Estimated

amount of other

compensation

from the

Reportable

compensation

from related

organizations

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

organization and any related organizations.

• List all of the organization's former officers, key employees, or 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 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) (C) (B) (D) (E)

Position (do not check more

than one box, unless person

is both an officer and a

director/trustee)

Reportable

compensation

from the

organization

Average

hours per

week (list

any hours

|                           | for rolated   | ,                                 |                       |         |              |                              |        | (14/ 2/1000         | (1)/ 2/1000         | organization and                             |
|---------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------|---------------------|--|
|                           | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-<br>MISC) | (W-2/1099-<br>MISC) | organization and<br>related<br>organizations |
| See Additional Data Table |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |
|                           |   |                                   |                       |         |              |                              |        |                     |                     |  |

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

Page 8

|          | <b>(A)</b><br>Name and title   | (B) Average hours per week (list any hours | Average hours per week (list any hours for related |                       |          |                 |                              |        | (D) Reporta compens from t organiza | able<br>sation<br>the<br>ation | (E) Reportable compensation from related organizations |         | Estima<br>amount o<br>compens<br>from t | ited<br>f other<br>sation<br>the |  |
|----------|--|--|--|-----------------------|----------|-----------------|------------------------------|--------|-------------------------------------|--------------------------------|--|---------|---|----------------------------------|--|
|          |  | organizations<br>below dotted<br>line)     | Individual trustee<br>or director                  | Institutional Trustee | Officer  | Key employee    | Highest compensated employee | Former | - (W-2/10<br>МISC                   |                                | (W-2/1099-<br>MISC)                                    |         | organizati<br>relati<br>organiza        | ed                               |  |
| See A    | Additional Data Table  |  |  |                       |          |                 |                              |        |                                     |                                |  |         |   |                                  |  |
|          |  | <u> </u>                                   |  | igspace               | <u> </u> | $oxed{igspace}$ | <u> </u>                     |        |                                     |                                |  |         |   |                                  |  |
|          |  |  | <u> </u>   | $\vdash$              | <u> </u> | $\vdash$        | ┼                            |        |                                     |                                |  |         |   |                                  |  |
| <u> </u> |  |  |  |                       |          |                 |                              | +      |                                     |                                |  |         |   |                                  |  |
|          |  |  | <del>                                     </del>   | $\vdash$              | +        | $\vdash$        | +                            | H      |                                     |                                |  | +       |   |                                  |  |
|          |  |  |  | $\top$                | $\Box$   |                 | +                            |        |                                     |                                |  |         |   |                                  |  |
|          |  |  |  |                       |          |                 |                              |        |                                     | _                              |  |         |   |                                  |  |
|          |  |  |  | $\bot$                | <u> </u> | lacksquare      |                              |        |                                     |                                |  |         |   |                                  |  |
|          |  |  |  | <u></u>               |          | <u> </u>        | <u> </u>                     |        |                                     | - 1                            |  | $\perp$ |   |                                  |  |
|          | ub-Total otal from continuation sheets to Pa   | <br>art VII, Section                       | <br>А.   | <i>:</i> :            |          |                 | <b>▶</b>                     |        |                                     |                                |  |         |   |                                  |  |
|          |  |  |  |                       |          |                 |                              |        | 3,940                               |                                |  | 0       |   | 387,196                          |  |
| 2        | Total number of individuals (including of reportable compensation from the o                 |  |  | e list                | 30 a     | DOV             | e) wnc                       | ) rece | elvea more                          | than pi                        | 00,000   |         |   |                                  |  |
| 3        | Did the aurenization list any former   | - fficer director                          | bruch  | k                     |          |                 | 21/20                        | hi     | -l-set comp                         | tod                            |  |         | Yes                                     | No                               |  |
| 3        | Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i> |  |  | ee, K                 | • •      | mbii            | oyee,                        | )<br>- | gnest comp                          | ensateu<br>• •                 | • •  | 3       |   | No                               |  |
| 4        | For any individual listed on line 1a, is organization and related organizations individual   |  |  |                       |          |                 |                              |        |                                     |                                | n the  | 4       | Yes                                     |                                  |  |
| 5        | Did any person listed on line 1a receiv<br>services rendered to the organization?            |  | •  |                       |          | •               |                              |        | _                                   | n or indi                      | vidual for   | 5       | 1 1                                     | No                               |  |
|          | ction B. Independent Contract  |  |  |                       |          | _               |                              |        |                                     |                                |  |         |   |                                  |  |
| 1        | Complete this table for your five higher from the organization. Report compensation.         | nsation for the c                          |  |                       |          |                 |                              |        |                                     |                                |  | nper    |   |                                  |  |
|          |  | (A)<br>and business addre                  | ess  |                       |          |                 |                              |        |                                     |                                | (B)<br>ription of services                             |         | (C<br>Compen                            | sation                           |  |
|          | HASTINGS LLP<br>ARK AVENUE   |  |  |                       |          |                 |                              |        | LEC                                 | GAL SERV                       | ICES   |         |   | 171,786                          |  |
| NEW Y    | YORK, NY 10166<br>UCK STUDIO INC   |  |  |                       |          |                 |                              |        |                                     | RKFTING                        | SERVICES   |         |   | 155,000                          |  |
| 20 JAY   | ST SUITE 524   |  |  |                       |          |                 |                              |        |                                     |                                | JENVICES .   |         |   | 100,000                          |  |
| CH2M     | KLYN, NY 11201<br>HILL   |  |  |                       |          | —               |                              |        | EN:                                 | GINEERIN                       | NG SERVICES  |         |   | 151,311                          |  |
|          | X 201869<br>S, TX 753201869  |  |  |                       |          |                 |                              |        |                                     |                                |  |         |   |                                  |  |
| PKF O'   | CONNOR DAVIES LLP  |  |  |                       |          |                 |                              |        | AC                                  | COUNTIN                        | G & AUDIT SERVICE                                      | S       |   | 117,840                          |  |
|          | FTH AVENUE<br>ORK, NY 10022  |  |  |                       |          |                 |                              |        |                                     |                                |  |         |   |                                  |  |

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

compensation from the organization ▶ 4

|   |                | (2019)  | -6 5           |                           |            |                     |                        |   |   | Page <b>9</b>                                |
|---|----------------|---|----------------|---------------------------|------------|---------------------|------------------------|---|---|--|
| Part  | VIII           | <del></del>   |                |                           | respo      | onse or note to anv | line in this Part VIII |   |   | 🗆  |
|   |                |   |                |                           |            |                     | (A)<br>Total revenue   | ( <b>B)</b><br>Related or<br>exempt<br>function | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections |
| 10  | 1:             | a Federated campa   | igns           | ·                         | 1a         |                     |                        | revenue   |   | 512 - 514                                    |
| Grants Amounts  |                | <b>b</b> Membership dues  | s .            |                           | <b>1</b> b | 589,551             |                        |   |   |  |
| Gra<br>mo   |                | <b>c</b> Fundraising even   | ts .           | . [                       | 1c         | 1,722,492           |                        |   |   |  |
| Gifts,<br>nilar A   |                | d Related organiza  | tions          | 5                         | 1d         |                     |                        |   |   |  |
| ie<br>Bila  |                | e Government grants   | (con           | tributions)               | 1e         | 845,346             |                        |   |   |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1              | f All other contributio<br>and similar amounts<br>above             | ns, g<br>s not | ifts, grants,<br>included | 1f         | 2,254,902           |                        |   |   |  |
| ntribu<br>d Oth   | ļ              | g Noncash contributio<br>lines 1a - 1f:\$                           | ns in          | cluded in                 | 1g         | 140,842             |                        |   |   |  |
| Cont  |                | <b>h Total.</b> Add lines :   | 1a-1           | f                         |            | •                   | 5,412,291              |   |   |  |
|   |                |   |                |                           |            | Business Code       | 10.774.405             | 40 774 405                                      |   |  |
| an a  | 2a             | ADMISSIONS  |                |                           |            | 900099              | 18,771,185             | 18,771,185                                      |   |  |
| Program Service Revenue                                   | b              | MUSEUM TOURS & EX   | KHIBI          | ITS                       |            | 900099              | 490,337                | 490,337   |   |  |
| vice R  | c              | EDU. PGMS & WORKS   | SHOP           | S                         |            | 900099              | 165,801                | 165,801   |   |  |
| ım Ser  | d              | MEMBERSHIPS   |                |                           |            | 900099              | 92,124                 | 92,124  |   |  |
| ¥ogra   | е              | ·   |                |                           |            |                     |                        |   |   |  |
| •   | f              | All other program   | serv           | rice revenue.             |            |                     |                        |   |   |  |
|   | g              | Total. Add lines 2  | 2a-2           | f                         | •          | 19,519,447          |                        |   |   |  |
|   | 3              | Investment income similar amounts)                                  | (inc           | luding divide             | nds, i     | nterest, and other  | 615,92                 | 1   |   | 615,921                                      |
|   |                | Income from invest  |                |                           |            |                     |                        |   |   |  |
|   |                |   |                |                           |            |                     | •                      |   |   |  |
|   |                |   |                | (i) Rea                   |            | (ii) Personal       |                        |   |   |  |
|   | 6a             | Gross rents   | 6a             | 4,9                       | 68,738     | 65,75               | 0                      |   |   |  |
|   | b Less: rental |   |                |                           | _          |                     |                        |   |   |  |
|   | _              | expenses<br>Rental income   | 6b             |                           | 0          | 13,20               | 8                      |   |   |  |
|   | C              | or (loss)   | 6c             | 4,9                       | 68,738     | 52,54               | 2                      |   |   |  |
|   | C              | Net rental income   | or             |                           |            | <u> </u>            | 5,021,28               | )   | 52,542                                  | 4,968,738                                    |
|   | _              | C   |                | (i) Securit               | ies        | (ii) Other          | _                      |   |   |  |
|   | /a             | 7a Gross amount from sales of assets other than inventory           |                |                           | 26,00      | 0                   |                        |   |   |  |
|   | b              | Less: cost or other basis and sales expenses                        | 7b             | 16,4                      | 78,497     | ,                   | 0                      |   |   |  |
|   | c              | Gain or (loss)  | 7с             | 1                         | 50,513     | 26,00               | 0                      |   |   |  |
|   | c              | l Net gain or (loss)  | •              |                           |            |                     | 176,51                 | 3   |   | 176,513                                      |
| Other Revenue   | 8a             | Gross income from fu<br>(not including \$<br>contributions reported | 1<br>d on      | ,722,492 of line 1c).     |            |                     |                        |   |   |  |
| 3e√   |                | See Part IV, line 18  |                |                           | 8a<br>8b   | 96,500<br>134,250   |                        |   |   |  |
| er f  |                | Less: direct expen<br>Net income or (los                            |                |                           |            | · ·                 |                        |   |   | -37,750                                      |
| oth   |                | •   | ,              |                           |            |                     |                        |   |   |  |
|   | 9a             | Gross income from See Part IV, line 19                              |                | ing activities.           | 9a         |                     |                        |   |   |  |
|   |                | Less: direct expen  |                |                           | 9b         |                     |                        |   |   |  |
|   | C              | Net income or (los  | s) fr          | om gaming a               | ctiviti    | ies 📂               | _                      |   |   |  |
|   | 10             | aGross sales of inve  |                |                           | 10a        |                     |                        |   |   |  |
|   | b              | Less: cost of good  | s so           | ld                        | 10b        |                     | -                      |   |   |  |
|   |                | Net income or (los  |                |                           | nvent      | ory <b>&gt;</b>     | _                      |   |   |  |
|   |                | Miscellaneo   |                |                           |            | Business Code       |                        |   |   |  |
|   | 11             | La CONCESSIONS  |                |                           |            | 90009               | 9 1,182,42             | <del>1</del>                                    |   | 1,182,424                                    |
|   | Ł              | SPONSORSHIP RE  | VEN            | IUE                       |            | 90009               | 9 115,00               | 0   | 115,000                                 |  |
|   | c              | MISCELLANEOUS   | INC            | OME                       |            | 90009               | 9 15,03                | 0   |   | 15,030                                       |
|   | ,              | All other revenue   | _              |                           |            |                     |                        |   |   |  |
|   |                | Total. Add lines 1  |                |                           |            | >                   |                        | 1   | 1                                       |  |
|   | 12             | <b>2 Total revenue.</b> S   | ee ir          | nstructions .             |            | 🛌                   | 1,312,45               |   |   |  |
|   |                |   |                | ·- •                      |            |                     | 32,020,15              | 19,519,447                                      | 167,542                                 | 6,920,876                                    |

| Form 990 (2019)  |                        |                                    |   | Page <b>10</b>                        |
|--|------------------------|------------------------------------|---|---------------------------------------|
| Part IX Statement of Functional Expenses   |                        |                                    |   |                                       |
| Section 501(c)(3) and 501(c)(4) organizations must co  |                        | _                                  |   | mn (A).                               |
| Check if Schedule O contains a response or note to an  | y line in this Part IX |                                    |   | <u> U</u>                             |
| Do not include amounts reported on lines 6b,<br>7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses  | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 102,016                | 102,016                            |   |                                       |
| Grants and other assistance to domestic individuals. See Part IV, line 22  |                        |                                    |   |                                       |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  |                        |                                    |   |                                       |
| 4 Benefits paid to or for members  |                        |                                    |   |                                       |
| 5 Compensation of current officers, directors, trustees, and key employees   | 3,354,525              | 2,839,714                          | 319,333                                   | 195,478                               |
| <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  | 13,692,299             | 11,590,974                         | 1,303,435                                 | 797,890                               |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)   | 112,144                | 101,401                            | 6,769                                     | 3,974                                 |
| 9 Other employee benefits  | 2,200,359              | 1,973,356                          | 142,604                                   | 84,399                                |
| <b>10</b> Payroll taxes  | 1,453,494              | 1,297,747                          | 97,701                                    | 58,046                                |
| 11 Fees for services (non-employees):  |                        |                                    |   |                                       |
| a Management   |                        |                                    |   |                                       |
| <b>b</b> Legal   | 101,399                | 83,472                             | 17,481                                    | 446                                   |
| c Accounting   | 106,340                | 71,309                             | 24,384                                    | 10,647                                |
| <b>d</b> Lobbying  | 114,552                |                                    | 114,552                                   |                                       |
| e Professional fundraising services. See Part IV, line 17  |                        |                                    |   |                                       |
| f Investment management fees   | 136,151                |                                    | 136,151                                   |                                       |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 563,496                | 431,085                            | 44,756                                    | 87,655                                |
| 12 Advertising and promotion   | 1,458,794              | 1,365,352                          | 19,411                                    | 74,031                                |
| 13 Office expenses   | 759,430                | 647,300                            | 79,741                                    | 32,389                                |
| 14 Information technology  | 279,433                | 200,354                            | 57,588                                    | 21,491                                |
| 15 Royalties   |                        |                                    |   |                                       |
| 16 Occupancy   | 1,556,440              | 1,376,672                          | 162,581                                   | 17,187                                |
| 17 Travel  | 163,169                | 141,598                            | 14,933                                    | 6,638                                 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .  | · .                    |                                    |   | · · · · · · · · · · · · · · · · · · · |
| 19 Conferences, conventions, and meetings  | 65,527                 | 56,864                             | 5,997                                     | 2,666                                 |
| <b>20</b> Interest   | 330,454                | 273,165                            | 55,863                                    | 1,426                                 |
| 21 Payments to affiliates  | ,                      | ,                                  | ·   | · ·                                   |
| 22 Depreciation, depletion, and amortization   | 4,274,358              | 3,521,698                          | 733,929                                   | 18,731                                |
| 23 Insurance   | 74,076                 | 61,255                             | 12,502                                    | 319                                   |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                        | 33,233                             |   |                                       |
| a EVENT & PROGRAM EXPENSE  | 1,069,877              | 848,235                            | 25,384                                    | 196,258                               |
| b REPAIRS AND MAINTENANCE  | 835,585                | 808,668                            | 25,238                                    | 1,679                                 |
| c CONTRACT SVC/ RENTAL EQ  | 373,525                | 353,703                            | 15,145                                    | 4,677                                 |
| d OTHER OPERATING EXPENSE  | 298,675                | 263,328                            | 23,197                                    | 12,150                                |
| e All other expenses   | 73,029                 | 62,920                             | 6,965                                     | 3,144                                 |
| 25 Total functional expenses. Add lines 1 through 24e  | 33,549,147             | 28,472,186                         | 3,445,640                                 | 1,631,321                             |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                    |                        |                                    |   | · · ·                                 |
| Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).  |                        |                                    |   |                                       |

Form 990 (2019)

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Liabilities 22 Intangible assets .

Grants payable .

386,377

47,636,433

31,564,672

96,789,670

2,886,161

3.196.312

9,681,250

5,360,447

21.124.170

42,972,090

32,693,410

75,665,500

96,789,670

Form 990 (2019)

(B) End of year

Page **11** 

| Check if Schedule O contains a response or note to any line in this Part IX . |  |     |   |
|---|--|-----|---|
|   |  | Box | ~ |

| L | Cash-non-interest-bearing   | 6,777,432 | 1 | 7,631,911 |
|---|---|-----------|---|-----------|
| 2 | Savings and temporary cash investments  | 6,321,947 | 2 | 6,470,286 |
| 3 | Pledges and grants receivable, net  | 1,785,949 | 3 | 850,830   |
| 4 | Accounts receivable, net  | 1,983,648 | 4 | 2,249,161 |
| 5 | Loans and other payables to any current or former officer, director, trustee, |           |   |           |

key employee, creator or founder, substantial contributor, or 35% controlled section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Assets Inventories for sale or use . . Prepaid expenses and deferred charges .

Investments—other securities. See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Loans and other receivables from other disqualified persons (as defined under 10a Land, buildings, and equipment: cost or other 10a 120,251,417 basis. Complete Part VI of Schedule D 10b 72,614,984 b Less: accumulated depreciation 11 Investments—publicly traded securities .

Beginning of year

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189,294

50,876,369

26,709,942

94,644,581

3,344,281

3.035.986

9,865,000

5,460,753

21.706.020

43,773,349

29,165,212

72,938,561

94,644,581

3a

3h

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

#### **Additional Data**

**Software ID:** 

Software Version:

**EIN:** 13-3062419

Name: INTREPID MUSEUM FOUNDATION INC

Form 990 (2019)

#### Form 990, Part III, Line 4a:

EXHIBITS AND MUSEUM SERVICES: IN FY 2019. THE MUSEUM ONCE AGAIN SURPASSED MORE THAN 1 MILLION VISITORS. THE INTRODUCTION OF FREE FRIDAYS (SEVEN FREE NIGHTS FROM APRIL THROUGH OCTOBER) AND A 30% SURGE IN ATTENDANCE DURING THE MUSEUM'S ANNUAL FLEET WEEK HELPED TO GROW YEARLY ATTENDANCE. AS PART OF OUR COMMITMENT TO ENHANCE THE VISITORS' EXPERIENCE, THE MUSEUM INTRODUCED A NEW CONCORDE EXPERIENCE IN THE LATTER HALF OF 2019. THIS NEW TIMED OFFERING PROVIDED AN INCREASED NUMBER OF VISITORS WITH THE OPPORTUNITY TO INTERACT WITH MUSEUM STAFF INSIDE THE AIRCRAFT FOR A MORE INTIMATE EXPERIENCE. THE EXPERIENCE QUICKLY SOLD OUT THE MAJORITY OF ITS TIME SLOTS. THE VISITOR SERVICES TEAM ALSO ADDED A NEW SUBSET OF STAFF "VISITOR ENGAGEMENT SPECIALISTS" -- DEPLOYED AT KEY LOCATIONS THROUGHOUT THE MUSEUM COMPLEX TO PROVIDE ENHANCED INTERPRETATION. THIS COMMITMENT TO THE MUSEUM'S CORE STRATEGIC PRINCIPLES HAS PROVIDED ADDITIONAL TOUCHPOINTS TO LEVERAGE THE DYNAMIC CONTENT AND EXHIBITIONS CURRENTLY ON DISPLAY, GROUPIN FY 2019, THE MUSEUM'S GROUP SALES OFFERINGS INCLUDED A VARIETY OF PROGRAMS FOR MANY DIFFERENT GROUP TYPES. THESE PROGRAMS WERE ALIGNED WITH THE MUSEUM'S MISSION AND OFFERED ITS GUESTS THE OPPORTUNITY TO EXPLORE AND LEARN IN AN INFORMAL SETTING. THE MUSEUM OFFERED SPECIALIZED CHILDREN'S BIRTHDAY PARTIES WITH THEMES OF SEA, AIR AND SPACE, CONSISTENT WITH OUR EXHIBITIONS. WE HOSTED 161 BIRTHDAY PARTIES ATTENDED BY OVER 5,957 GUESTS ABOARD INTREPID. OUR OVERNIGHT PROGRAM, OPERATION SLUMBER, SUCCESSFULLY COMPLETED 23 OVERNIGHTS INVOLVING 5,575 CHILDREN AND THEIR PARENTS AND CHAPERONES (A RECORD-BREAKING YEAR). THE MUSEUM WELCOMED DAY CAMP GROUPS DURING THE SUMMER MONTHS ATTENDED BY 9,992 CHILDREN AND ADULTS. A TOTAL OF 96,444 GUESTS CAME THROUGH OUR RECEPTIVE OPERATORS, AND 18,140 GUESTS VIA OUR TOUR OPERATOR PARTNERS. THE INSTITUTION CONTINUED TO HOST YOUTH ORCHESTRAS, BANDS, CHOIRS AND DANCE GROUPS FOR PERFORMANCES ON BOARD AS A PART OF THEIR GROUP ADMISSION, GIVING THEM THE OPPORTUNITY TO HONOR AND INSPIRE BY SHARING THEIR PERFORMANCES WITH MUSEUM GUESTS. THE MUSEUM ALSO HOSTED COMMISSIONING CEREMONIES ON BOARD, WHICH INCLUDED COMPLIMENTARY ADMISSION TO VETERAN AND ACTIVE MEMBERS OF THE MILITARY AND THEIR FAMILIES TO CELEBRATE A MILITARY ENLISTMENT OR PROMOTION, AS WELL AS RETIREMENT CEREMONIES. IN FY 2019, WE HOSTED SEVEN COMMISSIONING CEREMONIES WITH OVER 620 GUESTS ATTENDING AS WELL AS GROUPS OF VETERAN OR ACTIVE MILITARY GUESTS COMING FOR MUSEUM VISITS. VOLUNTEERS: ANOTHER AREA OF CONTINUED GROWTH IN FY 2019 WAS THE EXPANSION AND ENHANCEMENT OF OUR MUSEUM VOLUNTEER PROGRAM. RESEARCH AND REVIEWS NOTE THAT INTERACTION WITH OUR VOLUNTEERS IS ONE OF OUR VISITORS' FAVORITE ASPECTS OF THE MUSEUM EXPERIENCE. OUR ACTIVE AND GROWING TEAM OF VOLUNTEERS, MANY OF WHOM ARE VETERANS (FROM EVERY BRANCH OF THE MILITARY) AND SOME OF WHOM ARE INTREPID FORMER CREW MEMBERS, OFFER THE PUBLIC A UNIQUE PERSPECTIVE ON OUR EXHIBITS AND ARTIFACTS, WITH STORIES AND ANECDOTES FROM THEIR OWN SERVICE TO OUR COUNTRY. IN FY 2019, 160 VOLUNTEERS GAVE MORE THAN 23,455 HOURS OF THEIR TIME TO THE MUSEUM. THE YEAR'S VOLUNTEERS INCLUDED MORE FORMER CREW MEMBERS THAN IN PREVIOUS YEARS. IN ADDITION TO WORKING WITH THE PUBLIC, VOLUNTEERS ASSISTED IN THE INFORMATION TECHNOLOGY, INSTITUTIONAL ADVANCEMENT, FINANCE, MEMBERSHIP AND EXHIBITS DEPARTMENTS, AND APPROXIMATELY 13 DEDICATED VOLUNTEERS HELPED OUR AIRCRAFT RESTORATION STAFF SAND, PAINT, WASH AND DUST HISTORICAL AIRCRAFT. VOLUNTEERS ASSISTED WITH AN INCREASING NUMBER OF EDUCATION PROGRAMS SUCH AS INTREPID AFTER HOURS, TEACHER PROFESSIONAL DEVELOPMENT WORKSHOPS, PROGRAMS FOR CHILDREN WITH AUTISM AND OTHERS. WORK CONTINUED ON THE MUSEUM'S ORAL HISTORY PROJECT WITH A DEDICATED TEAM OF VOLUNTEERS TRANSCRIBING THE INTERVIEWS OF FORMER CREW MEMBERS OF INTREPID AND GROWLER. TO DATE, VOLUNTEERS HAVE ASSISTED IN TRANSCRIBING MORE THAN 184 OF THE 6090-MINUTE INTERVIEWS, EACH OF WHICH TAKES APPROXIMATELY EIGHT TO TWELVE HOURS OF WORK. THE VOLUNTEER DEPARTMENT ALSO CONTINUED TO PARTNER WITH THE AMAC (ASSOCIATION FOR METRO-AREA AUTISTIC CHILDREN) AS WELL AS THE COOKE SCHOOL. TO PROVIDE STUDENTS OPPORTUNITIES TO GAIN WORK EXPERIENCE AND DEVELOP SOCIAL AND SPEAKING SKILLS. IN ADDITION, THE DEPARTMENT WORKED WITH THE BRONX INTERNATIONAL HIGH SCHOOL TO PROVIDE VOLUNTEER OPPORTUNITIES FOR STUDENTS, MANY OF WHOM HAVE BEEN IN THE UNITED STATES FOR LESS THAN THREE YEARS, TO IMPROVE THEIR PUBLIC SPEAKING AND ENGLISH LANGUAGE SKILLS AS WELL AS PREPARE THEM FOR COLLEGE OR A WORK ENVIRONMENT. EXHIBITS:APOLLO 11: MEDIA, THE MOON AND BEYOND RAN FROM MAY 1-SEPTEMBER 3, 2019 AND MARKED THE 50TH ANNIVERSARY OF THE FIRST MOON LANDING. THE MUSEUM INVITED THE PUBLIC TO EXPERIENCE AN IMAGINATIVE INSTALLATION OF ARCHIVED NEWS MEDIA, DISPLAYED THROUGH VINTAGE TELEVISIONS. THE INSTALLATION ALSO BRIDGED THE DECADES TO THE DREAMS OF TOMORROW, AND THE NEXT GREAT ACHIÉVEMENTS OF THE 21ST CENTURY.NAVY CAKES: A SLICE OF HISTORY OPENED OCTOBER 11, 2019, SHOWCASING THESE EPIC SWEETS AND THE HARD WORK OF THE SAILORS WHO CREATED THEM. THE EXHIBITION ALLOWS VISITORS TO EXPLORE RECIPES, PHOTOS, ARTIFACTS AND ORAL HISTORIES THAT TELL THE STORIES OF THE ELABORATE CONFECTIONS BAKED ONBOARD INTREPID AND GROWLER. A NEW DESIGN TACTIC INCLUDED IN THIS EXHIBITION IS AN "INSTAGRAM" MOMENT AT THE ENTRY TO THE EXHIBIT. DISCOVER EXOPLANETS: THE SEARCH FOR ALIEN WORLDS, WHICH OPENED NOVEMBER 7, 2019, IS A TRAVELING EXHIBITION THAT PROVIDED AN INTRODUCTION TO THE SEARCH FOR HABITABLE WORLDS BEYOND OUR SOLAR SYSTEM, AND FEATURED MULTIMEDIA ACTIVITIES IN WHICH VISITORS CAN BUILD THEIR OWN SOLAR SYSTEMS, SEE THE MOST RECENT NASA DISCOVERIES AND LEARN ABOUT THE SPACE-RELATED ACCURACY OF POPULAR TV SHOWS AND MOVIES. THE QUEENS PUBLIC LIBRARY HOSTED A PARTNER EXHIBITION IN THE CHILDREN'S LIBRARY DISCOVER CENTER AND BOTH INSTITUTIONS OFFERED A SERIES OF RELATED PROGRAMMING FOR AUDIENCES OF ALL AGES. THIS EXHIBITION WAS DEVELOPED BY THE SPACE SCIENCE INSTITUTE'S NATIONAL CENTER FOR INTERACTIVE LEARNING IN PARTNERSHIP WITH NASA'S UNIVERSE OF LEARNING. THIS PROJECT WAS MADE POSSIBLE THROUGH SUPPORT FROM NASA, UNDER COOPERATIVE AGREEMENT NUMBER NNX16AC65A.KAMIKAZE: BEYOND THE FIRE OPENED NOVEMBER 19, 2019 TO PRESENT STORIES OF YOUNG MEN ON BOTH SIDES OF THE DEVASTATING ATTACKS ON ALLIED WARSHIPS DURING WORLD WAR II. ARTIFACTS FROM THE UNITED STATES AND THE CHIRAN PEACE MUSEUM IN JAPAN, FIRSTHAND ACCOUNTS FROM SURVIVORS AND AN IMMERSIVE MULTIMEDIA EXPERIENCE REVEAL THE HISTORY AND IMPACT OF KAMIKAZES. NEW ACCESSIBILITY ELEMENTS HAVE BEEN INCLUDED THROUGHOUT THE EXHIBITION, THROUGH INNOVATE SEATING, OPEN CAPTIONING, VISUAL DESCRIPTION AND ENRICHED CONTENT. EXHIBITIONS THAT CLOSED DURING FY 2019INTREPID A TO Z CLOSED JANUARY 13, 2019. IN AUGUST 2018, THE MUSEUM CELEBRATED THE 75TH COMMISSIONING ANNIVERSARY OF THE AIRCRAFT CARRIER INTREPID. TO MARK THE OCCASION, A TEMPORARY EXHIBITION ENTITLED INTREPID A-Z EXPLORED THE EXPERIENCE OF LIFE ON INTREPID THROUGH THE MUSEUM'S RICH COLLECTION OF ARTIFACTS, ARCHIVES AND MEDIA NEVER BEFORE SEEN BY THE PUBLIC PORTS OF CALL CLOSED FEBRUARY 24, 2019, THE EXHIBITION EXPLORED INTREPID'S MISSIONS THAT TOOK THE SHIP AND CREW TO CITIES AROUND THE GLOBE FROM CANNES AND COPENHAGEN, TO HALIFAX AND HONG KONG, TO SINGAPORE AND SYDNEY APOLLO 11: MEDIA, THE MOON AND BEYOND CLOSED SEPTEMBER 3, 2019 DEFYING GRAVITY: WOMEN IN SPACE, WHICH CLOSED SEPTEMBER 21, 2019. SHAREDTHESTORIESOF PREVIOUSLY UNSUNG WOMEN IN THE U.S. SPACE PROGRAM BROUGHT TO LIFE THROUGH MICROSOFT HOLOLENS AND HOSTED BY A HOLOGRAPHIC DR. MAE JEMISON, THE FIRST BLACK WOMAN TO TRAVEL INTO SPACE, PERSONAL SPACE, WHICH CLOSED OCTOBER 14, 2019, OFFERED A GLIMPSE INTO THE LIVES OF 11 ASTRONAUTS THROUGH SPECIAL OBJECTS THEY BROUGHT WITH THEM ON MISSIONS. COLLECTIONS: ACQUISITIONS & ORAL HISTORIES FY 2019A TOTAL OF 737 ARTIFACTS WERE ADDED TO THE MUSEUM'S COLLECTION IN FY 2019 AND THERE WERE 75 TOTAL ACQUISITIONS (INCLUDING PURCHASES AND COLLECTIONS FOUND ON BOARD). - 75 ACQUISITIONS: 73 DONATIONS, 2 PURCHASES - 737 ARTIFACTS: 45 ARCHIVAL COLLECTIONS (1 FOUND IN COLLECTIONS - FIC), 100 OBJECTS (1 FIC), 592 MÉDIA ITEMS- 7 ORAL HISTORY PARTICIPANTS WHO DONATED ARTIFACTS- 17 REPEAT DONORSHIGHLIGHTS: PHIL COYLE GROWLER COLLECTION AND TOY SHAVING KIT: PHILIP COYLE SERVED ON BOARD GROWLER AS AN ENGINEMAN THIRD CLASS, EN1, FROM APRIL 1959 UNTIL OCTOBER 1961. COYLE DONATED A NUMBER OF PHOTOGRAPHS, INCLUDING INTERIOR PHOTOS OF GROWLER, AS WELL AS SOME PAPER ITEMS FROM HIS TIME ON BOARD THE SUBMARINE. A HIGHLIGHT IS A CHILD'S TOY SHAVING KIT WITH A CHRISTMAS GIFT TAG. A FELLOW ENGINEMAN, BARNEY BAKER, GAVE THIS KIT TO COYLE AS A GAG GIFT BECAUSE COYLE GREW SUCH LITTLE FACIAL HAIR - HE WAS ONLY 18 AT THE TIME HE JOINED THE NAVY - THAT HE DID NOT NEED TO SHAVE FOR THE DURATION OF THE PATROL

Form 990, Part III, Line 4b: EDUCATION & EVALUATIONTHE MUSEUM'S EDUCATION DEPARTMENT SERVED MORE THAN 30,000 INDIVIDUALS THROUGH VARIOUS TYPES OF FORMAL PROGRAMMING IN FY 2019, AND TENS OF THOUSANDS MORE THROUGH PUBLIC EDUCATION PROGRAMS SUCH AS TOURS, TALKS AND DEMONSTRATIONS. THE MUSEUM OFFERS MULTIDISCIPLINARY, DYNAMIC PROGRAMS FOR SCHOOLS AND FAMILIES, AUDIENCES WITH SPECIAL NEEDS, VULNERABLE GROUPS, VETERANS AND COMMUNITY GROUPS AS WELL AS THE GENERAL VISITING PUBLIC. PROGRAMS HAPPEN AT THE MUSEUM, IN THE COMMUNITIES OF NEW YORK CITY AND THROUGH DISTANCE LEARNING NATIONALLY AND INTERNATIONALLY. THE MUSEUM PRIORITIZES SECURING FUNDING THAT ALLOWS IT TO OFFER MANY EDUCATION PROGRAMS AT NO COST TO STUDENTS AND FAMILIES FROM HIGH-NEED SCHOOLS AND COMMUNITIES. A LARGE PERCENTAGE OF THOSE SERVED ARE SPECIAL NEEDS GROUPS, INCLUDING ENGLISH LANGUAGE LEARNERS. SCHOOL AND TEACHER PROGRAMSOVER 20,000 PARTICIPANTS FROM K-12 SCHOOLS TOOK PART IN EDUCATIONAL EXPERIENCES AT THE MUSEUM. EDUCATOR-LED PROGRAMS FOCUSED ON CULTURE, SCIENCE AND HISTORY AND WERE ALIGNED WITH STATE STANDARDS, THE NEW YORK CITY SCOPE & SEQUENCE AND THE NEXT GENERATION SCIENCE STANDARDS. THESE PROGRAMS INCLUDED EXPLORATION OF THE SHIP'S RESTORED HISTORIC SPACES, INQUIRY-BASED DISCUSSIONS, PRIMARY SOURCE ANALYSIS AND DESIGN CHALLENGES. STUDENTS VIEWED THE MUSEUM'S HISTORIC AIRCRAFT COLLECTION, DISCUSSED AIRCRAFT DESIGN AND USE, AND ENGAGED IN PHYSICS DEMONSTRATIONS AND EXPERIMENTS TO DISCOVER HOW FLIGHT IS POSSIBLE: 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; AND DISCUSSED WATERWAYS, THE NEED FOR WATER ON A U.S. NAVY SHIP AND PRESERVATION CHALLENGES FOR A SHIP DOCKED ON THE HUDSON RIVER. CONDUCTING EXPERIMENTS UTILIZING HYDROMETERS TO TEST SALINITY AND DISCOVER ITS RELATION TO CORROSION A SCHOOL RESIDENCY WAS INITIATED WITH A PUBLIC SCHOOL IN BROOKLYN, BRINGING IN-SCHOOL PROGRAMMING TO THE ENTIRE FOURTH AND FIFTH GRADES. AN ADDITIONAL 6,773 STUDENTS FROM ALL OVER THE UNITED STATES AND FROM MULTIPLE COUNTRIES HAVE EXPERIENCED VIRTUAL TOURS OF MUSEUM SPACES AND COLLECTIONS. LED BY AN EDUCATOR WHOM THEY INTERACT WITH IN REAL TIME. HOMESCHOOL DAYS CONTINUE TO ATTRACT TERRIFIC NUMBERS, WITH 439 PARTICIPANTS OVER FOUR EVENTS IN 2019. THE MUSEUM'S EDUCATION TEAM ALSO ENGAGED MORE THAN 1,958 SCHOOL AGE PARTICIPANTS AND ADULTS 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. FOR TEACHERS, MUSEUM EDUCATORS LED FREE AND LOW-COST PROFESSIONAL DEVELOPMENT PROGRAMS FOR OVER 280 TEACHERS OF GRADES PRE-K-12. PROGRAMS FOCUSED ON HISTORY AND STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH). THE FORMAT OF THESE OFFERINGS RANGED FROM FULL-DAY EXPERIENCES TO 36 HOUR COURSES APPROVED BY BOTH THE NEW YORK CITY DEPARTMENT OF EDUCATION AND THE NEW YORK STATE DEPARTMENT OF EDUCATION FOR PROFESSIONAL DEVELOPMENT CREDIT THEY NEEDED TO MAINTAIN CREDENTIALING. THESE PROGRAMS, IN TURN, BENEFITED 14,000 STUDENTS IN THE CLASSROOM, A FIGURE ESTIMATED USING A MODEL OF 1 TEACHER TO 50 STUDENTS. CONSIDERING THAT MANY TEACHERS HAVE MORE THAN TWO CLASSES OF STUDENTS DURING THE DAY, THE NUMBER ARE LIKELY MUCH LARGER. THE MUSEUM IS ALSO A HUB FOR A NUMBER OF FREE NYC DEPARTMENT OF EDUCATION EVENTS, DURING WHICH STUDENTS' PROJECTS ARE FEATURED, AND TEACHERS, FRIENDS AND FAMILY ARE INVITED TO CELEBRATE THEIR ACHIEVEMENTS. AS AN EXAMPLE, THE MUSEUM HOSTED THE DISTRICT 75 STEM FAIR FOR THE FOURTH YEAR IN A ROW FOR 800 SPECIAL NEEDS SCIENCE STUDENTS. THE MUSEUM IS COMMITTED TO PARTNERING WITH THE DOE TO CREATE AN EDUCATIONAL AND INSPIRATIONAL SPACE FOR STUDENTS WHERE THEY CAN SHOWCASE THEIR CREATIVE WORK THROUGHOUT THE YEAR. OTHER EVENTS HOSTED AND COORDINATED IN PARTNERSHIP WERE: - SOLAR ONE CAREER FAIR: 250 STUDENTS, TEACHERS AND EXPO PARTNERS- FACE PARENT COORDINATOR EXPO: 500 PARTICIPANTS PLUS EXPO PARTNERS- NYC DOE CS4ALL KICK-OFF EVENT FOR 250 TEACHERS- 100KIN10 BACK TO SCHOOL EVENT FOR 50 PARTNERS- NYC DOE OFFICE OF TEACHER DEVELOPMENT: 60 STAFF- TEACHER OPEN HOUSE OCTOBER 25, 2019 WHICH WAS ATTENDED BY 44 EDUCATORS ON A FREE FRIDAY- GIRL SCOUTS OF NY STEM EXPO: 350 SCOUTS AND ADULTSIN ORDER TO PROVIDE TIMELY AND RELEVANT SUPPORT TO NEW YORK CITY TEACHERS, MUSEUM EDUCATORS CONTINUED TO ACTIVELY PARTICIPATE IN PROFESSIONAL WORKSHOPS AND TAKE PART IN NEW YORK CITY DEPARTMENT OF EDUCATION TRAINING, PARTNER MEETINGS AND EVENTS. THEY ALSO ATTEND PROFESSIONAL NETWORKING GROUPS SUCH AS 100K IN 10, THE NEW YORK CITY MUSEUM EDUCATION ROUNDTABLE AND THE STEM EDUCATION NETWORK. YOUTH LEADERSHIP INITIATIVE AND CAREER PATHWAYUPPER ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS PARTICIPATED IN THE MUSEUM'S PROPRIETARY YOUTH LEADERSHIP PROGRAMS, CULMINATING IN A FIRST-TIME WORK EXPERIENCE FOR INTERESTED STUDENTS. THESE PROGRAMS INCLUDE THE YOUTH LEADERSHIP INSTITUTE @INTREPID (YLI) A YEARLONG PROGRAM SERVING 30 STUDENTS; AND GOALS (GREATER OPPORTUNITIES ADVANCING LEADERSHIP AND SCIENCE) FOR GIRLS, CONSISTING OF AN INTENSIVE, SIX-WEEK SUMMER SCIENCE PROGRAM FOR 50 GIRLS AS WELL AS SCIENCE AND COLLEGE-READINESS FORUMS THROUGHOUT THE YEAR SERVING HUNDREDS OF GOALS ALUMNAE. TWO SEPARATE STRANDS OF PAID INTERNSHIPS FOR ALUMNI OF GOALS AND YLI FEED INTO A JUNIOR EDUCATOR POSITION ALLOWING THESE YOUNG ADULTS TO CONTINUE GAINING WORK EXPERIENCE AS THEY MOVE THROUGH THE END OF HIGH SCHOOL AND INTO COLLEGE. SEVERAL ALUMNAE HAVE NOW MOVED FROM BEING A PAID INTERN INTO A "FIRST RUNG" JOB IN THE EDUCATION DEPARTMENT ON AN HOURLY BASIS WHILE THEY ARE IN COLLEGE, ACCESS, VETERAN AND MILITARY FAMILY PROGRAMSPROGRAMS WERE PROVIDED FOR 1.375 PEOPLE WITH COGNITIVE, SENSORY, PHYSICAL OR EMOTIONAL NEEDS, ALONG WITH THEIR FAMILIES OR SUPPORT STAFF, PROGRAMS WERE OFFERED REGULARLY DURING WEEKDAYS AND WEEKENDS. OFFERINGS INCLUDED AMERICAN SIGN LANGUAGE (ASL)-LED PUBLIC TOURS FOR ADULTS; ASL-INTERPRETED SCHOOL PROGRAMS FOR STUDENTS IN GRADES K-12; VERBAL DESCRIPTION AND TOUCH TOURS FOR ADULTS WHO ARE BLIND OR HAVE LOW VISION; VERBAL DESCRIPTION AND TOUCH TOURS FOR STUDENT GROUPS: MODIFIED SCHOOL PROGRAMS FOR K12 STUDENTS; PROGRAMS FOR VISITORS WITH DEMENTIA AND THEIR CAREGIVERS; FAMILY PROGRAMS FOR CHILDREN WITH DEVELOPMENTAL OR LEARNING DISABILITIES AND THEIR FAMILIES; AND EARLY MORNING OPENINGS FOR FAMILIES AFFECTED BY AUTISM. THE MUSEUM'S ACCESS PROGRAMS ARE DESIGNED TO HONE SOCIAL AND COMMUNICATION SKILLS, AND THEY INCORPORATE ACTIVITIES, TACTILE SUPPORTS, TOUCH-COLLECTION OBJECTS, MUSIC AND PHOTOGRAPHS. THE ACCESS TEAM ALSO FACILITATED MORE THAN 32 DIRECT SERVICE HOURS FOR 52 CAMPERS DURING THE WEEK-LONG ALL ACCESS MAKER CAMPS WHERE CHILDREN WERE CHALLENGED TO TINKER AND CREATE. MILITARY FAMILY PROGRAMS FOR RETURNING VETERANS AND THEIR FAMILIES SERVED 209 PARTICIPANTS. FIVE VET VIDEO CHATS FOR HOSPITAL BOUND VETERANS WERE HELD FOR 85 PARTICIPANTS AND 150 VETERANS PARTICIPATED IN INTREPID AFTER HOURS EVENTS DESIGNED JUST FOR THEM. IN ADDITION, WE ADDED VETERAN'S PLUS EVENTS FOR VETERANS AND THEIR ADULT CIVILIAN GUESTS, WHICH SERVED 234 PARTICIPANTS. THE TWO PART TIME, PAID POSITIONS CREATED AND STAFFED IN COLLABORATION WITH BIRCH FAMILY SERVICES CONTINUED THROUGH 2019, AND WE ADDED WORK WITH JOB PATH AS WELL. THIS CONTRIBUTED TO BUILDING OUR TEAM'S CAPACITY AND PROVIDING WORK EXPERIENCE FOR PEOPLE WITH AUTISM. ONE OF THE PREVIOUS STAFF MEMBERS HIRED UNDER THIS PROGRAM HAS CONTINUED AS A REGULAR MEMBER OF THE EDUCATION TEAM ON A PART-TIME BASIS. COMMUNITY & FAMILY ENGAGEMENT PROGRAMSOVER 1.300 PEOPLE PARTICIPATED IN COMMUNITY PROGRAMS LED BY MUSEUM EDUCATORS AT LIBRARIES, COMMUNITY CENTERS, HOSPITAL SCHOOLS AND COMMUNITY EVENTS. PROGRAMS ENGAGED PEOPLE OF ALL AGES AND PROMOTED FAMILY LEARNING THROUGH DEMONSTRATIONS, EXPERIMENTS, DISCUSSIONS AND GUIDED ARTIFACT-BASED LEARNING, ALL WITH A FOCUS ON INTREPID'S HISTORY, INCLUDING AVIATION, WATER AND SPACE SCIENCE. IN ADDITION, THE MUSEUM CONTINUED TO WORK WITH NYC DOE HOSPITAL SCHOOLS, AND OFFERED SEVERAL SEVEN-TO TEN-PART PROGRAMS DELIVERED TO HOMEBOUND SENIOR CITIZENS OVER THE PHONE THROUGH A PARTNERSHIP WITH DOROT.

PUBLIC PROGRAMS PUBLIC PROGRAMS AT THE MUSEUM TOTALED 3,138 VISITORS. ASTRONOMY NIGHT (4 SESSIONS): A SESSION, IN CONJUNCTION WITH THE APOLLO 11 ANNIVERSARY, WELCOMED MORE THAN 1,000 PEOPLE. ANOTHER SESSION COINCIDED WITH WORLD WATER DAY (MARCH 22) ATTENDED BY MORE THAN 400 PEOPLE.

AND FOCUSED ON THE SEARCH FOR WATER (AND LIFE) IN THE UNIVERSE. FEATURED ASTRONOMY NIGHT PRESENTERS INCLUDED TODD BARBER AND LAURIE BELL FROM

Form 990, Part III, Line 4c:

THE GEORGE LUCAS SHOW WITH UPRIGHTS CITIZENS BRIGADE

JET PROPULSION LAB; NASA'S NOAH PETRA; AND AMERICAN MUSEUM OF NATURAL HISTORY ASTROPHYSICIST JACKIE FAHERTY. INNOVATORS SERIES (5 SESSIONS):
THE SESSIONS WELCOMED 582 GUESTS IN ALL. ONE OF THE MOST POPULAR EVENTS WAS WITH THE CEO OF NEW LAB, SHAUN STEWART, IN CONVERSATION WITH

STARTUPS HOUSED AT THE BROOKLYN NAVY YARD WITH A FOCUS ON SPACE AND ROCKET SECTOR INTREPID PRESENTS (4 SESSIONS): THE FOUR EVENTS IN THIS TICKETED SERIES ATTRACTED 1.356 ATTENDEES AND FEATURED: ATTRACTION LAB WITH GUERILLA SCIENCE: BATTLE OF THE BANDS: FROM CONCORDE TO MARS: AND

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

MARC LOWITZ

VINCENT FORINO

LYNDA KENNEDY

MICHAEL ONYSKO

VP, MARKETING

ALEXIS MARION

SVP BUSINESS DEVELOPMENT

VP, INFORMATION TECHNOLOGY

VP, EDUCATION & EVALUATION

VP, INSTITUTIONAL ADVANCEMENT

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|--|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
|  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| SUSAN MARENOFF-ZAUSNER PRESIDENT         | 50.00   |                                   |                       | х       |              |                              |        | 623,375              | 0                    | 25,057                                       |  |
| PATRICIA BEENE-COLASANTI<br>CFO/CAO      | 50.00   |                                   |                       | х       |              |                              |        | 357,615              | 0                    | 27,240                                       |  |
| MATTHEW WOODS SVP ENGINEERING/FACILITIES | 50.00   |                                   |                       |         | х            |                              |        | 334,847              | 0                    | 32,606                                       |  |
| DAVID A WINTERS                          | 45.00   |                                   |                       |         |              |                              |        |                      |                      |  |  |

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| MATTHEW WOODS              | 50.00 |  |   | \ \ |  | 224 047 |  |
|----------------------------|-------|--|---|-----|--|---------|--|
| SVP ENGINEERING/FACILITIES |       |  |   | Χ.  |  | 334,847 |  |
| DAVID A WINTERS            | 45.00 |  |   |     |  |         |  |
|                            |       |  | Х |     |  | 307,101 |  |
| EXECUTIVE VICE PRESIDENT   | 3.00  |  |   |     |  |         |  |
| ELAINE CHARNOV             | 45.00 |  |   |     |  |         |  |
|                            |       |  |   | Х   |  | 309,137 |  |
| SVP EXHIBITS/EDUCATION     |       |  |   |     |  | ·       |  |

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation from the any hours and a director/trustee) organization organizations

and Independent Contractors

CO-CHAIRMAN

**BRUCE MOSLER** 

CO-CHAIRMAN

DENIS A BOVIN

VICE-CHAIRMAN

VICE-CHAIRMAN

CHARLES DE GUNZBURG

| · · · · · · · · · · · · · · · · · · ·              | 1 5,  |                                   |                       |      |              |                              | ,      | (1)                  | (1)                  |  |  |  |
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|  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | 1 () | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |  |
| BRIAN WALKER VP CORPORATE COMM. & EXTERNAL AFFAIRS | 45.00   |                                   |                       |      |              | х                            |        | 167,448              | 0                    | 28,887                                       |  |  |
| THOMAS COUMBE  VP, HUMAN RESOURCES                 | 45.00   |                                   |                       |      | х            |                              |        | 175,776              | 0                    | 17,514                                       |  |  |
| LISA YACONIELLO                                    | 45.00   |                                   |                       |      |              | Х                            |        | 175,693              | 0                    | 11,004                                       |  |  |

| THOMAS COUMBE                            | 45.00 |  | × |   | 175,776 |  |
|--|-------|--|---|---|---------|--|
| VP, HUMAN RESOURCES                      |       |  | ^ |   | 173,770 |  |
| LISA YACONIELLO VP, VENUE SALES & EVENTS | 45.00 |  |   | Х | 175,693 |  |
| IRENA TSITKO<br>AVP, GRANTS MGMT & ADMIN | 40.00 |  |   | Х | 122,591 |  |

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| VI , HOHAN RESOURCES           |       |  |  |   |         |   |        |
|--------------------------------|-------|--|--|---|---------|---|--------|
| LISA YACONIELLO                | 45.00 |  |  | × | 175,693 | 0 | 11,004 |
| VP, VENUE SALES & EVENTS       |       |  |  | ^ | 175,095 | 0 | 11,004 |
| IRENA TSITKO                   | 40.00 |  |  | X | 122.591 | C | 30,213 |
| AVP, GRANTS MGMT & ADMIN       |       |  |  | ^ | 122,331 |   | 30,213 |
| ERICA MAGANTI                  | 40.00 |  |  | V | 127.064 | 0 | 0.220  |
| CREATIVE DIRECTOR THRU 10/3/19 |       |  |  | Х | 137,864 | U | 9,320  |

| VP, HUMAN RESOURCES                         |       |  |  |    |         |   |        |
|---|-------|--|--|----|---------|---|--------|
| LISA YACONIELLO<br>VP, VENUE SALES & EVENTS | 45.00 |  |  | Х  | 175,693 | 0 | 11,004 |
| 77 721102 5/1225 G. 2721110                 |       |  |  |    |         |   |        |
| IRENA TSITKO                                | 40.00 |  |  | x  | 122,591 | 0 | 30,213 |
| AVP, GRANTS MGMT & ADMIN                    |       |  |  | ^  | 122,331 | ) | 30,213 |
| ERICA MAGANTI                               | 40.00 |  |  | ., | 427.064 |   | 0.220  |
| CREATIVE DIRECTOR THRU 10/3/19              |       |  |  | Х  | 137,864 | 0 | 9,320  |
|   | 20.00 |  |  |    |         |   | _      |

| IRENA TSITKO                   | 40.00 |  |  |   | 100 501 |   | 20.040 |
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| AVP, GRANTS MGMT & ADMIN       |       |  |  | Х | 122,591 | U | 30,213 |
| ERICA MAGANTI                  | 40.00 |  |  | V | 127.004 | 0 | 0.220  |
| CREATIVE DIRECTOR THRU 10/3/19 |       |  |  | Х | 137,864 | U | 9,320  |
| LAURIE SCOFIELD                | 30.00 |  |  |   |         |   |        |
|                                |       |  |  | Х | 121,518 | 0 | 2,563  |

| CREATIVE DIRECTOR THRU 10/3/19 |       |  |  | Х | 137,864 | 0 | 9,320 |
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| LAURIE SCOFIELD                | 30.00 |  |  | × | 121,518 | 0 | 2,563 |
| DIR. OF INTERNAL AUDIT         |       |  |  |   | 121,310 |   | 2,303 |
| KENNETH FISHER                 | 5.00  |  |  |   |         |   |       |

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and Independent Contractors

GERRY BYRNE

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|                                   | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Former Highest compensa employee Officer Officer Institutional Truste |  |  |   |              | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| MARTIN L EDELMAN<br>VICE-CHAIRMAN | 3.00  | X                                 |                       | x   |  |  |   | 0            | 0                    | 0  |  |
| MEL IMMERGUT VICE-CHAIRMAN        | 3.00  | х                                 |                       | х   |  |  |   | 0            | 0                    | 0  |  |
|                                   | 1 00  |                                   |                       |   |  |  |   | ·            |                      |  |  |

| VICE-CHAIRMAN    |      |   |   |  |   |   | L |
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| MEL IMMERGUT     | 3.00 | X | X |  | 0 | C | Ī |
| VICE-CHAIRMAN    |      | , | ^ |  |   | 3 |   |
| RICHARD SANTULLI | 1.00 | X | Y |  | 0 | 0 | Ī |
| VICE-CHAIRMAN    |      | Χ | ^ |  | 9 | 3 |   |
| CHARLES BOLDEN   | 1.00 | V |   |  | 0 | 0 | ĺ |
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|                                       | any hours   | and | a dir | ecto | r/tr | ustee            | )      | organization         | organizations        | from the                                     |  |
|---------------------------------------|---|-----|-------|------|------|------------------|--------|----------------------|----------------------|--|--|
|                                       | any hours for related organizations below dotted line)  and a director/trustee) Former  Former  Former  Institutional Trustee  Officer  Trustee |     |       |      |      | ee<br>compensate | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |  |
| PAMELA LIEBMAN TRUSTEE UNTIL DEC 2019 | 1.00  | X   |       |      |      |                  |        | 0                    | 0                    | 0  |  |
| JOHN MCAVOY TRUSTEE                   | 1.00  | х   |       |      |      |                  |        | 0                    | 0                    | 0  |  |
| LAURA MCDONNELL                       | 1.00  | Х   |       |      |      |                  |        | 0                    | 0                    | 0  |  |

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| JOHN MCAVOY            |
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| TRUSTEE                |
| LAURA MCDONNELL        |
| TRUSTEE UNTIL FEB 2019 |
| JAMES L NEDERLANDER JR |
| TRUSTEE                |
|                        |

CRAIG NEWMARK

CHARLES PHILLIPS

JOSEPH PLUMERI

THOMAS F SECUNDA

FRANCES F TOWNSEND

DAVID H W TURNER

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| efile GRAPHIC print - DO NOT PROCESS |                                    |                                    | DLN: 93493311012130   |  |  |                                     |   |   |
|--------------------------------------|------------------------------------|------------------------------------|---|--|--|-------------------------------------|---|---|
| SCI                                  | HED                                | ULE A                              | Dublic  | Charity Statu  | e and Dul  | hlic Sunn                           | ort   | OMB No. 1545-0047                               |
|                                      | m 99                               |                                    | Complete if the o   | organization is a sect<br>4947(a)(1) nonexe<br>Attach to Form                  | ion 501(c)(3) e<br>empt charitable<br>990 or Form 99 | organization or<br>trust.<br>00-EZ. | · a section                                       | 2019  |
|                                      |                                    | the Treasury                       | ► Go to <u>www.ir</u>   | <u>s.gov/Form990</u> for i   | nstructions and                                      | I the latest info                   | ormation.   | Open to Public<br>Inspection                    |
| Nam                                  | e of th                            | <b>he organiza</b><br>ISEUM FOUNDA |   |  |  |                                     | Employer identific                                | ation number                                    |
| IIIII                                | 110 110                            |                                    |   |  |  |                                     | 13-3062419  |   |
|                                      | rt I                               |                                    | for Public Charity Stat<br>a private foundation becaus  |  |  |                                     | See instructions.                                 |   |
| 1                                    | n yannz                            |                                    | onvention of churches, or a   | •  | •  |                                     | (A)(i)  |   |
| 2                                    |                                    | •                                  | escribed in section 170(b)  |  |  |                                     |   |   |
| 3                                    |                                    |                                    | or a cooperative hospital ser   |  | ,  |                                     |   |   |
| 4                                    |                                    | ·                                  | esearch organization opera  | _  |  |                                     | -   | nter the bosnital's                             |
| •                                    | Ш                                  | name, city,                        |   | ted in conjunction with  | a nospital descri                                    | ibed iii <b>sectioii</b> .          | 170(D)(1)(A)(III). E                              | inter the hospitars                             |
| 5                                    |                                    |                                    | ation operated for the benef<br>(iv). (Complete Part II.)   | it of a college or unive   | rsity owned or op                                    | perated by a gov                    | ernmental unit descri                             | bed in <b>section 170</b>                       |
| 6                                    |                                    | A federal, s                       | tate, or local government o   | r governmental unit de   | scribed in <b>sectio</b>                             | on 170(b)(1)(A                      | ()(v).  |   |
| 7                                    |                                    |                                    | ation that normally receives<br>' <b>'0(b)(1)(A)(vi).</b> (Complet  |  | s support from a                                     | governmental u                      | init or from the gener                            | al public described in                          |
| 8                                    |                                    |                                    | ty trust described in <b>sectio</b>   | •  | (Complete Part I                                     | I.)                                 |   |   |
| 9                                    |                                    |                                    | ural research organization drant college of agriculture. S  |  |  |                                     |   | ege or university or a                          |
| 10                                   | <b>✓</b>                           | from activit<br>investment         | ation that normally receives<br>ties related to its exempt fu<br>income and unrelated busi<br>See <b>section 509(a)(2).</b> (C  | nctions—subject to cer<br>ness taxable income (le                              | tain exceptions,                                     | and (2) no more                     | than 331/3% of its su                             | ipport from gross                               |
| 11                                   |                                    | An organiza                        | ation organized and operate   | d exclusively to test fo   | r public safety. S                                   | See section 509                     | (a)(4).   |   |
| 12                                   |                                    | more public                        | ation organized and operate<br>cly supported organizations<br>othrough 12d that describes   | described in section 5   | <b>09(a)(1)</b> or <b>se</b>                         | ction 509(a)(2                      | ). See <b>section 509(</b> a                      |   |
| a                                    |                                    | organizatio                        | supporting organization ope<br>n(s) the power to regularly<br>Part IV, Sections A and B   | appoint or elect a major   |  |                                     |   |   |
| b                                    |                                    | manageme                           | supporting organization sunt of the supporting organizable Part IV, Sections A  | ation vested in the sar  |  |                                     |   |   |
| c                                    |                                    | Type III f                         | unctionally integrated. A programization(s) (see instruction)   | supporting organizatio   |  |                                     |   | ted with, its                                   |
| d                                    |                                    | Type III n                         | on-functionally integrated integrated. The organization in the property of the complete Party of the complete | ed. A supporting organion generally must satis                                 | ization operated<br>fy a distribution                | in connection wi<br>requirement and | th its supported orgar                            |   |
| e                                    |                                    | Check this                         | box if the organization rece<br>or Type III non-functionally  | ived a written determir  | nation from the I                                    |                                     | pe I, Type II, Type II                            | I functionally                                  |
| f                                    | Enter                              |                                    | of supported organizations  |  | -  |                                     | <u> </u>  |   |
| g                                    |                                    |                                    | ing information about the s   | <del>                                     </del>                               | т'   |                                     |   | T   |
|                                      | (i) Name of supported organization |                                    |   | (iii) Type of organization (described on lines 1- 10 above (see instructions)) |  | anization listed<br>ing document?   | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|                                      |                                    |                                    |   |  | Yes  | No                                  |   |   |
|                                      |                                    |                                    |   |  |  |                                     |   |   |
|                                      |                                    |                                    |   |  |  |                                     |   |   |
| Tota                                 |                                    | l. P. '                            | tion Act Notice, see the I  |  | Cat. No. 11285                                       |                                     | <br>  | 90 or 990-EZ) 2019                              |

| Sch         | edule A (Form 990 or 990-EZ) 2019   |                            |   |  |  |  | Page <b>2</b>   |
|-------------|---|----------------------------|---|--|--|--|-----------------|
| P           | art II Support Schedule for   | Organizations              | Described in S                          | Sections 170(b                         | )(1)(A)(iv) ar                                   | nd 170(b)(1)(A                         | (vi)            |
|             | (Complete only if you ch  |                            |   |  |  |  | under Part III. |
|             | If the organization failed  | to qualify unde            | r the tests listed                      | below, please                          | complete Part I                                  | II.)                                   |                 |
|             | ection A. Public Support  Calendar year                                       |                            | I                                       |  |  |  |                 |
|             | (or fiscal year beginning in) ▶   | (a) 2015                   | <b>(b)</b> 2016                         | (c) 2017                               | (d) 2018   | (e) 2019                               | (f) Total       |
| 1           | Gifts, grants, contributions, and   |                            |   |  |  |  |                 |
|             | membership fees received. (Do not include any "unusual grant.")               |                            |   |  |  |  |                 |
| 2           | Tax revenues levied for the   |                            |   |  |  |  |                 |
| _           | organization's benefit and either paid  |                            |   |  |  |  |                 |
| _           | to or expended on its behalf The value of services or facilities              |                            |   |  |  |  |                 |
| 3           | furnished by a governmental unit to   |                            |   |  |  |  |                 |
|             | the organization without charge   |                            |   |  |  |  |                 |
| 4           | <b>Total.</b> 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.   |                            |   |  |  |  |                 |
| <u>s</u>    | ection B. Total Support   |                            | T                                       |  | 1  | T                                      |                 |
|             | Calendar year<br>(or fiscal year beginning in) ▶                              | (a) 2015                   | <b>(b)</b> 2016                         | (c) 2017                               | (d) 2018   | (e) 2019                               | (f) Total       |
| 7           | Amounts from line 4   |                            |   |  |  |  |                 |
| 8           | Gross income from interest,   |                            |   |  |  |  |                 |
|             | dividends, payments received on<br>securities loans, rents, royalties and     |                            |   |  |  |  |                 |
|             | income from similar sources   |                            |   |  |  |  |                 |
| 9           | Net income from unrelated business  |                            |   |  |  |  |                 |
|             | activities, whether or not the  |                            |   |  |  |  |                 |
| 10          | business is regularly carried on Other income. Do not include gain or         |                            |   |  |  |  | -               |
|             | loss from the sale of capital assets  |                            |   |  |  |  |                 |
|             | (Explain in Part VI.).  |                            |   |  |  |  |                 |
| 11          | <b>Total support.</b> Add lines 7 through 10                                  |                            |   |  |  |  |                 |
| 12          | Gross receipts from related activities,                                       | etc. (see instruction      | ons)                                    |  |  | 12                                     |                 |
| 13          | First five years. If the Form 990 is for                                      | or the organization        | 's first, second, th                    | ird, fourth, or fifth                  | n tax year as a sec                              | tion 501(c)(3) org                     | anization,      |
|             | check this box and <b>stop here</b>   |                            |   |  |  | ▶ [                                    |                 |
| S           | ection C. Computation of Publi  |                            |   |  |  |  |                 |
| 14          | Public support percentage for 2019 (li  | ne 6, column (f) di        | vided by line 11,                       | column (f))                            |  | 14                                     | -               |
| 15          | Public support percentage for 2018 Sc   | hedule A, Part II,         | line 14                                 |  |  | 15                                     |                 |
| 16a         | <b>33 1/3% support test—2019.</b> If the                                      |                            |   |  |  |  |                 |
|             | and <b>stop here.</b> The organization qual                                   | ifies as a publicly s      | supported organiza                      | ation                                  |  |  | ▶□              |
| b           | <b>33 1/3% support test—2018.</b> If th                                       | e organization did         | not check a box o                       | on line 13 or 16a,                     | and line 15 is 33 i                              | 1/3% or more, chec                     | k this          |
|             | box and <b>stop here.</b> The organization                                    | qualifies as a pub         | licly supported or                      | ganization                             |  |  | ▶ 🗆             |
| <b>17</b> a | 10%-facts-and-circumstances tes   | t— <b>2019.</b> If the org | ganization did not                      | check a box on lin                     | ne 13, 16a, or 16b                               | , and line 14                          |                 |
|             | is 10% or more, and if the organization in Part VI how the organization meets | n meets the facts          | r-and-circumstanci<br>cumstances" test. | es test, check thi<br>The organization | s box and <b>stop n</b> e<br>qualifies as a publ | e <b>re.</b> Explain<br>icly supported |                 |
|             | organization  |                            |   | -                                      |  |  | ►□              |
| h           | 10%-facts-and-circumstances tes   | st—2018. If the o          | rganization did no                      | t check a box on I                     | ine 13, 16a, 16b,                                | or 17a, and line                       |                 |
| _           | 15 is 10% or more, and if the organiz   | zation meets the "i        | facts-and-circums                       | tances" test, chec                     | k this box and <b>sto</b>                        | p here.                                |                 |
|             | Explain in Part VI how the organization                                       |                            |   | -                                      |  | • •                                    | . $\Box$        |
| _           | supported organization  |                            | haven 15 40-4                           | C- 10b 47 4                            | 76   |  | ▶⊔              |
| 18          | _   |                            |   |  |  |  | . □             |
|             | instructions  |                            | <u> </u>                                |  | - Cabadu   | lo A (Form 000 o                       | ▶ ⊔             |

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

|  | (Complete only if you<br>the organization fails t   | o qualify under t  | ne tests nated b  | elow, please col                                     | mpiete Part II.)                             |  |   |
|--|---|--|---|--|--|--|---|
| Se   | ction A. Public Support Calendar year   | (a) 201E   | (h) 2016  | (a) 2017   | (d) 2018                                     | (-) 2010   | (f) Total   |
| 1  | membership fees received. (Do not   | (a) 2015<br>7,921,602  | <b>(b)</b> 2016 5,331,533   | (c) 2017<br>5,042,011                                | 5,362,948                                    | (e) 2019<br>5,412,291                                | (f) Total   |
| 3  | include any "unusual grants.") . 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 Gross receipts from activities that are not an unrelated trade or business under section 513  | 18,934,469   | 21,669,058  | 15,038,942   | 19,564,207                                   | 19,519,447   | 94,726,12   |
| 4  | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |  |   |  |  |  |   |
| 5  | The value of services or facilities furnished by a governmental unit to the organization without charge   | 462,000  | 462,000   | 308,000  | 462,000                                      | 462,000  | 2,156,00  |
| 6  | Total. Add lines 1 through 5  | 27,318,071   | 27,462,591  | 20,388,953   | 25,389,155                                   | 25,393,738   | 125,952,50  |
| 7a   | Amounts included on lines 1, 2, and 3 received from disqualified persons  | 560,056  | 973,961   | 618,417  | 1,081,583                                    | 1,109,105  | 4,343,12  |
| 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.   |  |   |  |  |  | ı   |
| С  | Add lines 7a and 7b   | 560,056  | 973,961   | 618,417  | 1,081,583                                    | 1,109,105  | 4,343,12  |
| 8  | <b>Public support.</b> (Subtract line 7c from line 6.)  |  |   |  |  |  | 121,609,38  |
| Se   | ection B. Total Support   | I  | I   | I  |  |  |   |
|  | Calendar year   | (a) 2015   | <b>(b)</b> 2016   | (c) 2017   | (d) 2018                                     | (e) 2019   | (f) Total   |
| 9  | (or fiscal year beginning in) ► Amounts from line 6   | 27,318,071   | 27,462,591  | 20,388,953   | 25,389,155                                   | 25,393,738   | 125,952,50  |
| 10a  | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources   | 4,665,727  | 5,463,588   | 4,763,488  | 6,061,088                                    | 5,584,659  | 26,538,55   |
|  | and meetine from similar sources  |  |   |  |  |  |   |
| b  | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  | 10,353   | 8,913   |  |  | 29,324   | 48,590  |
| c  | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  | 10,353<br>4,676,080  | 8,913<br>5,472,501  | 4,763,488  | 6,061,088                                    | 29,324<br>5,613,983                                  | 48,590<br>26,587,140  |
|  | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  |  | ·   | 4,763,488  | 6,061,088                                    |  | ·   |
| c  | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |  | ·   | 1,097,014  | 6,061,088<br>1,550,023                       |  | ·   |
| c<br>11  | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c,   | 4,676,080  | 5,472,501   |  |  | 5,613,983  | 26,587,140  |
| c<br>11<br>12  | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   | 4,676,080<br>1,171,615<br>33,165,766   | 1,265,329<br>34,200,421   | 1,097,014  | 1,550,023<br>33,000,266                      | 1,197,454<br>32,205,175                              | 26,587,144<br>6,281,433<br>158,821,08   |
| 11<br>12<br>13                                       | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is fixed this box and stop here.   | 4,676,080<br>1,171,615<br>33,165,766<br>or the organization  | 1,265,329<br>34,200,421<br>'s first, second, th   | 1,097,014<br>26,249,455<br>ird, fourth, or fifth     | 1,550,023<br>33,000,266<br>tax year as a sec | 1,197,454<br>32,205,175<br>tion 501(c)(3) org        | 26,587,140<br>6,281,433<br>158,821,083  |
| 11<br>12<br>13<br>14                                 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is finetic this box and stop here.   | 4,676,080  1,171,615  33,165,766  or the organization  | 1,265,329<br>34,200,421<br>'s first, second, th   | 1,097,014<br>26,249,455<br>ird, fourth, or fifth     | 1,550,023<br>33,000,266<br>tax year as a sec | 1,197,454<br>32,205,175<br>tion 501(c)(3) org        | 26,587,140<br>6,281,433<br>158,821,083<br>anization,<br>▶ □                         |
| 11 12 13 14 See                                      | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is forected this box and stop here.  Extion C. Computation of Public Public support percentage for 2019 (less support percentage for 2019)   | 1,171,615 33,165,766 or the organization   | 1,265,329 34,200,421 's first, second, th   | 1,097,014<br>26,249,455<br>ird, fourth, or fifth     | 1,550,023<br>33,000,266<br>tax year as a sec | 1,197,454<br>32,205,175<br>tion 501(c)(3) org        | 26,587,140<br>6,281,43:<br>158,821,08:<br>anization,<br>▶ □                         |
| c<br>11<br>12<br>13<br>14<br>Se<br>15<br>16          | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is feeck this box and stop here.  Ection C. Computation of Public Public support percentage from 2018  | 1,171,615  33,165,766 or the organization  | 1,265,329 34,200,421 's first, second, th   | 1,097,014<br>26,249,455<br>ird, fourth, or fifth     | 1,550,023<br>33,000,266<br>tax year as a sec | 1,197,454<br>32,205,175<br>tion 501(c)(3) org        | 26,587,140<br>6,281,433<br>158,821,083<br>anization,<br>▶ □                         |
| c<br>111<br>12<br>13<br>14<br>See<br>15<br>16<br>See | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the check this box and stop here.  ction C. Computation of Public Public support percentage from 2018 in the computation of Investigation.  | 1,171,615 33,165,766 or the organization Support Perce line 8, column (f) di Schedule A, Part II   | 1,265,329 34,200,421 's first, second, th ntage vided by line 13, c I, line 15 Percentage | 1,097,014<br>26,249,455<br>ird, fourth, or fifth     | 1,550,023<br>33,000,266<br>tax year as a sec | 5,613,983  1,197,454  32,205,175  tion 501(c)(3) org | 26,587,144<br>6,281,433<br>158,821,083<br>anization,<br>▶ □<br>76.570 %<br>77.510 % |
| c 111 12 13 14 See 15 16 See 17                      | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is feechet this box and stop here.  Ection C. Computation of Public Public support percentage for 2019 (I Public support percentage from 2018).  Ection D. Computation of Investing the support percentage from 2018 investment income percentage for 2019 (I Public support percentage for 2018). | 4,676,080  1,171,615  33,165,766  or the organization  | 1,265,329 34,200,421 S first, second, th  | 1,097,014<br>26,249,455<br>ird, fourth, or fifth<br> | 1,550,023 33,000,266 tax year as a sec       | 5,613,983  1,197,454  32,205,175  tion 501(c)(3) org | 6,281,43:  158,821,08: anization, ►   76.570 % 77.510 %                             |
| 11 12 13 14 See 15 16 See 17 18                      | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the check this box and stop here.  ction C. Computation of Public Public support percentage from 2018 in the computation of Investigation.  | 1,171,615 33,165,766 or the organization Support Perce ine 8, column (f) di Schedule A, Part II tment Income I 019 (line 10c, colur 2018 Schedule A, I | 1,265,329  34,200,421  Is first, second, th   | 1,097,014<br>26,249,455<br>ird, fourth, or fifth<br> | 1,550,023 33,000,266 tax year as a sec       | 1,197,454 32,205,175 tion 501(c)(3) org              | 26,587,140 6,281,43: 158,821,08: anization,▶□ 76.570 % 77.510 %                     |

**b** 33 1/3% support tests—2018. 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 . . . . . . . .

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? 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. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. 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)? 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. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
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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)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

| ciie | ddie A (Form 990 of 990-22) 2019   |        |         | age : |
|------|--|--------|---------|-------|
| Pa   | Tt IV Supporting Organizations (continued)   |        |         |       |
|      |  |        | Yes     | No    |
|      | Has the organization accepted a gift or contribution from any of the following persons?  |        |         |       |
| а    | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  | 11a    |         |       |
| b    | A family member of a person described in (a) above?  | 11b    |         |       |
|      | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .  | 11c    |         |       |
|      | ection B. Type I Supporting Organizations  |        |         |       |
|      | solon Britype Leapporting enganizations  |        | Yes     | No    |
| 1    | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |        |         |       |
|      | Did the supprised as such a bound of any supprised supprised the standard supprised supprised as   | 1      |         |       |
| 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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting  |        |         |       |
|      | organization.  | 2      |         |       |
| S    | ection C. Type II Supporting Organizations   |        |         |       |
|      | second Type 11 supporting organizations  |        | Yes     | No    |
| L    | 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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  | 1      |         |       |
| Se   | ection D. All Type III Supporting Organizations  |        |         |       |
|      |  |        | Yes     | No    |
| L    | 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?  | 1      |         |       |
| 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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  |        |         |       |
| ,    | Division of the valationahin described in (2) did the conscination/a conscitated conscitations have a significant value in the   | 2      |         |       |
| 3    | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | 3      |         |       |
| Se   | ection E. Type III Functionally-Integrated Supporting Organizations  |        |         |       |
|      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)  | ions): |         |       |
| ā    | The organization satisfied the Activities Test. Complete line 2 below.   |        |         |       |
| ŀ    | The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.   |        |         |       |
|      | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see  | instru | ctions) |       |
| 2    | Activities Test. Answer (a) and (b) below.   | 1      | Yes     | No    |
| â    | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.   | 2a     |         |       |
| ŀ    | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  | 2b     |         |       |
| 3    | Parent of Supported Organizations. Answer (a) and (b) below.   | 20     |         |       |
|      | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .   | 3a     |         |       |
| i    | Did the organizations? Provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.  | 3h     |         |       |

|  | ule A (Form 990 or 990-EZ) 2019  |            |                          | Pag                            |  |  |  |  |
|--|--|------------|--------------------------|--------------------------------|--|--|--|--|
| ar   | Type III Non-Functionally Integrated 509(a)(3) Supporting O  | )rgani:    | zations                  |                                |  |  |  |  |
| 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<br>(optional) |  |  |  |  |
| 1  | Net short-term capital gain  | 1          |                          |                                |  |  |  |  |
| 2  | Recoveries of prior-year distributions   | 2          |                          |                                |  |  |  |  |
| 3  | Other gross income (see instructions)  | 3          |                          |                                |  |  |  |  |
| 4  | Add lines 1 through 3  | 4          |                          |                                |  |  |  |  |
| 5  | Depreciation and depletion   | 5          |                          |                                |  |  |  |  |
| 6  | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6          |                          |                                |  |  |  |  |
| 7  | Other expenses (see instructions)  | 7          |                          |                                |  |  |  |  |
| 8  | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8          |                          |                                |  |  |  |  |
|  | Section B - Minimum Asset Amount   |            | (A) Prior Year           | (B) Current Year<br>(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):  | 1          |                          |                                |  |  |  |  |
| а  | Average monthly value of securities  | 1a         |                          |                                |  |  |  |  |
| b  | Average monthly cash balances  | <b>1</b> b |                          |                                |  |  |  |  |
| С  | Fair market value of other non-exempt-use assets   | 1c         |                          |                                |  |  |  |  |
| d  | Total (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 $1-1/2\%$ of line 3 (for greater amount, see instructions).   | 4          |                          |                                |  |  |  |  |
| 5  | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5          |                          |                                |  |  |  |  |
| 5  | Multiply line 5 by .035  | 6          |                          |                                |  |  |  |  |
| 7  | Recoveries of prior-year distributions   | 7          |                          |                                |  |  |  |  |
| 3  | Minimum Asset Amount (add line 7 to line 6)  | 8          |                          |                                |  |  |  |  |
|  | Section C - Distributable Amount   |            |                          | Current Year                   |  |  |  |  |
| 1  | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1          |                          |                                |  |  |  |  |
| 2  | Enter 85% of line 1  | 2          |                          |                                |  |  |  |  |
| 3  | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3          |                          |                                |  |  |  |  |
| 4  | Enter greater of line 2 or line 3  | 4          |                          |                                |  |  |  |  |
| 5  | Income tax imposed in prior year   | 5          |                          |                                |  |  |  |  |
| 6  | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6          |                          |                                |  |  |  |  |
| 7  | Check here if the current year is the organization's first as a non-functionally-in instructions)  | ntegrate   | ed Type III supporting o | rganization (see               |  |  |  |  |

| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity |  |
|---|---|--|
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations   |  |
| 4 | Amounts paid to acquire exempt-use assets   |  |
| 5 | Qualified set-aside amounts (prior IRS approval required)   |  |
| 6 | Other distributions (describe in <b>Part VI</b> ). See instructions   |  |
| 7 | Total annual distributions. Add lines 1 through 6.  |  |
|   |   |  |

| 5  | Qualified set-aside amounts (prior IRS approval require   |                            |                        |  |  |  |  |  |
|----|---|----------------------------|------------------------|--|--|--|--|--|
| 6  | Other distributions (describe in <b>Part VI</b> ). See instruction                                      |                            |                        |  |  |  |  |  |
| 7  | Total annual distributions. Add lines 1 through 6.  |                            |                        |  |  |  |  |  |
| 8  | Distributions to attentive supported organizations to whe details in <b>Part VI</b> ). See instructions | sive (provide              |                        |  |  |  |  |  |
| 9  | Distributable amount for 2019 from Section C, line 6  |                            |                        |  |  |  |  |  |
| 10 | 10 Line 8 amount divided by Line 9 amount   |                            |                        |  |  |  |  |  |
|    | Section E - Distribution Allocations (see instructions)   | (ii)<br>Underdistributions | (iii)<br>Distributable |  |  |  |  |  |

| outer distributions (describe in Fair 42). See instructions   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| 7 Total annual distributions. Add lines 1 through 6.  |  |   |  |  |  |  |  |
| B Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |  |   |  |  |  |  |  |
| 9 Distributable amount for 2019 from Section C, line 6  |  |   |  |  |  |  |  |
| 10 Line 8 amount divided by Line 9 amount   |  |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
| (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |  |  |  |  |  |
|   | Underdistributions                     | Distributable                             |  |  |  |  |  |
|   |  |   |  |  |  |  |  |

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

**a** Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. . . . . . **b** From 2015. . . . . . . . . . c From 2016. . . . . . . **d** From 2017. . . . . . . e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (Form 990 or 990-EZ) 2019 Page 8 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). Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation SCHEDULE A, PART III, LINE 12, CONCESSIONS - 2015 AMOUNT: \$ 1,171,615. 2016 AMOUNT: \$ 1,265,329. 2017 AMOUNT: \$ 1,097,014 EXPLANATION OF OTHER . 2018 AMOUNT: \$ 1,397,592. 2019 AMOUNT: \$ 1,182,424. MISCELLANEOUS INCOME - 2018 AMOUNT: \$ 969. 2019 AMOUNT: \$ 15,030. INSURANCE PROCEEDS - 2018 AMOUNT: \$ 134,536. REIMBURSEMENT -INCOME: 2018 AMOUNT: \$ 16,926.

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## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2019

DLN: 93493311012130

**SCHEDULE C** 

(Form 990 or 990-

| EZ)   |   | <b>-</b>   |  |   |  |
|---|---|--|--|---|--|
| Department of the Treasury<br>Internal Revenue Service  |   | the organization is described be<br>.o <u>www.irs.qov/Form990</u> for ins  |  |   | Open to Public<br>Inspection   |
| <ul><li>Section 501(c)(3) or</li><li>Section 501(c) (other section 527 organization)</li></ul>  | ganizations: Cor<br>er than section 5<br>zations: Complet                     |  | plete Part I-C.<br>Parts I-A and C below         | . Do not complete Part I-B.   |  |
| <ul> <li>Section 501(c)(3) o</li> <li>Section 501(c)(3) o</li> <li>If the organization ans</li> <li>(Proxy Tax) (see separation)</li> </ul> | rganizations that<br>rganizations that<br>swered "Yes" or<br>rate instruction | n Form 990, Part IV, Line 4, or For<br>thave filed Form 5768 (election und<br>thave NOT filed Form 5768 (election<br>n Form 990, Part IV, Line 5 (Proxy<br>s), then<br>tations: Complete Part III. | ler section 501(h)): Co<br>n under section 501(h | omplete Part II-A. Do not con<br>n)): Complete Part II-B. Do no     | nplete Part II-B.<br>ot complete Part II-A.  |
| Name of the organizat<br>INTREPID MUSEUM FOUN   |   |  |  | <b>Employer ident</b> 13-3062419                                    | ification number   |
| Part I-A Complet  | te if the orga  | nization is exempt under sec   | ction 501(c) or is                               |   | ation.   |
| "political campaig  | n activities")  | ization's direct and indirect political  |  |   | r definition of  |
| 3 Volunteer hours f   | or political camp   | aign activities (see instructions)   |  |   |  |
| Part I-B Complet  | te if the orga  | nization is exempt under sec   | ction 501(c)(3).                                 |   |  |
| 1 Enter the amount  | of any excise ta  | ex incurred by the organization unde   | er section 4955                                  | <b>&gt;</b> \$  |  |
|   |   | ex incurred by organization manage   |  |   | i  |
|   |   | tion 4955 tax, did it file Form 4720   |  |   | Yes No   |
|   |   |  |  |   | ☐ Yes ☐ No   |
| <b>b</b> If "Yes," describe   | in Part IV.   |  | =047.  | : =04( )(0)   |  |
| -   |   | nization is exempt under sec   |  |   |  |
|   |   | ed by the filing organization for sec  |  |   | i  |
|   |   | anization's funds contributed to oth   |  |   | i  |
| 3 Total exempt fund   | ction expenditur  | es. Add lines 1 and 2. Enter here an   | d on Form 1120-POL,                              | , line 17b ▶ \$   | <b>;</b>   |
| 4 Did the filing orga   | anization file <b>For</b>   | m 1120-POL for this year?  |  |   | ☐ Yes ☐ No   |
| organization mad<br>of political contrib  | e payments. For<br>outions received   | employer identification number (EIN each organization listed, enter the that were promptly and directly delee (PAC). If additional space is need   | amount paid from the                             | e filing organization's funds.<br>political organization, such as   | Also enter the amount  |
| (a) Nam   | e   | (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 |
| 1   |   |  |  |   |  |
| 2   |   |  |  |   |  |
| 3   |   |  |  |   |  |
| 4   |   |  |  |   |  |
|   |   |  |  |   |  |

PART II-B, LINE 1:

| Par   | <b>t II-B</b> Complete if the organization is exempt under section 501(c)(3) and has NOT f Form 5768 (election under section 501(h)).   | iled       |          |                |  |
|-------|---|------------|----------|----------------|--|
| or ea | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying  | (          | a)       | (b)            |  |
| ctivi | ,   | Yes        | No       | Amount         |  |
| 1     | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:   |            |          |                |  |
| а     | Volunteers?   |            | No       |                |  |
| b     | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |            | No       | 1              |  |
| С     | Media advertisements?   |            | No       |                |  |
| d     | Mailings to members, legislators, or the public?  |            | No       |                |  |
| е     | Publications, or published or broadcast statements?   |            | No       |                |  |
| f     | Grants to other organizations for lobbying purposes?  |            | No       |                |  |
| g     | Direct contact with legislators, their staffs, government officials, or a legislative body?   |            | No       |                |  |
| h     | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |            | No       |                |  |
| i     | Other activities?   | Yes        |          | 114,55         |  |
| j     | Total. Add lines 1c through 1i  |            |          | 114,55         |  |
| la    | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |            | No       |                |  |
| b     | If "Yes," enter the amount of any tax incurred under section 4912   |            |          | 1              |  |
| c     | If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |            |          |                |  |
| d     | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |            |          |                |  |
| Par   | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).  | (5), o     | r sect   | ion            |  |
|       |   |            |          | Yes N          |  |
| 1     | Were substantially all (90% or more) dues received nondeductible by members?  |            |          | 1              |  |
| 2     | Did the organization make only in-house lobbying expenditures of \$2,000 or less?   |            |          | 2              |  |
| 3     | Did the organization agree to carry over lobbying and political expenditures from the prior year?   |            |          | 3              |  |
| Pari  | Complete if the organization is exempt under section 501(c)(4), section 501(c and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Paranswered "Yes."  Dues, assessments and similar amounts from members |            |          |                |  |
| 2     | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political   | -          |          |                |  |
| _     | expenses for which the section 527(f) tax was paid).  |            |          |                |  |
| а     | Current year  | 2a         |          |                |  |
| b     | Carryover from last year  | 2b         |          |                |  |
| C     | Total   | 2c         |          |                |  |
| 3     | Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .   | 3          |          |                |  |
| 4     | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political             |            |          |                |  |
| _     | expenditure next year?  | 5          |          |                |  |
| 5     | Taxable amount of lobbying and political expenditures (see instructions)  | 5          |          |                |  |
|       | rt IV Supplemental Information  |            |          |                |  |
|       | /ide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list)<br>ructions), and Part ll-B, line 1. Also, complete this part for any additional information.        | ; Part II- | A, lines | s 1 and 2 (see |  |
|       | Return Reference Explanation  |            |          |                |  |

THE FOUNDATION USED LOBBYING SERVICES TO FACILITATE MEETINGS AND SUCH TO SECURE

GOVERNMENT GRANTS FOR CAPITAL NEEDS AND PROGRAM SUPPORT.

**SCHEDULE D** 

DLN: 93493311012130

OMB No. 1545-0047

#### **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.

Open to Public

2019

Department of the Treasury

(Form 990)

| Intern | nal Revenue Service  | <u>1990</u> for instructions and the latest infor | mation. Inspection                               |
|--------|--|---|--|
|        | me of the organization<br>REPID MUSEUM FOUNDATION INC  |   | Employer identification number                   |
| -      | Outputies Maintaining Days Addi  | and Freedom Other Circiles Freedom                | 13-3062419                                       |
| Pa     | Organizations Maintaining Donor Advis<br>Complete if the organization answered "Ye   | sed Funds or Other Similar Funds of               | r Accounts.                                      |
|        | complete if the organization answered Te   | (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 adviso organization's property, subject to the organization's ex  |   |  |
| 6      | Did the organization inform all grantees, donors, and do<br>charitable purposes and not for the benefit of the donor<br>private benefit?                           | or donor advisor, or for any other purpose o      | be used only for                                 |
| Pa     | rt II Conservation Easements.  |   |  |
|        | Complete if the organization answered "Ye  |   |  |
| 1      | Purpose(s) of conservation easements held by the organ   |   |  |
|        | Preservation of land for public use (e.g., recreation  | n or education)                                   | historically important land area                 |
|        | Protection of natural habitat  | ☐ Preservation of a co                            | ertified historic structure                      |
|        | Preservation of open space   |   |  |
| 2      | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.  | qualified conservation contribution in the form   | m of a conservation  Held at the End of the Year |
| а      | Total number of conservation easements   |   | 2a   |
| b      | Total acreage restricted by conservation easements   |   | 2b   |
| c      | Number of conservation easements on a certified historic   | c structure included in (a)                       | 2c   |
| d      | Number of conservation easements included in (c) acqui structure listed in the National Register   | red after 7/25/06, and not on a historic          | 2d   |
| 3      | Number of conservation easements modified, transferre tax year ▶   | d, released, extinguished, or terminated by t     | he organization during the                       |
| 4      | Number of states where property subject to conservation  | n easement is located <b>&gt;</b>                 |  |
| 5      | Does the organization have a written policy regarding the and enforcement of the conservation easements it holds   |   | of violations,                                   |
| 6      | Staff and volunteer hours devoted to monitoring, inspec  | ting, handling of violations, and enforcing co    | nservation easements during the year             |
| 7      | Amount of expenses incurred in monitoring, inspecting,  \$ \\$   | handling of violations, and enforcing conserv     | ation easements during the year                  |
| 8      | Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?  |   | 70(h)(4)(B)(i) ☐ <b>Yes</b> ☐ <b>No</b>          |
| 9      | In Part XIII, describe how the organization reports cons<br>balance sheet, and include, if applicable, the text of the   | footnote to the organization's financial state    | nse statement, and                               |
| Par    | the organization's accounting for conservation easemen rt III Organizations Maintaining Collections  | of Art, Historical Treasures, or Othe             | er Similar Assets.                               |
|        | Complete if the organization answered "Ye  If the organization elected, as permitted under SFAS 11   |   | tement and halance shoot works of                |
| 1a     | art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan   | public exhibition, education, or research in fu   |  |
| b      | If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publical following amounts relating to these items: |   |  |
| (      | (i) Revenue included on Form 990, Part VIII, line 1  |   | ▶\$  |
|        | ii)Assets included in Form 990, Part X   |   |  |
| 2      | If the organization received or held works of art, historic following amounts required to be reported under SFAS:  | cal treasures, or other similar assets for finar  |  |
| а      | Revenue included on Form 990, Part VIII, line 1  | •   | ▶\$  |
| b      |  |   |  |

Cat. No. 52283D

Schedule D (Form 990) 2019

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

**b** Buildings . . . .

 ${f c}$  Leasehold improvements

 ${f d}$  Equipment . . . .

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

| sche       | edule D          | (Form 990) 2019  |                      |                                       |               |                              |        |             |            |              |            | Page 2                               |
|------------|------------------|--|----------------------|---------------------------------------|---------------|------------------------------|--------|-------------|------------|--------------|------------|--------------------------------------|
| Par        | t III            | Organizations Ma                                       | aintaining Coll      | ections o                             | f Art, His    | torical T                    | reas   | ures, or    | Other      | Similar A    | ssets (co  | ontinued)                            |
| 3          |                  | the organization's acq<br>(check all that apply):      |                      | , and other                           | records, ch   | •                            | the f  | ollowing tl | hat are a  | significant  | use of its | collection                           |
| а          | ✓                | Public exhibition                                      |                      |                                       |               | d ✓                          | Loar   | n or excha  | inge prog  | rams         |            |                                      |
| b          | <b>✓</b>         | Scholarly research                                     |                      |                                       |               | e 🗌                          | Oth    | er          |            |              |            |                                      |
| С          | <b>✓</b>         | Preservation for future                                | e generations        |                                       |               |                              |        |             |            |              |            |                                      |
| 4          | Provid<br>Part ) | de a description of the XIII.                          | organization's colle | ections and                           | explain hov   | v they furt                  | her th | ne organiz  | ation's ex | empt purpo   | ose in     |                                      |
| 5          |                  | ig the year, did the org<br>is to be sold to raise fur |                      |                                       |               |                              |        |             |            |              | ☐ Yes      | . ☑ No                               |
| Pa         | rt IV            | Escrow and Cust<br>Complete if the or<br>X, line 21.   |                      |                                       | on Form       | 990, Par                     | t IV,  | line 9, or  | reporte    | d an amoi    | unt on Fo  |                                      |
| <b>1</b> a |                  | e organization an agent<br>ded on Form 990, Part I     |                      |                                       |               |                              |        |             |            |              | ☐ Yes      | . □ No                               |
| b          | TE "Ve           | es," explain the arrange                               | mont in Bart VIII    | and complet                           | to the follow | vina tabla                   |        | Г           |            |              | mount      | <del></del>                          |
| C          |                  | nning balance  |                      |                                       |               |                              |        | ŀ           | 1c         |              | illoune    |                                      |
| d          | _                | ions during the year .                                 |                      |                                       |               |                              |        | F           | 1d         |              |            |                                      |
| e          |                  | butions during the year                                |                      |                                       |               |                              |        | F           | 1e         |              |            |                                      |
| f          |                  | ng balance   |                      |                                       |               |                              |        | F           | 1f         |              |            |                                      |
| 2a         | Did th           | he organization include                                | an amount on For     | m 990, Part                           | X, line 21,   | for escro                    | w or c | ustodial a  | ccount lia | bility?      | ☐ Yes      | No                                   |
| b          | If "Ye           | es," explain the arrange                               | ement in Part XIII.  | Check here                            | if the expla  | anation ha                   | s beei | n provided  | in Part >  | (III         |            |                                      |
| Pa         | rt V             | Endowment Fund   | ds.                  |                                       |               |                              |        |             |            |              |            |                                      |
|            |                  | Complete if the or                                     | ganization answ      |                                       |               |                              |        |             |            | (d) There we |            | a) Farm manus basil                  |
| 1a         | Beginn           | ing of year balance .                                  |                      | (a) Current                           | 668,186       | <b>(b)</b> Prior ye<br>28,92 |        | (c) Two ye  | 6,494,747  | (d) Three ye | ,990,233   | <b>e)</b> Four years back 24,381,065 |
|            | _                | outions  | · · ·                | · · · · · · · · · · · · · · · · · · · | 600,000       |                              | 0,000  |             | 600,000    |              | 600,000    | 600,000                              |
|            |                  | /estment earnings, gair                                | ns, and losses       |                                       | 011,039       |                              | 8,014  |             | 2,316,275  | 2            | ,591,024   | -359,832                             |
|            |                  | or scholarships  | ·.                   |                                       |               |                              |        |             |            |              |            |                                      |
| е          |                  | expenditures for facilition                            | es                   | 1                                     | 807,429       | 76                           | 3,734  |             | 482,635    |              | 686,510    | 631,000                              |
| f          | Admini           | istrative expenses .                                   |                      |                                       | 135,851       | 13                           | 8,453  |             |            |              |            |                                      |
| g          | End of           | year balance   | [                    | 31,                                   | 335,945       | 26,66                        | 8,186  | 2           | 8,928,387  | 26           | ,494,747   | 23,990,233                           |
| 2          | Provi            | de the estimated perce                                 | ntage of the curre   | nt year end                           | balance (lir  | ne 1g, colu                  | ımn (a | a)) held as | s:         |              |            |                                      |
| а          | Board            | d designated or quasi-e                                | ndowment ►           | 0 %                                   |               |                              |        |             |            |              |            |                                      |
| b          | Perm             | anent endowment ►                                      | 69.460 %             |                                       |               |                              |        |             |            |              |            |                                      |
| c          | Temp             | orarily restricted endo                                | wment ► 30.54        | 40 %                                  |               |                              |        |             |            |              |            |                                      |
|            | The p            | ercentages on lines 2a                                 | , 2b, and 2c should  | d equal 100                           | %.            |                              |        |             |            |              |            |                                      |
| 3a         | orgar            | here endowment funds<br>nization by:                   | •                    | sion of the o                         | rganization   | that are h                   | neld a | nd admini   | stered for | the          |            | Yes No                               |
|            | . ,              | nrelated organizations                                 |                      |                                       |               |                              |        |             |            |              | 3a(        |                                      |
| b          |                  | elated organizations .<br>es" on 3a(ii), are the re    |                      |                                       |               | <br>Schedule F               | ₹?.    | • •         |            |              | 3a(        |                                      |
| 4          | Descr            | ribe in Part XIII the inte                             | ended uses of the    | organizatior                          | ı's endowm    | ent funds.                   |        |             |            |              |            |                                      |
| Pa         | rt VI            | Land, Buildings,<br>Complete if the ord                |                      |                                       | on Form       | 000 00                       | - T\/  | lino 11a    | Soc For    | m 000 D-     | ort V line | 10                                   |
|            | Descri           | iption of property                                     | (a) Cost or other    | er basis                              | (b) Cost or o |                              |        |             |            | epreciation  |            | i) Book value                        |
|            |                  |  | (investmer           | nt)                                   |               |                              | ·      |             |            |              | •          |                                      |
| 1a         | Land             |  |                      |                                       |               |                              |        |             |            |              |            |                                      |

22,528,004

7,919,868

89,803,545

7,010,667

7,511,062

58,093,255

15,517,337

31,710,290

408,806

| Part VII          | Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990  | Part IV lii    | ne 11k   | See Form 990       | Part X line 12                             |
|-------------------|---|----------------|----------|--------------------|--|
|                   | (a) Description of security or category (including name of security)  | (b)<br>Book    | iic II.  | (c) Metho          | od of valuation:<br>f-year market value    |
|                   | (including hame of security)  | value          |          | Cost of end-of     | -year market value                         |
|                   | al derivatives  |                |          |                    |  |
| (3)Other          |   |                |          |                    |  |
| (A)               |   |                |          |                    |  |
| (B)               |   |                |          |                    |  |
| (C)               |   |                |          |                    |  |
| (D)               |   |                |          |                    |  |
| (E)               |   |                |          |                    |  |
| (F)               |   |                |          |                    |  |
| (G)               |   |                |          |                    |  |
| (H)               |   |                |          |                    |  |
|                   | in (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  (a) Description of investment  | , Part IV, lir | ne 110   | (b) Book value     | Part X, line 13.  (c) Method of valuation: |
|                   | ( )   |                |          | ( )                | Cost or end-of-year market value           |
| (1)               |   |                |          |                    |  |
| (2)               |   |                |          |                    |  |
| (3)               |   |                |          |                    |  |
| (4)               |   |                |          |                    |  |
| (5)               |   |                |          |                    |  |
| (6)               |   |                |          |                    |  |
| (7)               |   |                |          |                    |  |
| (8)               |   |                |          |                    |  |
|                   |   |                |          |                    |  |
| (9)               |   |                |          |                    |  |
| Part IX           | on (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.  |                | <u> </u> |                    |  |
|                   | Complete if the organization answered 'Yes' on Form 990,  (a) Description   | Part IV, lin   | e 11d    | . See Form 990, Pa | rt X, line 15. (b) Book value              |
| (1)               | (a) Description   |                |          |                    | (b) Book value                             |
| (2)               |   |                |          |                    |  |
| (3)               |   |                |          |                    |  |
| (4)               |   |                |          |                    |  |
| (5)               |   |                |          |                    |  |
| (6)               |   |                |          |                    |  |
|                   |   |                |          |                    |  |
| (7)               |   |                |          |                    |  |
| (8)               |   |                |          |                    |  |
| (9)<br>————       |   |                |          |                    |  |
|                   | Imn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  |                |          |                    | <b>•</b>                                   |
|                   | Complete if the organization answered 'Yes' on Form 990,  (a) Description of liability  | Part IV, lin   | e 11e    | or 11f.See Form    | 990, Part X, line 25. (b) Book value       |
| 1.<br>(1) Federal | income taxes  |                |          |                    | 40,351                                     |
| (3)               |   |                |          |                    |  |
| (4)               |   |                |          |                    |  |
| (5)               |   |                |          |                    |  |
| (6)               |   |                |          |                    | 1  |
| (7)               |   |                |          |                    |  |
| (8)               |   |                |          |                    |  |
| (9)               |   |                |          |                    | 1  |
| Total. (Colum     | n (b) must equal Form 990, Part X, col.(B) line 25.)  |                |          | •                  | 5,360,447                                  |
|                   | or uncertain tax positions. In Part XIII, provide the text of the footness; Is liability for uncertain tax positions under FIN 48 (ASC 740). Chec |                |          |                    | ements that reports the                    |

2

4

b

C 5

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

Part XII

а

Schedule D (Form 990) 2019

Page 4

4,997,128

31,884,005

136,151

32,020,156

34,154,194

741,198

136,151

33.549.147

Schedule D (Form 990) 2019

33,412,996

# d

Donated services and use of facilities . . . . b Recoveries of prior year grants . . . . . . Add lines 2a through 2d . . . . . . е 3

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

Net unrealized gains (losses) on investments . . . .

Subtract line 2e from line 1 . . . . . . . . . . .

Total expenses and losses per audited financial statements . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Investment expenses not included on Form 990, Part VIII, line 7b .

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

4a 4b

2a

2b

2c

2d

4a

4b

Explanation

2a

2b

2c

2d

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

3 136,151 40 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu

2e

4,260,174

723,746

13,208

723,746

17,452

136.151

2e

3

4c

5

| С    |  |  |  |  |  |
|------|--|--|--|--|--|
| ;    |  |  |  |  |  |
| urn. |  |  |  |  |  |
|      |  |  |  |  |  |
|      |  |  |  |  |  |

| chedule D (Form 990) 2019   | Page <b>5</b>        |
|-----------------------------|----------------------|
| Part XIII Supplemental Info | ormation (continued) |
| Return Reference            | Explanation          |
|                             |                      |
|                             |                      |
|                             |                      |
|                             |                      |
|                             |                      |
|                             |                      |
|                             |                      |
|                             |                      |

Schedule D (Form 990) 2019

#### **Additional Data**

Software ID: Software Version:

**EIN:** 13-3062419

Name: INTREPID MUSEUM FOUNDATION INC

Explanation

## Supplemental Information Return Reference

| PART III, LINE 1A: | THE INTREPID AND CERTAIN EXHIBITS WERE PLACED ON LOAN TO THE FOUNDATION BY THE UNITED STAT ES DEPARTMENT OF THE NAVY ("NAVY") AND BRITISH AIRWAYS, AND THE VALUE THEREOF IS NOT READI LY DETERMINABLE. ACCORDINGLY, THE MUSEUM HAS FOLLOWED THE ACCOUNTING POLICY OF MOST MUSEUM  S 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. 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 ENTER PRISE. NASA TRANSFERRED THE TITLE TO THE MUSEUM SUBJECT TO CERTAIN CONDITIONS AND RESTRICT IONS FOR A 20-YEAR PERIOD. NASA PHYSICALLY DELIVERED THE ENTERPRISE TO THE MUSEUM AT JFK A IRPORT ON APRIL 27, 2012. THE FNTERPRISE FXHIBIT WAS OFFICIALLY OPENED TO THE PUBLIC ON 11 |
|--------------------|---|
|                    | IONS FOR A 20-YEAR PERIOD. NASA PHYSICALLY DELIVERED THE ENTERPRISE TO THE MUSEUM AT JFK A IRPORT ON APRIL 27, 2012. THE ENTERPRISE EXHIBIT WAS OFFICIALLY OPENED TO THE PUBLIC ON JULY 19, 2012.   |

| Supplemental Information |   |
|--------------------------|---|
| Return Reference         | Explanation   |
| PART III, LINE 4:        | THE INTREPID SEA, AIR & SPACE MUSEUM COLLECTS A WIDE RANGE OF ARTIFACTS TO DOCUMENT ITS RI CH HISTORY AS A U.S. NAVAL VESSEL FROM 1943 TO 1974. MANY OF THESE ARTIFACTS INCLUDE THE P ERSONAL 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 AR T" DESIGNED AND CREATED BY THE SERVICEMEN ON BOARD ALLOWS US A UNIQUE GLIMPSE INTO THE PER SONAL SIDE OF LIFE ON THE SHIP. EXAMPLES OF SUCH ART INCLUDE SKETCHES ON THE BACKS OF HAND KERCHIEFS, 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 UNI FORMS, FROM FLIGHT SUITS TO OFFICERS' DRESS "BLUES," PROVIDES US WITH AN UNDERSTANDING OF THE DIFFERENT DUTIES AND JOBS FOR WHICH THE SERVICEMEN WOULD HAVE BEEN RESPONSIBLE. SIMILA RLY, 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 A RTIFACTS, 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. |

| Supplemental Information |  |
|--------------------------|--|
| Return Reference         | Explanation  |
| 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, 2019 WAS \$807,429 ( 3%) THE INTENDED LISE OF THE ENDOWMENT FLINDS IS TO SUPPORT THE ORGANIZATION'S OPERATIONS |

| Supplemental Information |   |
|--------------------------|---|
| Return Reference         | Explanation   |
| 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 UNCER TAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE M USEUM IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR TAX YEARS PRIOR TO FISCAL 2016. |

| Supplemental Information                 |  |
|--|--|
| Return Reference                         | Explanation                              |
| PART XI, LINE 2D - OTHER<br>ADJUSTMENTS: | PERSONAL PROPERTY RENTAL EXPENSE 13,208. |

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| Supplemental Information                  |  |
|---|--|
| Return Reference                          | Explanation  |
| PART XII, LINE 2D - OTHER<br>ADJUSTMENTS: | PERSONAL PROPERTY RENTAL EXPENSE 13,208. WRITE-OFF OF PLEDGE RECEIVABLE 4,244. |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493311012130 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization INTREPID MUSEUM FOUNDATION INC 13-3062419 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

|  | than \$15,000 of fundraising e   |  |  |                             |   |
|--|--|--|--|-----------------------------|---|
|  | gross receipts greater than \$!  |  | groot meeme en rem   |                             |   |
|  |  | (a)Event #1 SALUTE TO  | <b>(b)</b> Event #2  | (c)Other events             | (d) Total events<br>(add col. (a) through<br>col. (c))                      |
|  |  | FREEDOM DINNER (event type)  | (event type)   | (total number)              | con (cy)  |
| REVEIRIE   |  |  |  |                             |   |
|  | 1 Gross receipts   | 1,818,992  |  |                             | 1,818,992   |
|  | <b>2</b> Less: Contributions   | 1,722,492  |  |                             | 1,722,49  |
|  | 3 Gross income (line 1 minus line 2)   | 96,500   |  |                             | 96,500  |
|  | 4 Cash prizes  |  |  |                             |   |
| ۰,   | 5 Noncash prizes   |  |  |                             |   |
| 2016   | <b>6</b> Rent/facility costs   |  |  |                             |   |
| Direct LAperises   | <b>7</b> Food and beverages  | 134,250  |  |                             | 134,250   |
| -<br>-   | 8 Entertainment  |  |  |                             |   |
| ן ב  | 9 Other direct expenses  |  |  |                             |   |
| ן נ  |  |  |  |                             |   |
| ,  | 10 Direct expense summary. Add lines 4 t   | through 9 in column (d)  |  |                             | 134,250   |
|  | 11 Net income summary. Subtract line 10  | from line 3, column (d)  |  |                             | -37,750   |
|  | 11 Net income summary. Subtract line 10  | from line 3, column (d)  | es" on Form 990, Part 1  |                             | -37,750   |
| Par  | 11 Net income summary. Subtract line 10  | from line 3, column (d)  | es" on Form 990, Part I  (b) Pull tabs/Instant bingo/progressive bingo |                             | -37,750   |
| Par  | 11 Net income summary. Subtract line 10 t III Gaming. Complete if the organism on Form 990-EZ, line 6a.                        | from line 3, column (d) anization answered "Ye   | (b) Pull tabs/Instant  |                             | -37,750<br>d more than \$15,000<br>(d) Total gaming (add                    |
| e Meyer e  | 11 Net income summary. Subtract line 10 t III Gaming. Complete if the organism on Form 990-EZ, line 6a.  1 Gross revenue       | from line 3, column (d) anization answered "Ye   | (b) Pull tabs/Instant  |                             | -37,750<br>d more than \$15,000<br>(d) Total gaming (add                    |
| e Meyer e  | 11 Net income summary. Subtract line 10 t III Gaming. Complete if the organism on Form 990-EZ, line 6a.                        | from line 3, column (d) anization answered "Ye   | (b) Pull tabs/Instant  |                             | -37,75d more than \$15,000  (d) Total gaming (add                           |
| e Meyer e  | 11 Net income summary. Subtract line 10 t III Gaming. Complete if the organism on Form 990-EZ, line 6a.  1 Gross revenue       | from line 3, column (d) anization answered "Ye   | (b) Pull tabs/Instant  |                             | -37,750<br>d more than \$15,000<br>(d) Total gaming (add                    |
| e Meyer e  | 11 Net income summary. Subtract line 10  1111 Gaming. Complete if the organism on Form 990-EZ, line 6a.  1 Gross revenue       | from line 3, column (d) anization answered "Ye   | (b) Pull tabs/Instant  |                             | -37,750<br>d more than \$15,000<br>(d) Total gaming (add                    |
| Par  | 11 Net income summary. Subtract line 10  11 Gaming. Complete if the organism on Form 990-EZ, line 6a.  1 Gross revenue         | from line 3, column (d) anization answered "Ye   | (b) Pull tabs/Instant  |                             | (d) Total gaming (add   |
| e Meyer e  | 11 Net income summary. Subtract line 10  11 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue            | from line 3, column (d) anization answered "Ye   | (b) Pull tabs/Instant  |                             | -37,750<br>d more than \$15,000<br>(d) Total gaming (add                    |
| e Meyer e  | 11 Net income summary. Subtract line 10  11 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue            | (a) Bingo  | (b) Pull tabs/Instant<br>bingo/progressive bingo                       | (c) Other gaming            | -37,75d more than \$15,000  (d) Total gaming (add                           |
| e Meyer e  | 11 Net income summary. Subtract line 10  11 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue            | (a) Bingo  Yes %  No   | (b) Pull tabs/Instant bingo/progressive bingo                          | (c) Other gaming            | -37,75d more than \$15,000  (d) Total gaming (add                           |
| ar   | 1 Gross revenue  | (a) Bingo  Yes %  No  through 5 in column (d)  | (b) Pull tabs/Instant bingo/progressive bingo  Yes % No                | (c) Other gaming  Yes %  No | -37,75<br>d more than \$15,000<br>(d) Total gaming (add                     |
| ar anniana caciado naio  | 11 Net income summary. Subtract line 10  1111 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue          | rom line 3, column (d) anization answered "Ye  (a) Bingo  Yes %  No  through 5 in column (d) thine 7 from line 1, column ion conducts gaming activities in each of | (b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)         | (c) Other gaming  Yes % No  | -37,75d more than \$15,000  (d) Total gaming (add                           |
| a principle of the prin | 11 Net income summary. Subtract line 10  111 Gaming. Complete if the organization licensed to conduct garden.  1 Gross revenue | (a) Bingo  (a) Bingo  Yes %  No  through 5 in column (d)  tt line 7 from line 1, column ion conducts gaming activities in each of                                  | (b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)         | (c) Other gaming  Yes % No  | -37,750d more than \$15,000  (d) Total gaming (add col.(a) through col.(c)) |
| a principle of the prin | 11 Net income summary. Subtract line 10  111 Gaming. Complete if the organization licensed to conduct garden.  1 Gross revenue | (a) Bingo  (a) Bingo  Yes %  No  through 5 in column (d)  third in conducts gaming activities in each of aming activities in each of accesses revoked, suspendents | (b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)         | (c) Other gaming  Yes % No  | -37,75 d more than \$15,000  (d) Total gaming (add col.(a) through col.(c)) |

| Sche | dule G (Form 990 or 990-EZ) 20                                    | 19  |   |          |         | F   | age <b>3</b> |
|------|---|---|---|----------|---------|-----|--------------|
| 11   | Does the organization conduct                                     | gaming activities with nonmembers   | 5?  |          | Yes     | Пио |              |
| 12   | Is the organization a grantor, be formed to administer charitable |   | member of a partnership or other entity   |          | Yes     |     |              |
| 13   | Indicate the percentage of gam                                    | ning activity conducted in:   |   |          |         |     |              |
| а    | The organization's facility .                                     |   |   | 13a      |         |     | %            |
| b    | An outside facility   |   |   | 13b      |         |     | %            |
| 14   | Enter the name and address of                                     | the person who prepares the organ   | nization's gaming/special events books and  | records: |         |     |              |
|      | Name •  |   |   |          |         |     |              |
|      | Address >   |   |   |          |         |     |              |
| 15a  |   |   | m the organization receives gaming  |          | ·   Yes | Пио |              |
| b    | If "Yes," enter the amount of g                                   | aming revenue received by the orgained by the third party $ ightharpoons$ | anization 🕨 \$ and  | the      |         |     |              |
| c    | If "Yes," enter name and addre                                    | ss of the third party:  |   |          |         |     |              |
|      | Name •  |   |   |          |         |     |              |
|      | Address ▶   |   |   |          |         |     |              |
|      |   |   |   |          |         |     |              |
| 16   | Gaming manager information:                                       |   |   |          |         |     |              |
|      | Name 🟲  |   |   |          |         |     |              |
|      | Gaming manager compensation                                       | 1 ▶ \$  | <del></del>   |          |         |     |              |
|      | Description of services provided                                  | d ▶   |   |          |         |     |              |
|      | ☐ Director/officer  | ☐ Employee  | ☐ Independent contractor  |          |         |     |              |
| 17   | Mandatory distributions:  |   |   |          |         |     |              |
| а    | <u>-</u>  |   | stributions from the gaming proceeds to   |          | □Yes    | Пио |              |
| b    | Enter the amount of distributio                                   | ns required under state law distribu                                      | ited to other exempt organizations or spent   | :        | ☐ 1e3   |     |              |
|      |   | pt activities during the tax year   |   |          |         |     |              |
| Pai  |   |   | ions required by Part I, line 2b, colum<br>licable. Also provide any additional inf |          |         |     | s.           |
|      | Return Reference  |   | Explanation   |          |         |     |              |

| efile GRAPHIC print - D  | O NOT PROCESS   | As Filed Data -   |   |  |   |                                 | DLN: 93493311012130  |
|--|---|---|---|--|---|---------------------------------|--|
| Note: To capture the full  | l content of this de  | ocument, please sel   | lect landscape mode                                 | e (11" x 8.5") whe                       | en printing.  |                                 |  |
| Schedule I   |   | Grants and O  | ther Assistand                                      | ce to Organiz                            | ations.   | -                               | OMB No. 1545-0047  |
| (Form 990)   | (   |   | and Individuals                                     |  | •   |                                 | 2019   |
|  |   |   | tion answered "Yes," o                              | on Form 990, Part IV                     | <del>-</del>  |                                 | Open to Public   |
| Department of the<br>Treasury<br>Internal Revenue Service                        |   |   | Inspection  |  |   |                                 |  |
| Name of the organization INTREPID MUSEUM FOUNDATI                                | ON INC  |   |   |  |   | Employer i                      | dentification number   |
| INTREPID MUSEUM FOUNDATI   | ON INC  |   |   |  |   | 13-30624                        | 19   |
| Part I General Infor   | mation on Grants  | and Assistance  |   |  |   |                                 |  |
| the selection criteria use  Describe in Part IV the of  Part II Grants and Other | ed to award the grants<br>organization's procedur<br>or Assistance to Dom | or assistance? es for monitoring the use estic Organizations ar | e of grant funds in the Un                          | ited States.                             |   |                                 | ✓ Yes □ No  IV, line 21, for any recipient   |
| that received mor  (a) Name and address of organization or government            | re than \$5,000. Part II  (b) EIN   | can be duplicated if add (c) IRC section (if applicable)        | itional space is needed.  (d) Amount of cash  grant | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description noncash assista | 1 1 1  |
| (1) EDUCATION DEVELOPMENT CENTER INC 43 FOUNDRY AVENUE WALTHAM, MA 02453         | 04-2241718  | 501(C)(3)   | 70,453  |  |   |                                 | TO SUPPORT AN 18- MONTH LONG PROJECT THAT DEVELOPED A COLLABORATIVE ACTION AGENDA DESIGNED TO BETTER UNDERSTAND THE MID- AND LONG-TERM IMPACT OF INFORMAL STEM PROGRAMS FOR GIRLS. |
| (2) NATIONAL GIRLS COLLABORATIVE 4616 25TH AVENUE NE 248 SEATTLE, WA 98105       | 47-1608990  | 501(C)(3)   | 21,930  |  |   |                                 | TO SUPPORT AN 18-MONTH LONG PROJECT THAT DEVELOPED A COLLABORATIVE ACTION AGENDA DESIGNED TO BETTER UNDERSTAND THE MID- AND LONG-TERM IMPACT OF INFORMAL STEM PROGRAMS FOR GIRLS.  |
| 2 Enter total number of se   | ection 501(c)(3) and go   | vernment organizations  | listed in the line 1 table .                        |  |   |                                 | 2  |
| 3 Enter total number of ot   | her organizations listed  | d in the line 1 table   |   |  |   | •                               | 0  |
| For Paperwork Reduction Act No   | tice, see the Instruction   | ns for Form 990.  |   | Cat. No. 5005                            | 5P  |                                 | Schedule I (Form 990) 2019   |

| (a) Type of grant or assistance | t or assistance (b) Number of (c) Amount of (d) Amount of recipients cash grant noncash assistance |           | (e) Method of valuation FMV, appraisal, oth | ı (book,<br>er) | (book, <b>(f)</b> Description of noncash assistance |       |                      |         |                  |
|---------------------------------|--|-----------|---|-----------------|---|-------|----------------------|---------|------------------|
| (1)                             |  |           |   |                 |   |       |                      |         |                  |
| (2)                             |  |           |   |                 |   |       |                      |         |                  |
| (3)                             |  |           |   |                 |   |       |                      |         |                  |
| (4)                             |  |           |   |                 |   |       |                      |         |                  |
| (5)                             |  |           |   |                 |   |       |                      |         |                  |
| (6)                             |  |           |   |                 |   |       |                      |         |                  |
| (7)                             |  |           |   |                 |   |       |                      |         |                  |
| Part IV Supplemental Inform     | nation. Provide the  | nformatio | n required in                               | Part I, li      | ne 2; Part III,                                     | colum | n (b); and any other | additio | nal information. |
| Return Reference Expla          | nation   |           |   | •               |   |       |                      |         |                  |

ITHE 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. 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 EDUCATION DEVELOPMENT CENTER AND NATIONAL GIRLS COLLABORATIVE ON AN 18-MONTH LONG PROJECT THAT DEVELOPED A COLLABORATIVE ACTION AGENDA DESIGNED TO BETTER UNDERSTAND THE MID- AND LONG-TERM IMPACT OF INFORMAL STEM PROGRAMS FOR GIRLS. THE GOAL OF THIS PROJECT IS TO CONVENE AND ENGAGE REPRESENTATIVES FROM CULTURAL INSTITUTIONS (MUSEUMS, SCIENCE CENTERS, ZOOS, BOTANICAL GARDENS AND AQUARIA) FROM ACROSS THE COUNTRY THAT PROVIDE STEM PROGRAMMING AIMED AT INCREASING THE PARTICIPATION OF GIRLS AND WOMEN IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS (STEM). NATIONAL GIRLS COLLABORATIVE, A NETWORK OF MORE THAN 18,800 ORGANIZATIONS DEDICATED TO INCREASING DIVERSITY AND ENGAGEMENT OF WOMEN AND GIRLS IN STEM, IS HELPING TO ENSURE LINKAGES WITH THE ENTIRE NGCP NETWORK THROUGH THE PROJECT, EDUCATION DEVELOPMENT CENTER (EDC), ONE OF THE MOST RESPECTED ORGANIZATIONS RESEARCHING STUDENT LEARNING IN AND OUT OF SCHOOL, PROVIDES RESEARCH EXPERTISE DURING THE

Page 2

Schedule I (Form 990) 2019

PROJECT IMPLEMENTATION.

PART I, LINE 2:

| efil                  | e GRAPHIC pr                           | int - DO NOT PROCESS  | As Filed Data     | a -  | DLN: 93                 | 49331   | 1012   | 130  |  |
|-----------------------|--|---|-------------------|--|-------------------------|---------|--------|------|--|
| Sch                   | edule J                                | Co  | mpensati          | ion Information  | 0                       | MB No.  | 1545-0 | 3047 |  |
| (Form 990)            |  | For certain Office  |                   |  |                         |         |        |      |  |
|                       |  | ► Complete if the orga  |                   | ated Employees<br>vered "Yes" on Form 990, Part IV,                              | , line 23.              | 2019    |        |      |  |
| ▶ Attach to Form 990. |  |   |                   |  |                         |         |        |      |  |
| •                     | al Revenue Service                     | P do to <u>www.ms.gov</u>   | 101               | mistractions and the latest mion   |                         |         | ectio  | n    |  |
|                       | me of the organiza<br>REPID MUSEUM FOU |   |                   |  | Employer identifica     | tion nu | ımber  |      |  |
|                       |  |   |                   |  | 13-3062419              |         |        |      |  |
| Pa                    | rt I Questi                            | ons Regarding Compensat   | ion               |  |                         |         | l      |      |  |
| <b>1</b> a            |  |   |                   | the following to or for a person liste   |                         |         | Yes    | No   |  |
|                       |  | ,   | .11 to provide an | y relevant information regarding thes  |                         |         |        | İ    |  |
|                       |  | or charter travel   | 님                 | Housing allowance or residence for   | •                       |         |        |      |  |
|                       | _                                      | companions<br>nification and gross-up payments                      | H                 | Payments for business use of person<br>Health or social club dues or initiation  |                         |         |        |      |  |
|                       |  | ary spending account  |                   | Personal services (e.g., maid, chauf   |                         |         |        |      |  |
|                       |  |   |                   |  |                         |         |        |      |  |
| b                     |  |   |                   | follow a written policy regarding pay<br>ve? If "No," complete Part III to expl  |                         | 1b      |        |      |  |
| 2                     |  |   |                   | or allowing expenses incurred by all   |                         | 2       |        |      |  |
|                       | directors, truste                      | es, officers, including the CEO/Ex                                  | recutive Director | r, regarding the items checked on Lir  | ne 1a? .     .          |         |        |      |  |
| 3                     |  |   |                   | ed to establish the compensation of the  | ne                      |         |        | i    |  |
|                       |  |   |                   | not check any boxes for methods<br>CEO/Executive Director, but explain i         | n Part III.             |         |        |      |  |
|                       | <b>✓</b> Compensa                      | ation committee   |                   | Written employment contract  |                         |         |        | i    |  |
|                       |  | ent compensation consultant   | <u>~</u>          | Compensation survey or study   |                         |         |        |      |  |
|                       | <b>✓</b> Form 990                      | of other organizations  | $\checkmark$      | Approval by the board or compensa  | tion committee          |         |        | i    |  |
| 4                     | During the year related organiza       |   | 90, Part VII, Se  | ction A, line 1a, with respect to the fi   | iling organization or a |         |        |      |  |
| а                     | Receive a sever                        | ance payment or change-of-conti                                     | rol payment? .    |  |                         | 4a      | Yes    | i    |  |
| b                     | Participate in, o                      | r receive payment from, a supple                                    | mental nonqual    | ified retirement plan?   |                         | 4b      |        | No   |  |
| c                     |  |   |                   | nsation arrangement?   |                         | 4c      |        | No   |  |
|                       | ir res to any o                        | or lines 4a-c, list the persons and                                 | provide the app   | licable amounts for each item in Part  | C 111.                  |         |        | i    |  |
|                       | Only 501(c)(3                          | ), 501(c)(4), and 501(c)(29)  | organizations     | must complete lines 5-9.   |                         |         |        | i    |  |
| 5                     |  | ed on Form 990, Part VII, Section<br>ontingent on the revenues of:  |                   | the organization pay or accrue any   |                         |         |        |      |  |
| а                     | The organization                       | 1?  |                   |  |                         | 5a      |        | No   |  |
| b                     |  |   |                   |  |                         | 5b      |        | No   |  |
| _                     | •                                      | 5a or 5b, describe in Part III.                                     |                   |  |                         |         |        | i    |  |
| 6                     |  | ed on Form 990, Part VII, Section ontingent on the net earnings of: |                   | the organization pay or accrue any   |                         |         |        |      |  |
| a                     | -                                      | 1?  |                   |  |                         | 6a      |        | No   |  |
| b                     |  | anization?  |                   |  |                         | 6b      |        | No   |  |
| 7                     | •                                      | ·   | A, line 1a. did t | the organization provide any nonfixed  | d                       |         |        |      |  |
| -                     | payments not d                         | escribed in lines 5 and 6? If "Yes,                                 | " describe in Pa  | rt III   |                         | 7       | Yes    |      |  |
| 8                     | subject to the ir                      | nitial contract exception described                                 | l in Regulations  | red pursuant to a contract that was<br>section 53.4958-4(a)(3)? If "Yes," de<br> |                         |         |        |      |  |
| 9                     | If "Yes" on line                       | 8, did the organization also follow                                 | the rebuttable    | presumption procedure described in   | Regulations section     | 9       |        | No   |  |
| For F                 |  | iction Act Notice, see the Inst                                     |                   |  | 50053T Schedule         |         | 1 990) | 2019 |  |

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 are not 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   | Jua |                          | kdown of W-2 and/o<br>compensation        |   | (C) Retirement and other | (D) Nontaxable benefits | (E) Total of columns | (F)<br>Compensation in                                     |
|  |     | (i) Base<br>compensation | (ii)<br>Bonus & incentive<br>compensation | (iii) Other<br>reportable<br>compensation | deferred<br>compensation |                         | (B)(i)-(D)           | column (B)<br>reported as<br>deferred on prior<br>Form 990 |
| See Additional Data Table  |     |                          |   | I   | •                        |                         |                      |  |
|  |     |                          |   |   |                          |                         |                      |  |
|  |     |                          |   |   |                          |                         |                      |  |
|  |     |                          |   |   |                          |                         |                      |  |
|  |     |                          |   |   |                          |                         |                      |  |
|  |     |                          |   |   |                          |                         |                      |  |
|  |     |                          |   |   |                          |                         |                      |  |
|  |     |                          |   |   |                          |                         |                      |  |
|  |     |                          |   |   |                          |                         |                      |  |
|  |     |                          |   |   |                          |                         |                      |  |
|  |     |                          |   |   |                          |                         |                      |  |
|  |     |                          |   |   |                          |                         |                      |  |
|  |     |                          |   |   |                          |                         |                      |  |
|  |     |                          |   |   |                          |                         |                      |  |
|  |     |                          |   |   |                          |                         |                      |  |
|  |     |                          |   |   |                          |                         |                      |  |
|  |     |                          |   |   |                          |                         |                      |  |

Schedule J (Form 990) 2019

EVALUATED BASED ON GOALS SET FOR THE MUSEUM, EACH DEPARTMENT, MANAGEMENT OF RESPECTIVE TEAMS, AND SUCCESS OF OVERALL VENUE. (SUCCESS IS MEASURED THROUGH REVENUE, BRAND AWARENESS, CUSTOMER SATISFACTION, GROWTH OF PROGRAMMING AND CONTENT, GROWTH IN ATTENDANCE, INTEGRITY AND UPKEEP OF SAFE INFRASTRUCTURE.) BASED ON THOSE ASSESSMENTS, THE PRESIDENT RECOMMENDS SALARY INCREASES AND BONUSES FOR EACH MEMBER OF SENIOR MANAGEMENT TO THE COMPENSATION COMMITTEE BASED ON ACHIEVEMENTS AND BUDGET AVAILABILITY. THE COMPENSATION COMMITTEE ENGAGES A COMPENSATION CONSULTANT TO PERFORM MARKET STUDIES OF COMPARABLE ORGANIZATIONS AND SENIOR MANAGEMENT POSITIONS. IT MEETS WITH THE CONSULTING FIRM AND THE PRESIDENT OF THE MUSEUM. IF THE COMPENSATION COMMITTEE HAS ANY QUESTIONS OR RECOMMENDATIONS, THE PRESIDENT ADDRESSES THEM AND MAKES REVISIONS. THE COMMITTEE THEN CONSIDERS THE PRESIDENT'S RECOMMENDATIONS AND APPROVES THEM OR DIRECTS THE PRESIDENT TO MODIFY HER RECOMMENDATIONS BASED ON OTHER FACTORS. THE PRESIDENT ALSO PRESENTS HER ACCOMPLISHMENTS TO THE CO-CHAIRMEN OF BOARD FOR REVIEW. THE CO-CHAIRMEN CONSULT WITH THE COMPENSATION COMMITTEE AND COMPENSATION CONSULTANT TO APPROVE SALARY INCREASES AND BONUSES FOR THE PRESIDENT. AFTER BONUS AND SALARY INCREASES ARE APPROVED BY THE

Page 3

Schedule 1 (Form 990) 2019

COMPENSATION COMMITTEE, THE CHAIRMAN OF THE COMPENSATION COMMITTEE ADVISES THE PRESIDENT WHO PREPARES THE PROPER DOCUMENTATION. IT IIS THEN SUBMITTED TO FINANCE AND HUMAN RESOURCES FOR PROCESSING AND PAYMENT.

Software ID:

**Software Version:** 

EIN: 13-3062419

Name: INTREPID MUSEUM FOUNDATION INC Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (ii) (iii) reported as deferred on compensation Bonus & incentive Other reportable prior Form 990 compensation compensation (i) 541,785 80,900 690 2,500 22,557 648,432 SUSAN MARENOFF-ZAUSNER PRESIDENT (i) 307,499 46,306 3,810 2.500 24,740 384,855 PATRICIA BEENE-COLASANTI CFO/CAO 2MATTHEW WOODS (i) 297,286 36,271 1,290 2,500 30,106 367,453 ENGINEERING/FACILITIES 3DAVID A WINTERS (i) 284,851 21,560 690 2,500 25,740 335,341 EXECUTIVE VICE PRESIDENT **4**ELAINE CHARNOV (i) 267,630 334,877 40,217 1,290 2,500 23,240 SVP EXHIBITS/EDUCATION 5MARC LOWITZ (i) 258,434 31,419 690 2,500 30,806 323,849 SVP BUSINESS DEVELOPMENT (ii) **6**VINCENT FORINO (i) 181,336 28,395 1,980 2,500 30,772 244,983 VP, INFORMATION TECHNOLOGY (ii) 7LYNDA KENNEDY (i) 181,980 26,332 690 2,500 29,565 241,067 VP, EDUCATION & EVALUATION 8MICHAEL ONYSKO (i) 168,335 22,802 300 2,500 32,717 226,654 VP, MARKETING (ii) 9ALEXIS MARION (i) 178,133 26,790 270 2,500 12,452 220,145 VP, INSTITUTIONAL ADVANCEMENT (ii) 10BRIAN WALKER VP (i) 151,258 15,500 690 28,887 196,335 CORPORATE COMM. & EXTERNAL AFFAIRS (ii) 11THOMAS COUMBE (i) 150,846 22,950 1,980 2,500 15,014 193,290 VP, HUMAN RESOURCES (ii) 12LISA YACONIELLO (i) 156,655 975 18,738 300 10,029 186,697 VP, VENUE SALES & EVENTS 13IRENA TSITKO (i) 119,231 3,000 360 2,500 27,713 152,804 AVP, GRANTS MGMT &

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493311012130 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** INTREPID MUSEUM FOUNDATION INC 13-3062419 **Types of Property** (c) (d) (a) (b) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 Art—Works of art . . Art—Historical treasures Χ 72 0 Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Χ 92,942 AVG. SELLING PRICE Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . Qualified conservation contribution-Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . . 21 22 Historical artifacts . . . 23 Scientific specimens . . Archeological artifacts . . Χ 47,900 SELLING PRICE **FLIGHT** Other ▶ ( VOUCHERS 25 Other ▶ ( \_\_\_\_\_ Other ▶ ( \_ 28 Other ► ( Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 No Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. 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. Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

| Schedule M (Form 990) (2019) | Page 2   |
|------------------------------|--|
|                              | ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.   |
| Return Reference             | Explanation  |
| PART I, COLUMN (B):          | THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART 1, COLUMN (B) OF SCHEDULE M.  |
| PART I, 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 M (Form 990) (2019)   |

| efile GRAPH  | DLN: 93493311012130   |             |  |
|--|---|-------------|--|
| ► Attach to Form                                   |   |             | ons on 2019                                  |
| Namel Betherofg<br>INTREPID MUSEUM<br>990 Schedule |   |             | Employer identification number<br>13-3062419 |
| Return<br>Reference                                |   | Explanation |  |
| FORM 990,<br>PART I, LINE<br>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 (EAR ENDED DECEMBER 31, 2019 IS BASED ON THE ESTIMATED DOLLAR VALUE OF VOLUNTEER TIME AND AMOUNTED TO APPROXIMATELY \$351,840 (23,456 HOURS OF TIME). |             |  |

Doturn

| Reference  | Explanation   |
|--|---|
| FORM 990,<br>PART I,<br>DOING<br>BUSINESS<br>AS: | INTREPID SEA-AIR-SPACE MUSEUM INTREPID SEA-AIR-SPACE FOUNDATION INTREPID MUSEUM |

Evalanation

| 990 | Schedule | O, Suppl | emental | Information |
|-----|----------|----------|---------|-------------|
|     |          |          |         |             |

| Return<br>Reference                           | Explanation  |
|---|--|
| ALLEN J.<br>STRYKER<br>AVIATOR<br>COLLECTION: | ALLEN J. STRYKER WAS AN AVIONICS AND ARMAMENT DIVISION OFFICER ASSIGNED TO VS-31 AND DEPLO YED ABOARD INTREPID FROM 1970 THROUGH 1972 AS AN S-2 TRACKER PILOT. STRYKER DONATED AN EXT ENSIVE COLLECTION OF AVIATOR-RELATED OBJECTS, WHICH INCLUDE A FLIGHT FUIT. STRYKER DONATED AN EXT ENSIVE COLLECTION OF AVIATOR-RELATED OBJECTS, WHICH INCLUDE A FLIGHT FUIT IN ITS ORIGINA L CARRY BAG, A COMPLETE SURVIVAL KII WITH ALL OF ITS COMPONENTS IN ORIGINALLY PACKED CONDI TION (A SURVIVAL KNIFE, FLASHLIGHT AND EMERGENCY RADIO). ALSO INCLUDED IS A WELL-WORN GREEN FLIGHT SUIT, FLIGHT CALCULATOR, SABER BELT WITH USN EAGLE BUCKLE AND A DZUS TOOL, USED F OR REMOVING AIRCRAFT SKIN PANELS. ADDITIONALLY, STRYKER DONATED SOME ARCHIVAL MATERIALS, I NCLUDING GRUMMAN S-2 TRACKER FLIGHT MANUALS AS WELL AS MANUALS REGARDING ELECTRONIC EQUIPM ENT ONBOARD THE S-2. AL MCMENOMY U.S. NAVY RECIPE CARDS AND PERSONAL FILM: ALBERT MCMENOMY SERVED ON BOARD INTREPID FROM 1965 UNTIL 1966. HE WORKED IN THE BAKESHOP AND WAS A COMMIS SARY MAN THIRD CLASS, CS2. MCMENOMY DONATED SIX RECIPE CARDS THAT HE TOOK FROM THE SHIP. WE RECORDED AN ORAL HISTORY INTERVIEW WITH HIM, AND HE TOLD US THAT THESE RECIPES WERE AMON G HIS FAVORITES. HE ALSO DONATED A DVD OF DIGITIZED SUPER 8 FILM FROM HIS TIME ON THE SHIP THAT INCLUDED FOOTAGE FROM THE BAKE SHOP IN WHICH YOU CAN SEE BAKERS ICING A CAKE. CLIPS FROM THIS FOOTAGE, AS WELL AS HIS ORAL HISTORY, WERE USED IN THE RECENT EXHIBITION, NAVY C AKES: A SLICE OF HISTORY. HAROLD GROSS CONCORDE MEMORABILIA COLLECTION: HAROLD GROSS IS A MUSEUM VOLUNTEER WHO DONATED HIS COLLECTION OF CONCORDE MEMORABILIA ROOM TRIPS THAT HIS WIF FE AND IN-LAWS MADE ON THE AIRPLANE IN THE 1990S. OBJECTS IN THIS COLLECTION INCLUDE PREMI UM PASSENGER GIFTS AS WELL AS OPERATIONAL ITEMS, SUCH AS A STYLIZED BOTTLE OPENER, STATION ERY SET, TOILETRY KIT, FOUR MENUS IN ORIGINAL ART PRINT JACKETS, TWO BLANK FLIGHT CERTIFIC ATES, TWO MATCH BOOKS, PENS, A PORTFOLIO, AND A CONCORDE BY LAWRENCE AZERRAD; THE FINDAYS PROGRAM ON AUGUST 16. VERNON HAZARD COLLECTIO |

| 990 | Schedule | ο, | Supple | emental | Inform | nation |
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| ALLEN J.<br>STRYKER<br>AVIATOR<br>COLLECTION: | TCH, AND WITNESSED THE RECOVERY OF GEMINI 3. MR. KRICK WAS CONNECTED TO THE MUSEUM AFTER M EETING ANOTHER FORMER CREWMEMBER, DAVID EBERLE, BY CHANCE AT EPCOT ON VETERANS DAY. HE DON ATED A LARGE COLLECTION OF ARCHIVAL MATERIALS, INCLUDING A DIARY HE KEPT WHILE ON BOARD AN D VARIOUS PORTS OF CALL BOOKLETS, AS WELL AS LARGE NUMBER OF COLOR AND BLACK AND WHITE PHO TOGRAPHS. INCLUDED IMAGES OF THE GEMINI 3 CREW ARRIVING ON BOARD THE FLIGHT DECK, AS WELL AS THE CAPSULE AFTER IT WAS RECOVERED. ORAL HISTORIES: TOTAL INTE RVIEWS: 21 BY VESSEL: -INTREPID: 20 -CONCORDE: 1 BY ERA: - WWII: 10 - COLD WAR: 6 - VIETNA M WAR: 4 ORAL HISTORIES INCORPORATED INTO CAKES EXHIBITION: 7 ORAL HISTORIES INCORPORATED INTO CAKES EXHIBITION: 7 ORAL HISTORIES INCORPORATED INTO CAKES EXHIBITION: 5 INTERVIEWS CAPTURED DURING REUNIONS/ANNIVERSARIES: - INTREPID 76TH: 3 STATES TRAVELED TO SECURE INTERVIEWS: FLORIDA, CALIFORNIA, 10WA, 10AHO, NORTH CAR OLINA, AND TEXAS PUBLIC FESTIVALS: KIDS WEEK FEBRUARY 17-23, 2019 ATTENDANCE: 22,915 HELD DURING THE WINTER BREAK OF NEW YORK CITY-AREA PUBLIC SCHOOLS, KIDS WEEK IS A SEVEN-DAY FES TIVAL FEATURING FAMILY-FRIENDLY EDUCATIONAL PROGRAMMING. DURING KIDS WEEK, VISITORS HAVE THE OPPORTUNITY TO PARTICIPATE IN DOZENS OF FUN-FILLED ACTIVITIES, DEMONSTRATIONS AND HANDS -ON WORKSHOPS, MEET SPECIAL GUESTS, AND WATCH LIVE PERFORMANCES. IN FY 2019, THE THEME FOR KIDS WEEK WAS FULL STEAM AHEAD WHERE SCIENCE, TECHNOLOGY, ENGINEERING, ARTS, MATH AND FUN TOOK CENTER STAGE. THROUGH THEMED DAILY ACTIVITIES, KIDS EXPLORED SPACE AND SCIENCE, ENGA GED WITH THE ARTS AND MUSIC AND LEARNED MORE ABOUT ANIMALS. EACH DAY, MUSEUM EDUCATORS LED LIVE DEMONSTRATIONS AND PLANETARIUM PRESENTATIONS. A LINEUP OF SCIENTISTS CONDUCTED DEMON STRATIONS AND WERE AVAILABLE FOR ONE-ON-ONE INTERACTIONS WITH KIDS TO TALK ABOUT THEM WOR YAVALABLE FOR ONE-ON-ONE INTERACTIONS WITH KIDS TO TALK ABOUT THEM TOO PURSUE THEIR CAPEERS, GUESTS LEARNED WHATA ANTS FOSSILIZED IN A MBER CAN TEACH US ABOUT HOW ANTS LIVED DURING THE TIME OF THE BONOSAURS WITH |

| Return<br>Reference                           | Explanation  |
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| ALLEN J.<br>STRYKER<br>AVIATOR<br>COLLECTION: | AERONAUTICS, THE CENTRAL PARK ZOO, THE NEW YORK AQUARIUM, THE CLIMATE MUSEUM, NEW YORK CIT Y AUDOBON, MAD SCIENCE, THE MUSEUM OF INTERESTING THINGS, U.S. SPACE & ROCKET CENTER, CUN YSAT-1 LAB, CURIOUS ON HUDSON, SPACE RACERS, U.S. COAST GUARD AUXILIARY, THE AMERICAN SOCI ETY OF CIVIL ENGINEERS, COLUMBIA SPACE INITIATIVE, FIRST, 3 DUX DESIGN, KERBAL SPACE ACADE MY AND SOCIETY FOR WOMEN ENGINEERS. FLEET WEEK MAY 22-27, 2019 ATTENDANCE: 35,440 SALUTING OUR MEN AND WOMEN IN UNIFORM, FLEET WEEK IS AN ANNUAL WEEKLONG CELEBRATION WITH A VARIETY OF FUN, FAMILY-FRIENDLY ACTIVITIES ON PIER 86. THE WEEK IS HIGHLIGHTED BY THE ARRIVAL OF THE FLEET OF SHIPS, THE KICKOFF OF THE MUSEUM'S FREE SUMMER MOVIE SERIES, INTERACTIVE DISP LAYS, TOUR GUIDE TALKS AND OTHER EXCITING EVENTS. FLEET WEEK 2019 FEATURED A VARIETY OF DI SPLAYS, TOUR GUIDE TALKS AND OTHER EXCITING EVENTS. FLEET WEEK 2019 FEATURED A VARIETY OF DI SPLAYS, TOUR GUIDE TALKS AND OTHER EXCITING EVENTS. FLEET WEEK 2019 FEATURED A VARIETY OF DI SPLAYS, TOUR GUIDE TALKS AND OTHER EXCITING EVENTS. FLEET WEEK 2019 FEATURED A VARIETY OF DI SPLAYS, TOUR GUIDE TALKS AND OTHER EXCITING EVENTS. FLEET WEEK 2019 FEATURED A VARIETY OF DI SPLAYS, TOUR GUIDE TALKS AND OTHER EXCITING EVENTS. FLEET WEEK 2019 FEATURED A VARIETY OF DISPLAYS AND HANDSON, TO SCAST GUARD AUXILIARY; INTREPID EDUCATION; U.S. COAST GUARD; AMERICAN RED CROSS; NYPD; RESTORED AND ANTIQUE MILITARY VEHICLE CLUBS; GUIDE DOG FOUNDATION/AMERICA'S VET DOGS-THE VETERANS K-9 CORP.; AMERICAN LEGION; FONY FIRE SAFE TY UNIT; AND THE AMERICAN CORNHOLE LEAGUE. THE WISSEUM TRANSFORMED A PORTION OF PIER 86 INT O A STAGE FOR AN ARRAY OF EXCITING PERFORMANCES INCLUDING: THE LATIN GIANTS OF JAZZ PERFOR MING WITH BLAZING TRUMPETS, SWINGING SAXOPHONES, BLARING TROMBONES AND MORE; THE 78TH ARMY BAND WITH POPULAR TUNES FROM THE 1960S TO TODAY; RAMCORPS, A HIGH-IMPACT BRASS AND PERCUS SION BAND VISITING FROM THE UNIVERSITY OF MOBILE; AMERICA'S SWEETHEARTS A VINTAGE VOCAL TR IO PERFORMING FAVORITE TUNES FROM THE SWING ERA; AND LAURA RI |

| Return<br>Reference | Explanation  |
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| JUNE 21:            | - WESTSIDETREATS FEATURING A VARIETY OF TREATS FROM LOCAL EATERIES, - SUMMER MOVIE NIGHT: CNN FILMS: APOLLO 11, ALONG WITH A SPECIAL TALK AND Q&A WITH THE FILM'S DIRECTOR - INTREPID EDUCATION TALKS: ONE GIANT LEAP: THE 50TH ANNIVERSARY OF APOLLO 11 JULY 19: - POP-UP PLANETARIUM PRESENTATIONS - STARGAZING WITH LOCAL ASTRONOMERS - ASTRONOMY NIGHT PRESENTATION: APOLLO ANNIVERSARY - SUMMER MOVIE NIGHT: WILLY WONKA - SPECIAL TALK: FROM CONCORDE TO MARS: DESIGNING THE FUTURE - STARGAZING WITH LOCAL ASTRONOMERS SEPTEMBER 27: - HISPANIC HERITAGE MONTH ACTIVITIES - HIDDEN FIGURES PANEL DISCUSSION FEATURING HISPANICS MAKING STRIDES IN STEM, IN PARTNERSHIP WITH THE NYC HISPANIC CHAMBER OF COMMERCE - SPANISH-LANGUAGE SCIENCE DEMONSTRATIONS - SPECIAL TOUR GUIDE TALK PRESENTATION IN SPANISH - INNOVATORS SPEAKER SERIES - COLLEGE NIGHT OCTOBER 25: - HALLOWEEN ACTIVITIES - INTERACTIVE PUMPKIN CARVER - NYC GHOSTBUSTERS SLIME MAKING SCIENCE EXPERIMENTS - CUPCAKE DECORATING - ASTRONOMY NIGHT: SPOOKY PLANETS - POP-UP PLANETARIUM PRESENTATIONS - STARGAZING WITH LOCAL ASTRONOMERS SUMMER MOVIE SERIES MAY - AUGUST 2019 THE SUMMER MOVIE SERIES IS A POPULAR FREE EVENING EVENT IN WHICH FILMS ARE SCREENED ON THE DRAMATIC SETTING OF THE MUSEUM'S FLIGHT DECK. THE MOVIE SERIES OPENED WITH THE ANNUAL SCREENING OF TOP GUN ON FRIDAY, MAY 24, KICKING OFF MEMORIAL DAY WEEKEND. THE MOVIE NIGHTS CONTINUED ON EACH OF THE FREE FRIDAYS FROM MAY-AUGUST. AFTER SCREENING DUNKIRK, CNN FILMS: APOLLO 11 AND FIRST MAN, THE FINAL FILM FOR AUGUST 16 WAS DECIDED BY PUBLIC VOTE SELECTED BY THE MUSEUM'S SOCIAL MEDIA FOLLOWERS. A SELECTION OF FILMS WERE OFFERED UP FOR VOTE AND THE WINNING FILM WAS WILLY WONKA AND THE CHOCOLATE FACTORY. |

| Return<br>Reference  | Explanation  |
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| WEEKEND<br>FAMILY<br>PROGRAMS<br>SERVED<br>1,423<br>PEOPLE<br>THROUGH<br>THE<br>DELIVERY<br>OF | 60-MINUTE PROGRAMS WHICH INCLUDE A GUIDED. THEMED EXPLORATION OF THE MUSEUM'S HISTORIC SPA CES AND EXHIBITIONS AND A CURATED ACTIVITY DESIGNED TO ENGAGE THE ENTIRE FAMILY BY FOSTERI NG PARTICIPATION AND TEAMWORK. PROGRAMS WERE OFFERED ON SATURDAY AND SUNDAY EVERY WEEK IN JULY AND AUGUST AND BIWEEKLY FROM SEPTEMBER TO JUNE. THE MUSEUM MADE AN EXTRA EFFORT TO WORK WITH PARTNERS AT MANY NEW YORK CITY AGENCIES TO REACH DIVERSES AUDIENCES IN EVERY SENSE OF THE WORD. THE MY MUSEUM INITIATIVE IN PARTNERSHIP WITH FIVE NEW YORK CITY HOUSING AUTHO RITY (NYCHA) COMMUNITIES GOT UNDERWAY IN FY 2019. SEVERAL PROGRAMMING DAYS, FOCUS GROUPS A ND ADVISORY MEETINGS WERE HELD, AND INFORMATION MATERIALS WERE CREATED FOR EACH SITE. A PA RTNERSHIP WITH THE DEPARTMENT OF HOMELESS SERVICES CONTINUED WITH THE MUSEUM PROVIDING FIVE PROGRAMS FOR 200-250 PEOPLE IN TRANSITIONAL HOUSING AT EACH AS WELL AS FOSTER FAMILY DAY SIN CONJUNCTION WITH THE ADMINISTRATION FOR CHILDREN'S SERVICES. COMMUNITY ENGAGEMENT AND ACCESS TEAMS WORKED TOGETHER TO LAUNCH AN EXPANDED STORIES WITHIN PROGRAM SERVING OLDER A DULTS WITH DEMENTIA AND THEIR CAREGIVERS BOTH ON AND OFF SITE. THE TEAM CREATED PROGRAMMING IN PARTNERSHIP WITH THE QUEENS PUBLIC LIBRARY CENTERED ON THE DISCOVER EXOPLANETS TRAVEL ING EXHIBITION THE MUSEUM WAS AWARDED BY THE SPACE SCIENCE INSTITUTE. A NATIONAL ENDOWMENT FOR THE HUMANITIES (NEH)-FUNDED RESEARCH, WRITING AND PERFORMANCE RESIDENCY, CROSSING THE LINE, SERVED 57 VUTH AT THREE SITES. PROGRAMS WERE FREE WITH ADMISSION, WHICH WAS WAIVED, FOR ALL FAMILIES AND FOR LOW-INCOME NEW YORKERS AND FOSTER FAMILIES THROUGH PARTNERSHIPS WITH COUL CULTURE, COMMUNITY PARTNERS AND OUR NEW BET INITIATIVE, AND MUSEUMS FOR ALL, WHICH PROVIDES FREE ADMISSION TO PARTICIPATING MUSEUMS FOOD STAMPS OR CASH ASSISTANCE RECIPIENTS AND UP TO THREE HOUSEHOLD MEMBERS. THE MUSEUM DISTRIBUTED MARKETING MATERIALS TO EVER Y MAJOR NEW YORK CITY HOUSING AUTHORITY (NYCHA) FACILITY IN MANHATTAN AS WELL AS THE LARGE ST COMPLEXES IN THE OTHER FOUR BOROUGHS, OFFERING FREE EN |

| Return<br>Reference  | Explanation  |
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| WEEKEND<br>FAMILY<br>PROGRAMS<br>SERVED<br>1,423<br>PEOPLE<br>THROUGH<br>THE<br>DELIVERY<br>OF | (ONE WEEK) AND SUMMER (TWO WEEKS) BREAKS FOR 25 STUDENTS EACH. THE MUSEUM ALSO SERVED AS S ITE FOR SUMMER IN THE CITY PROGRAM VISITS, ANOTHER NYC DOE INITIATIVE. WITH SUPPORT FROM THE NEW YORK CITY COUNCIL AND THE DEPARTMENT OF CULTURAL AFFAIRS (DCLA), THE MUSEUM CONTINU ED PARTNERSHIPS WITH NEW YORK CITY SCHOOLS THROUGH THE CULTURAL AFFER SCHOOL ADVENTURES (C ASA) PROGRAM. SINCE 2006, THE MUSEUM'S EDUCATION DEPARTMENT HAS PARTNERED WITH 35 SCHOOLS THROUGHOUT THE FIVE NYC BOROUGHS, AND IN SPRING 2019 DELIVERED PROGRAMS FOR 17 OF THESE A HIGH FOR THE MUSEUM'N PROGRAMS FOCUSED ON INTREPID AND ITS HISTORIC SPACES, THE MUSEUM'S AR CHIVES, COLLECTIONS AND AIRCRAFT, AND THE SPACE SHUTTLE ENTERPRISE, WHICH SERVE AS CATALYS TS TO PIQUE STUDENT INTEREST IN SOCIAL STUDIES, MATH AND SCIENCE, STUDIENTS ANALYZE ARTIFAC TS, READ TEXT, WRITE IN JOURNALS, EXPERIMENT WITH SCIENTIFIC MATERIALS AND EXPLORE THE MUS EUM'S EXHIBITIONS. STUDENTS ALSO COMPLETE A NEWSLETTER AT THE CONCLUSION OF THE PROGRAM. NEWSLETTERS HIGHLIGHT THEIR EXPERIENCES, WHAT THEY LEARNED AND MEMORABLE MOMENTS. IN FALL 2019, THE MUSEUM WAS AWARDED 14 CASA PARTNERSHIPS AND NEW FUNDING UNDER THE DCLA IMMIGRANT INITIATIVE TO WORK WITH FOUR SCHOOLS ON STATEN ISLAND TO EXPLORE IMMIGRANT CONTRIBUTIONS TO STEM INNOVATIONS, WE ONCE AGAIN OFFERED A TEEN NIGHT AND A COLLEGE NIGHT, BOTH WITH A SI MILAR FORMAT AND GEARED TOWARD YOUTH AND YOUNG ADULTS. ORGANIZED BY OUR TEEN ADVISORY COMM ITTEE, THE NIGHTS FEATURED MUSEUM LEARNING, MUSIC, SNACKS AND A CHANCE TO SOCIALIZE IN A S AFE ATMOSPHERE, PUBLIC EDUCATION MORE THAN 16,000 VISITORS EXPERIENCED DEMONSTRATIONS AND HISTORY, SCIENCE-BASED PERFORMANCES IN THE MUSEUM AND IN THE SPACE SHUTTLE PAVILION PROVIDED BY MUSEUM EDUCATORS. THESE INQUIRY-BASED PROGRAMS INVOLVE THE AUDIEN CE IN MAKING HYPOTHESES AND PREDICTIONS, DESCRIBING WHAT THEY SEE AND OBSERVE, AND ASSISTI NO WITH THE DEMONSTRATION OR EXPERIMENT. AUDIENCE DEMOGRAPHICS VARY, THE MAJORITY OF THE PARTICIPANTS ARE ADULTS., SENIORS, AND MULTIGENERATIONS TO ENGAGE ALL AU |
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| WEEKEND T QUALITY THROUGH OBSERVATION PROTOCOLS, PARTICIPANT SURVEYS AND OTHER DATA COLLECTION MET HODS. IN ADDITION TO THE REGULAR WORK OF PROGRAM AND EXHIBIT FORMATIVE AND POST EVALUATION, THE PROGRAMS MUSEUM RECEIVED A GRANT FROM THE NATIONAL SCIENCE FOUNDATION TO WORK WITH PARTNERS E DC AND SERVED THE NATIONAL GIRLS COLLABORATIVE PROJECT TO DEVELOP AND ACTION RESEARCH AGENDA FOR EXAMINING  | Return<br>Reference   | Explanation  |
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| THROUGH THE OCHURATION TO SUPPORT THE IMPLEMENTATION OF THE NET PROMOTER TOOL AT THE MU SEUM AND IN TWO OTHER YOUTH-SERVING PARTNERS. EVALUATION AND ACCESS TEAM MEMBERS WERE INST RUMENTAL IN SHAPING A SUCCESSFUL REQUEST FOR A NATIONAL LEADERSHIP GRANT FROM THE INSTITUT E OF MUSEUM AND LIBRARY SERVICES, WHICH FOCUSES ON DEVELOPING SENSORY TOOLS FOR HISTORIC S ITES. THE FIRST CONVENING UNDER THIS GRANT WAS HELD IN DECEMBER 2019. THE AVP OF EVALUATION N HAS ALSO COLLABORATED WITH THE MARKETING TEAM TO DEVELOP AND ANALYZE A GENERAL VISITOR S URVEY SENT OUT ON A WEEKLY BASIS TO VISITORS. CONTRIBUTIONS TO THE FIELD IN ADDITION TO SE RVING IN LEADERSHIP POSITIONS FOR PROFESSIONAL ORGANIZATIONS SUCH AS THE NEW YORK CITY MUS EUM EDUCATOR'S ROUNDTABLE, THE NEW YORK CITY STEM EDUCATION NETWORK, THE MUSEUM ACCESS CON SORTIUM AND THE EDUCATION COMMITTEE OF THE AMERICAN ALLIANCE OF MUSEUMS (AAM), MUSEUM EDUC ATION & EVALUATION STAFF PRESENTED AT SEVERAL LOCAL AND NATIONAL CONFERENCES. IN FY 2019, WE SHARED THE MUSEUM'S WORK THROUGH 30 PRESENTATIONS AT LOCAL AND NATIONAL CONFERENCES INC LUDING THE AAM, THE ASSOCIATION OF SCIENCE AND TECHNOLOGY CENTERS (ASTC), THE LEADERSHIP E XCHANGE IN ARTS & DISABILITY (LEAD), THE NATIONAL SCIENCE TEACHERS | FAMILY<br>PROGRAMS<br>SERVED<br>1,423<br>PEOPLE<br>THROUGH<br>THE<br>DELIVERY | HODS. IN ADDITION TO THE REGULAR WORK OF PROGRAM AND EXHIBIT FORMATIVE AND POST EVALUATION, THE MUSEUM RECEIVED A GRANT FROM THE NATIONAL SCIENCE FOUNDATION TO WORK WITH PARTNERS E DC AND THE NATIONAL GIRLS COLLABORATIVE PROJECT TO DEVELOP AND ACTION RESEARCH AGENDA FOR EXAMINING THE MID AND LONG-TERM OUTCOMES OF GIRL-FOCUSED STEM PROGRAMS AT CULTURAL ORGANIZ ATIONS. WE CONTINUED AN EVALUATION PROJECT UNDER GRANT FROM THE FUND FOR SHARED INSIGHT AN D THE OVERDECK FOUNDATION TO SUPPORT THE IMPLEMENTATION OF THE NET PROMOTER TOOL AT THE MU SEUM AND IN TWO OTHER YOUTH-SERVING PARTNERS. EVALUATION AND ACCESS TEAM MEMBERS WERE INST RUMENTAL IN SHAPING A SUCCESSFUL REQUEST FOR A NATIONAL LEADERSHIP GRANT FROM THE INSTITUT E OF MUSEUM AND LIBRARY SERVICES, WHICH FOCUSES ON DEVELOPING SENSORY TOOLS FOR HISTORIC S ITES. THE FIRST CONVENING UNDER THIS GRANT WAS HELD IN DECEMBER 2019. THE AVP OF EVALUATION AS ALSO COLLABORATED WITH THE MARKETING TEAM TO DEVELOP AND ANALYZE A GENERAL VISITOR S URVEY SENT OUT ON A WEEKLY BASIS TO VISITORS. CONTRIBUTIONS TO THE FIELD IN ADDITION TO SE RVING IN LEADERSHIP POSITIONS FOR PROFESSIONAL ORGANIZATIONS SUCH AS THE NEW YORK CITY MUS EUM EDUCATOR'S ROUNDTABLE, THE NEW YORK CITY STEM EDUCATION NETWORK, THE MUSEUM ACCESS CON SORTIUM AND THE EDUCATION COMMITTEE OF THE AMERICAN ALLIANCE OF MUSEUMS (AAM), MUSEUM EDUC ATION & EVALUATION STAFF PRESENTED AT SEVERAL LOCAL AND NATIONAL CONFERENCES. IN FY 2019, WE SHARED THE MUSEUM'S WORK THROUGH 30 PRESENTATIONS AT LOCAL AND NATIONAL CONFERENCES INC LIDING THE AAM, THE ASSOCIATION OF SCIENCE AND TECHNOLOGY CENTERS (ASTC), THE LEADERSHIP E XCHANGE IN ARTS & DISABILITY (LEAD), THE NATIONAL SCIENCE TEACHERS ASSOCIATION, THE SENIOR MANAGER OF ACCESS INITIAT IVES WENT ON A FULLY-SUPPORTED INVITATION TO JAPAN TO PRESENT AT THE KYUSHU SANGYO |

990 Schedule O, Supplemental Information

Return Explanation

Reference

BUSINESS RELATIONSHIP.

| FORM 990,  | KENNETH FISHER, STEVEN FISHER AND WINSTON FISHER, ALL MEMBERS OF THE BOARD OF TRUSTEES OF THE     |
|------------|---|
| PART VI,   | MUSEUM, ARE FAMILY MEMBERS. MARTIN EDELMAN, KENNETH FISHER, STEVEN FISHER AND WINSTON FISHER, ALL |
| OF OTION A | MEMBERS OF THE BOARD OF TRUCTEES OF THE MUSEUM HAVE A BUSINESS BELATIONSHIP BRUSE MOSTER AND      |

SECTION A,

INDUSTRIAL YNEMBERS 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.

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| Reference  | ·  |
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| FORM 990,  | THE FORM 990 WAS PREPARED BY THE MUSEUM'S OUTSIDE ACCOUNTING FIRM WITH INFORMATION PROVIDED BY       |
| PART VI,   | THE MUSEUM'S STAFF. MANAGEMENT REVIEWED THE FORM AND PROVIDED ADDITIONAL COMMENTS. A DRAFT           |
| SECTION B, | COPY WAS DISTRIBUTED TO THE AUDIT COMMITTEE VIA E-MAIL. THE COMMITTEE MEMBERS ARE GIVEN AN           |
| LINE 11B   | OPPORTUNITY TO REVIEW THE FORM AND ASK FOR ADDITIONAL INFORMATION OR MAKE COMMENTS PRIOR TO          |
|            | FINALIZATION. THE FINAL FORM 990 IS SUBMITTED TO THE AUDIT COMMITTEE FOR THEIR FINAL REVIEW AND      |
|            | APPROVAL VIA E-MAIL PRIOR TO THE FILING DATE. ONCE APPROVED, THE FORM 990 WAS SENT VIA E-MAIL BY THE |
|            | CHAIRMAN OF THE AUDIT COMMITTEE TO MEMBERS OF THE BOARD OF TRUSTEES FOR THEIR REVIEW. THE BOARD      |
|            | OF TRUSTEES IS REQUIRED TO ACKNOWLEDGE THEIR RECEIPT OF THE FORM BY EMAIL. THE FORM 990 IS THEN      |
|            | APPROVED BY MANAGEMENT AND E-FILED WITH THE IRS.   |

Explanation

| Return<br>Reference                             | Explanation   |
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| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | THE BOARD OF TRUSTEES (THE "BOARD") IS THE GOVERNANCE AUTHORITY FOR THE INTREPID MUSEUM FO UNATION (THE "MUSEUM") AND ITS MEMBERS HAVE A FIDUCIARY OBLIGATION TO ACT IN THE BEST INTE REST OF THE MUSEUM WITHOUT REGARD TO THEIR PERSONAL INTERESTS. THE BOARD PROVIDES GUIDANCE AND OVERSIGHT FOR THE DEVELOPMENT AND IMPLEMENTATION OF THE MUSEUM'S POLICIES AND PROGRAM S TO SEE THAT MUSEUM ACTIVITIES ARE CONDUCTED AND RESOURCES ARE UTILIZED IN SUPPORT OF THE MUSEUM'S MISSION, IN ACCORDANCE WITH PROFESSIONAL STANDARDS AND PRACTICES. TRUSTEES MUST EXERCISE DUE DILIGENCE AND GOOD FAITH IN CARRYING OUT THEIR DUTIES ON BEHALF OF THE MUSEUM, AND SHOULD REFRAIN FROM TAKING ANY ACTION THAT MIGHT CONFLICT, OR APPEAR TO CONFLICT, WITH THE INTERESTS OF THE MUSEUM. THIS CODE OF CONDUCT AND ETHICS (THIS "CODE") IS INTENDED TO PROVIDE GUIDANCE TO TRUSTEES TO HELP THEM WITH THEIR RESPONSIBILITIES, RECOGNIZE AND DE AL WITH ETHICAL AND COMPLIANCE ISSUES, PROVIDE MECHANISM TO REPORT UNETHICAL CONDUCT, AND HELP FOSTER A CULTURE OF HONESTY AND ACCOUNTABILITY. EACH TRUSTEE MUST COMPLY WITH THE LE TTER AND SPIRIT OF THIS CODE. THIS CODE IS INTENDED TO SUPPLEMENT BUT NOT REPLACE ANY APPLICABLE STATE OR FEDERAL LAWS GOVERNING ETHICAL CONDUCT OR CONFLICTS OF INTEREST APPLICABLE TO NON-PROFIT ORGANIZATIONS, NO CODE OR POLICY CAN ANTICIPATE EVERY SITUATION THAT MAY AR ISE. ACCORDINGLY, THIS CODE IS INTENDED TO SERVE AS A SOURCE OF GUIDING PRINCIPLES FOR TRU STEES. TRUSTEES ARE ENCOURAGED TO BRING QUESTIONS ABOUT PARTICULAR CROUNTAINCES THAT MAY IMPLICATE ONE OR MORE OF THE PROVISIONS OF THIS CODE TO THE ATTENTION OF THE CHAIRMAN OF THE AUDIT & COMPLIANCE COMMITTEE, WHO MAY CONSULT WITH LEGAL COUNSEL AS APPROPRIATE. 1. TRU STEE RESPONSIBILITIES. THE RESPONSIBILITIES OF THE BOARD AND TRUSTEES ARE SET FORTH IN THE INTERPID MUSEUM FOUNDATION BOARD OF TRUSTEES POSITION DESCRIPTION, WHICH IS UPDATED FROM TIME TO TIME. THE BOARD OF TRUSTEES IS THE GOVERNANCE AND AND AUTITIES AND OPE RATIOUSANDE SHAW AND HAS THE AUTIONS AND SERIOR THAT MUSEUM, PROVIDING |

| Return<br>Reference                             | Explanation   |
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| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | AND AFFAIRS. TRUSTEES SHOULD REVIEW AND DEVOTE APPROPRIATE TIME TO STUDYING BOARD MATERIAL S. C. RELY ON OTHERS. ABSENT KNOWLEDGE THAT MAKES RELIANCE UNWARRANTED, TRUSTEES MAY RELY ON BOARD COMMITTEES, MANAGEMENT, EMPLOYEES, AND PROFESSIONAL ADVISORS. D. MAKE INQUIRIES. TRUSTEES SHOULD MAKE INQUIRIES ABOUT POTENTIAL PROBLEMS THAT COME TO THEIR ATTENTION AND F OLLOW UP UNTIL THEY ARE REASONABLY SATISFIED THAT MANAGEMENT IS ADDRESSING THESE PROBLEMS APPROPRIATELY. A TRUSTEE'S DUTY OF LOYALTY REFERS TO THE RESPONSIBILITY TO ACT IN THE MUSE UM'S BEST INTERESTS CONSISTENT WITH ITS MISSION, NOT THE INTERESTS OF THE TRUSTEE, A FAMILY MEMBER OR AN ORGANIZATION WITH WHICH THE TRUSTEE IS AFFILIATED. TRUSTEES MUST ALSO ACT IN GOOD FAITH. TRUSTEES SHOULD NOT USE THEIR POSITIONS FOR PERSONAL GAIN. THE DUTY OF LOYAL TY MAY BE RELEVANT IN CASES OF CONFLICT OF INTEREST AND CORPORATE OPPORTUNITIES. 2. CONFLICT SOF INTEREST. TRUSTEES SHOULD TRY TO AVOID TAKING ANY ACTION THAT MIGHT CONFLICT, OR AP PEAR TO CONFLICT, WITH THE INTERESTS OF THE MUSEUM. HOWEVER, THE MUSEUM IS AWARE THAT, BEC AUSE TRUSTEES ARE ACTIVELY INVOLVED IN A VARIETY OF OUTSIDE PURSUITS, CONFLICTS OF INTEREST T MAY ARISE FROM TIME TO TIME. ANY SITUATION THAT INIONLYES, OR MAY REASONABLY BE EXPECTED TO INVOLVE, A CONFLICT OF INTEREST WITH THE MUSEUM SHOULD BE DISCLOSED TO THE CHAIRMAN OF THE NOMINATING /GOVERNANCE COMMITTEE FOR REVIEW AND WILL BE MANAGED IN ACCORDANCE WITH APP LICABLE GUIDELINES, DIRECTIVES AND STANDARDS OF CONDUCT. THIS POLICY ON CONFLICTS OF INTERE ST SHOULD BE READ IN CONJUNCTION WITH THE MUSEUM'S INTERESTED PERSONAL INTEREST, OR A POTENTIAL OF PERCEIVED CONFLICT, CAN OCCUR WHEN A TRUSTEE'S PERSONAL INTEREST A SO ARISE WHEN A TRUSTEE, OR A MEMBER OF HIS OR HER MIDDLEY"). CONFLICT SO FINTEREST A CONFLICT SO FINTEREST A OF DETENTAL OF PEARLY OF DEPARTMENT OF THE MUSEUM. CONFLICT SO FINTEREST AND CHILDREN, AND GREAT-GRANDCHILDREN, AND SOUSES OF BROTHERS, SISTERS, CHILDREN, GRANDCHILDREN, AND GREAT-GRANDCHILDREN, AND SOUSES OF BROTHERS, SISTERS, |

| Return<br>Reference                             | Explanation  |
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| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | A BUSINESS OR CONTRACTUAL RELATIONSHIP. C. COMPENSATION FROM NON-MUSEUM SOURCES. TRUSTEES MAY NOT ACCEPT COMPENSATION (IN ANY FORM) FOR SERVICES PERFORMED FOR THE MUSEUM FROM ANY SOURCE (OTHER THAN REIMBURSEMENT OF EXPENSES RELATING TO MEETINGS OF THE BOARD, IF ANY, PR OVIDED BY THE FOUNDATION). D. GIFTS. TRUSTEES AND MEMBERS OF THEIR IMMEDIATE FAMILIES MAY NOT ACCEPT GIFTS OF MORE THAN A NOMINAL VALUE FROM PERSONS OR ENTITIES WHO DEAL WITH THE M USEUM. E. PERSONAL USE OF MUSEUM ASSETS. TRUSTEES MAY NOT USE MUSEUM ASSETS, LABOR OR INFO RMATION FOR PERSONAL USE UNLESS APPROVED BY THE CHAIRMAN OF THE NOMINATING /GOVERNANCE COM MITTEE OR AS PART OF A PROGRAM AVAILABLE TO ALL TRUSTEES. DISCLOSURE OF CONFLICTS OF INTER EST ON AN ANNUAL BASIS, TRUSTEES MUST COMPLETE THE ATTACHED "ANNUAL CERTIFICATION," WHICH MUST DESCRIBE ANY EXISTING OR POTENTIAL CONFLICTS OF INTEREST AND PROPOSED INTERESTED PERS ON TRANSACTIONS AND AFFIRMS THAT SUCH PERSON: A. HAS RECEIVED A COPY OF THIS CODE AND THE INTERESTED TRANSACTION POLICY; B. HAS READ AND UNDERSTANDS THIS CODE AND THE INTERESTED TR ANSACTION POLICY; AND C. HAS AGREED TO COMPLY WITH THIS CODE AND THE INTERESTED TRANSACTION POLICY; DURING THE COURSE OF THE YEAR, IN THE EVENT THAT A TRUSTEE BECOMES AWARE OF AN A CTUAL OR POTENTIAL CONFLICT OF INTEREST, WHETHER IT INVOLVES THE TRUSTEE OR ANOTHER MEMBER OF THE BOARD OR MEMBERS OF A TRUSTEE'S IMMEDIATE FAMILY, THE TRUSTEE MUST PROMPTLY NOTIFY THE CHAIRMAN OF THE NOMINATING /GOVERNANCE COMMITTEE. IN ADDITION, ALL COMMITTEES OF THE BOARD SHALL INQUIRE ABOUT POTENTIAL CONFLICTS OF INTEREST. AS IT RELATES TO ANY CONTRACTS O R COMPENSATION THAT THEY APPROVE AS PART OF THEIR OVERSIGHT RESPONSIBILITIES. TRUSTEES MUST DISCLOSE THEIR INTEREST AND DESCRIBE ALL MATERIAL FACTS RELATED TO THE POTENTIAL CONFLICT OF INTEREST TO ENABLE THE NOMINATING /GOVERNANCE COMMITTEE TO REVIEW THE ACTUAL, POTENTIAL OR PERCEIVED CONFLICT. |

| 990 | Schedul | e O, | Suppl | lemental | Info | rmation |
|-----|---------|------|-------|----------|------|---------|
|     |         |      |       |          |      |         |

| Return<br>Reference                            | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | THE EXECUTIVE COMMITTEE AND THE BOARD, VIA THE BUDGET PRESENTATION AND APPROVAL PROCESS, A RE RESPONSIBLE FOR APPROVING THE HIRING COMPENSATION AND ANNUAL EVALUATIONS FOR SALARY INC REASES. THE COMMITTEE STUDIES MARKET COMPENSATION AND COMPETITIVENESS, ANALYZING BOTH ECON OMIC CLIMATE, CURRENT BUDGET RESTRICTIONS IF HIRE IS WITHIN A BUDGET CYCLE, COMPETITIVE DA TA AT SIMILAR INSTITUTIONS IN METROPOLITAN LOCATIONS BEGINNING WITH NYC (COMPARING BUDGET SIZE, POSITION RESPONSIBILITY, NUMBER OF SUBORDINATES TO BE MANAGED, ETC), POSITION WORLD. THEY ALSO USE CURRENT SURVEY DATA FOR COMPARATIVE ANALYSIS FROM VARIOUS APPLICABLE SOURCES IN THE MUSEUM FIELD, SUCH AS AMERICAN ASSOCIATION OF MUSEUMS, MUSEUM ASSOCIATION OF NY, AS WELL AS A SALARY SURVEY FROM PNP (PROFESSIONALS FOR NON-PROFITS) AND COMPARATIVE SALARY INFORMATION FROM THE NEW YORK CULTURAL INSTITUTION S HUMAN RESOURCES GROUP, AND DATA AVAILABLE FOR THE FIELDS APPLICABLE TO THE POSITION, E.G. ACCOUNTING, OPERATIONS, EDUCATION. AT MOST SENIOR LEVELS, PRESIDENT DISCUSSES REQUIREMENT TO THE BOARD WOULD BE INVOLVED IN THE DECISION-MAKING PROCESS AND DISCUSS REQUIREMENTS AND SALARY RANGE WITH THE COMPENSATION COMMITTEE. FOR PRESIDENT, THE CO-CHAIRM EN 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, CUS TOMER SATIFFACTION, GROWTH OF PROGRAMMING AND CONTENT, GROWTH IN ATTENDANCE, INTEGRITY AND UPKEEP OF SAFE INFRASTRUCTURE.) BASED ON THOSE ASSESSMENTS, THE PRESIDENT RECOMMENDASION COMMITTE BASED ON ACH |

Return Explanation

FORM 990, PART VI, SECTION B, LINE 15

Datum

| Reference  | Explanation   |
|------------|---|
| FORM 990,  | THE MUSEUM MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF   |
| PART VI,   | THE INTERNAL REVENUE CODE BY HAVING THE 990 POSTED ON GUIDESTAR.ORG AS WELL AS THE INTREPID       |
| SECTION C, | WEBSITE. IN ADDITION, FORMS 990 AND 1023 AS WELL AS THE CONFLICT OF INTEREST POLICY, ARTICLES OF  |
| LINE 18    | NCORPORATION, 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.                 |

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Return Explanation

FORM 990, PART VI, 501(C)(3) STATUS AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE MUSEUM MAKES CERTAIN OF ITS GOVERNING SECTION C, LINE 19

Return

| Reference  | ·   |
|------------|---|
| FORM 990,  | THE MUSEUM SHARES EMPLOYEES WITH THE INTREPID FALLEN HEROES FUND (IFHF). COMPENSATION EXPENSE       |
| PART VII,  | WAS ALLOCATED AND RECORDED FOR THE MUSEUM AND IFHF FOR THE FOLLOWING OFFICERS REPORTED ON           |
| SECTION A, | FORM 990, PART VII, SECTION A AS FOLLOWS: NAME: DAVID A. WINTERS TITLE: EXECUTIVE VICE PRESIDENT    |
| COLUMN     | COMPENSATION EXPENSES ALLOCATED TO INTREPID MUSEUM FOUNDATION, INC 50%: \$153,551 COMPENSATION      |
| (A):       | EXPENSES ALLOCATED TO INTREPID FALLEN HEROES FUND - 50%: \$153,550 NAME: LISA YACONIELLO TITLE: VP, |
|            | VENUE SALES & EVENTS COMPENSATION EXPENSES ALLOCATED INTREPID MUSEUM FOUNDATION, INC 75%:           |
|            | \$131,770 COMPENSATION EXPENSES ALLOCATED TO INTREPID FALLEN HEROES FUND - 25%; \$43,923            |

Explanation

990 Schedule O, Supplemental Information Explanation Return Reference

FORM 990. WRITE-OFF OF PLEDGE RECEIVABLE -4,244. PART XI.

LINE 9:

Return Explanation

LINE 2C:

| INCICICIOC |   |
|------------|---|
| FORM 990,  | THE FOUNDATION'S PROCESS FOLLOWED FOR AUDIT OVERSIGHT AND SELECTION OF AN INDEPENDENT |
| PART XII,  | ACCOUNTANT HAS NOT CHANGED FROM THE PROCESS EMPLOYED IN THE PRIOR YEAR.               |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

### **Related Organizations and Unrelated Partnerships**

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

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

2019

**Employer identification number** 

DLN: 93493311012130

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTREPID MUSEUM FOUNDATION INC. 13-3062419 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Direct controlling End-of-year assets Primary activity or foreign country) 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) (d) (b) (c) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)INTREPID RELIEF FUND TO PROVIDE SUPPORT FOR NY 501 (C)(3) LINE 7 No ONE INTREPID SQUARE W46TH ST 12TH A PROGRAMS ASSISTING WOUNDED MILITARY NEW YORK, NY 10036 PERSONNEL 13-6894054 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

| Part III Identification of Related Organization one or more related organizations treated        | ons Taxable as a P<br>ed as a partnership o | <b>artnership.</b><br>during the ta                              | Comple<br>x year.                     | te if the or                         | ganization                    | answered "  | Yes" on Forr                           | n 990,   | Part I                           | V, line 34,         | becau                            | se it ha     | ad                                       |
|--|---|--|---------------------------------------|--------------------------------------|-------------------------------|---|--|--|----------------------------------|---------------------|----------------------------------|--------------|--|
| (a)<br>Name, address, and EIN of<br>related organization   |   | Name, address, and EIN of Primary   Legal   Direct   Predominant |                                       | ated, total incor<br>d,<br>rom<br>er | f Share of end-of-year assets | of Disproprtiona<br>ear allocations                   |  | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>Gener<br>mana<br>partn    | alor Per<br>ging ow | <b>(k)</b><br>centage<br>nership |              |  |
|  |   |  |                                       |                                      | 514)                          |   |  | Yes No   |                                  |                     | Yes                              | No           |  |
|  |   |  |                                       |                                      |                               |   |  |  |                                  |                     |                                  |              |  |
|  |   |  |                                       |                                      |                               |   |  |  |                                  |                     |                                  |              |  |
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|  |   |  |                                       |                                      |                               |   |  |  |                                  |                     |                                  |              |  |
| Part IV Identification of Related Organization because it had one or more related organizations. | ons Taxable as a C<br>anizations treated as | <b>orporation</b><br>a corporatio                                | <b>or Trus</b><br>n or tru            | <b>t.</b> Complet<br>st during t     | e if the org<br>he tax year   | janization ar<br>                                     | nswered "Ye                            | s" on F  | orm 9                            | 90, Part IV         | , line                           | 34           |  |
| (a)<br>Name, address, and EIN of<br>related organization   | <b>(b)</b><br>Primary activity              | Le<br>don<br>(state d  | egal<br>nicile<br>or foreign<br>ntry) | Direc                                |                               | (e)<br>Type of entity<br>C corp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>income |  | (g)<br>of end-<br>year<br>assets | of- Percer<br>owne  | ntage                            | Section (13) | (i)<br>on 512(b)<br>controlled<br>ntity? |
|  |   |  | 77                                    |                                      |                               |   |  |  |                                  |                     |                                  | Tes          |  |
|  |   |  |                                       |                                      |                               |   |  |  |                                  |                     |                                  |              |  |
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|  |   |  |                                       | -                                    |                               |   |  |  |                                  | Calcadada D         | <b>/</b> -                       | - 000)       |  |

| Schedule R (Form 990) 2019  |            |     |    |  |
|---|------------|-----|----|--|
| 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.   |            | Yes | No |  |
| 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? |            |     |    |  |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   | 1a         |     | No |  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)  | <b>1</b> b |     | No |  |
| c Gift, grant, or capital contribution from related organization(s)   | 1c         |     | No |  |
| d Loans or loan guarantees to or for related organization(s)  | 1d         |     | No |  |
| e Loans or loan guarantees by related organization(s)   | 1e         |     | No |  |
| f Dividends from related organization(s)  | 1f         |     | No |  |
| g Sale of assets to related organization(s)   | <b>1</b> g |     | No |  |
| h Purchase of assets from related organization(s)   | 1h         |     | No |  |
| i Exchange of assets with related organization(s)   | <b>1</b> i |     | No |  |
| j Lease of facilities, equipment, or other assets to related organization(s)  | 1j         |     | No |  |
|   |            |     |    |  |

| II Fulchase of assets from related dryamization(s).  |   |            |    |
|--|---|------------|----|
| i Exchange of assets with related organization(s)  |   | 1i         | No |
| j Lease of facilities, equipment, or other assets to related organization(s)                     |   | 1j         | No |
| k Lease of facilities, equipment, or other assets from related organization(s)                   |   | 1k         | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) |   | 1 Yes      |    |
| m Performance of services or membership or fundraising solicitations by related organization(s)  |   | 1m         | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | • | 1n Yes     |    |
| o Sharing of paid employees with related organization(s)   |   | 1o Yes     |    |
| p Reimbursement paid to related organization(s) for expenses                                     |   | <b>1</b> p | No |
| q Reimbursement paid by related organization(s) for expenses                                     |   | <b>1</b> q | No |
| r Other transfer of cash or property to related organization(s)                                  |   | 1r         | No |
| s Other transfer of cash or property from related organization(s)                                |   | 1s         | No |
|  |   |            |    |

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. (d) Method of determining amount involved (a) Name of related organization **(b)** Transaction type (a-s) (c) Amount involved

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.

| <b>(a)</b><br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | Ar  | (e)<br>re all partners<br>section<br>501(c)(3)<br>rganizations? | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (g) Share of d-of-year assets  (h) Disproprtionate allocations?  (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) |    | <b>(j)</b><br>General (<br>managin<br>partner | or<br>g<br>? | <b>(k)</b><br>Percentage<br>ownership |         |
|--|--------------------------------|---|--|-----|---|------------------------------------|--|--|----|---|--------------|---------------------------------------|---------|
|  |                                |   | 514)   | Yes | No  |                                    |  | Yes  | No |   | Yes          | No                                    |         |
|  |                                |   |  |     |   |                                    |  |  |    |   |              |                                       |         |
|  |                                |   |  |     |   |                                    |  |  |    |   |              |                                       |         |
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|  |                                |   |  |     |   |                                    |  |  |    |   |              |                                       |         |
|  |                                |   | 1  |     |   | ı                                  |  |  |    | Schedul                                       | e R (Forn    | 990                                   | 0) 2019 |

| Schedule R (Form 990) 2019 |                          |  |  |  |  |  |  |  |
|----------------------------|--------------------------|--|--|--|--|--|--|--|
| Part VII                   | Supplemental Info        | ntal Information   |  |  |  |  |  |  |
|                            | Provide additional infor | mation for responses to questions on Schedule R. (see instructions). |  |  |  |  |  |  |
| Retu                       | ırn Reference            | Explanation  |  |  |  |  |  |  |
|                            |                          |  |  |  |  |  |  |  |