

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

OMB No. 1545-0047

2025Open to Public
Inspection

A For the 2025 calendar year, or tax year beginning and ending	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization INTREPID MUSEUM FOUNDATION, INC. Doing business as INTREPID SEA-AIR-SPACE MUSEUM Number and street (or P.O. box if mail is not delivered to street address) Room/suite WEST 46TH ST & 12TH AVE City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10036 D Employer identification number 13-3062419 E Telephone number (212) 245-0072 G Gross receipts \$ 42,178,824. H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 J Website: WWW.INTREPIDMUSEUM.ORG K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other L Year of formation: 1982 M State of legal domicile: NY
F Name and address of principal officer: SUSAN MARENOFF-ZAUSNER SAME AS C ABOVE	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE INTREPID MUSEUM IS TO ADVANCE THE UNDERSTANDING OF THE INTERSECTION OF		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	343
	6	Total number of volunteers (estimate if necessary)	6	197
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	13,732.
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	10,426,208.	7,125,610.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,687,564.	18,510,092.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,840,162.	1,988,285.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,399,902.	6,418,742.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	39,353,836.	34,042,729.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	30,002.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	23,689,197.	22,489,930.
	b	Total fundraising expenses (Part IX, column (D), line 25)	112,500.	75,000.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,606,691.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,144,718.	12,627,892.
	19	Revenue less expenses. Subtract line 18 from line 12	36,946,415.	35,222,824.
	20	Total assets (Part X, line 16)	2,407,421.	-1,180,095.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	91,434,609.	89,927,902.
			21,124,230.	20,069,108.
			70,310,379.	69,858,794.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date		
	SUSAN MARENOFF-ZAUSNER, PRESIDENT Type or print name and title			
Paid Preparer Use Only	Preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 09/15/26	Check if self-employed ☐ PTIN P00543209
	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC	Firm's EIN 33-1374517		
	Firm's address 245 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10167	Phone no. 212-286-2600		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

AS AN EDUCATIONAL AND CULTURAL NONPROFIT INSTITUTION CENTERED ON THE AIRCRAFT CARRIER INTREPID, A NATIONAL HISTORIC LANDMARK, THE MISSION OF THE INTREPID MUSEUM FOUNDATION (INTREPID MUSEUM) IS TO PROMOTE THE AWARENESS AND UNDERSTANDING OF HISTORY, SCIENCE AND SERVICE THROUGH

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 23,159,095. including grants of \$ 0.) (Revenue \$ 18,328,484.)
EXHIBITS AND MUSEUM SERVICES

EXHIBITS

THE MUSEUM OFFERED A RANGE OF ONSITE AND DIGITAL EXPERIENCES, AS OUTLINED IN OUR STRATEGIC PLAN, TO IMMERSE VISITORS INTO THE MUSEUM THEMES OF THE INTERSECTION OF HISTORY AND INNOVATION AND EXPAND ON THE STORIES OF INTREPID DURING ITS ERAS OF SERVICE. THIS YEAR, FOR THE FIRST TIME WE INTRODUCED TWO NEW STRANDS OF EXHIBITIONS A CO-PRODUCED TRAVELING EXHIBITION AND AN INTREPID-CENTRIC VR EXPERIENCE. THESE NEW EXHIBITIONS WERE FREE WITH MUSEUM ADMISSION.

4b (Code:) (Expenses \$ 5,121,712. including grants of \$ 30,002.) (Revenue \$ 181,608.)
EDUCATION & EVALUATION

IN 2025, THE EDUCATION TEAM CONTINUED TO USE THE CENTER FOR HISTORY AND INNOVATION AS A GUIDING FRAMEWORK FOR THEIR ENDEAVORS AND WORKED TO BE ON TOP OF THE LATEST BEST PRACTICES FOR SUPPORTING STRESSED YOUTH AND TEACHERS. EDUCATION STAFF MEMBERS CONTINUED TO WORK FROM A PLACE OF WELCOMING AND INCLUSIVENESS, OFFERING PROGRAMS SUPPORTING LEARNERS OF ALL AGES AND ABILITIES. THE MUSEUM'S EDUCATION TEAM SERVED OVER 35,000 INDIVIDUALS THROUGH VARIOUS TYPES OF EDUCATOR-LED PROGRAMMING IN THE FISCAL YEAR SPANNING JANUARY 1, 2025 - DECEMBER 31, 2025, AND OVER 40,000 MORE THROUGH SELF-GUIDED MATERIALS AND ONLINE CONTENT.

4c (Code:) (Expenses \$ 2,072,647. including grants of \$ 0.) (Revenue \$ 0.)
OTHER PROGRAMS

PUBLIC PROGRAMS

THE MUSEUM IS COMMITTED TO PROVIDING FREE, MISSION-BASED LARGE-SCALE PROGRAMMING TO WELCOME VISITORS TO ENGAGE WITH THEME-BASED EVENTS RELATED TO HISTORY AND INNOVATION. DURING OUR ONSITE FESTIVALS (KIDS WEEK AND FLEET WEEK) AND OUR ONGOING PROGRAMMING (SUMMER MOVIE NIGHTS AND ASTRONOMY NIGHTS), WE PARTNER WITH OTHER CULTURAL AND SCIENCE ORGANIZATIONS TO BRING EXPERTISE AND TALENTS TO THE MUSEUM. THIS YEAR WE PARTNERED WITH A THIRD PARTY TO STAGE A TICKETED EVENT FOCUSED ON FOOD AND WINE (FOR ADULTS). TO MAINTAIN OUR COMMITMENT TO ACCESS AND

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

(Expenses \$ 179,471. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 30,532,925.

Form 990 (2025)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	64
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

		Yes	No
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	2a 343		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a 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)?	4a		X
b 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).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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		X
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).			
a 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	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g 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 Sponsoring organizations maintaining donor advised funds. 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.			
a 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:			
a 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	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
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	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b 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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
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		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.	18			
b Enter the number of voting members included on line 1a, above, who are independent		18		
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?			☒	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				☒
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				☒
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				☒
6 Did the organization have members or stockholders?				☒
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?				☒
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				☒
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			☒	
b Each committee with authority to act on behalf of the governing body?			☒	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				☒

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
PATRICIA BEENE, CHIEF FINANCIAL/ADMIN OFFICER - 646-381-5250
WEST 46TH ST & 12TH AVE, NEW YORK, NY 10036

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

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

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN MARENOFF-ZAUSNER PRESIDENT	45.00			X				599,078.	0.	36,132.
(2) PATRICIA BEENE-COLASANTI CFO/CAO	45.00			X				342,420.	0.	40,871.
(3) MATTHEW WOODS SVP ENGINEERING/FACILITIES	45.00				X			328,221.	0.	51,314.
(4) DAVID A. WINTERS EXECUTIVE VICE PRESIDENT	27.00			X				307,874.	0.	41,571.
(5) MARC LOWITZ SVP BUSINESS DEVELOPMENT	45.00				X			279,808.	0.	56,456.
(6) ELAINE CHARNOV SVP EXHIBITS/EDUCATION	45.00				X			295,052.	0.	38,271.
(7) MICHAEL ONYSKO VP, MARKETING	45.00				X			243,830.	0.	50,514.
(8) LARRY BECKER VP, TECHNOLOGY	45.00				X			212,126.	0.	45,378.
(9) LYNDA KENNEDY VP, EDUCATION & EVALUATION	45.00				X			199,519.	0.	51,430.
(10) THOMAS COUMBE VP, HUMAN RESOURCES	45.00				X			201,795.	0.	20,975.
(11) IRENA TSITKO VP, GRANTS MGMT & ADMIN	45.00				X			175,614.	0.	43,980.
(12) BRIAN WALKER, VP, CORPORATE COMM. & EXTERNAL AFFAIRS	45.00				X			166,532.	0.	44,244.
(13) CAMILO FAJARDO CREATIVE DIRECTOR	45.00					X		158,940.	0.	51,214.
(14) LISA YACONIELLO VP, VENUE SALES & EVENTS	34.00				X			172,147.	0.	30,128.
(15) VIRGINIA PROANO CONTROLLER	45.00					X		155,872.	0.	42,208.
(16) JESSICA WILLIAMS HEAD CURATOR	45.00					X		138,786.	0.	43,769.
(17) JENNIFER FUGINA AVP, VISITOR SERVICES	45.00					X		133,603.	0.	41,291.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTOPHER MALANSON AVP, EXHIBITS	45.00					X		124,771.	0.	48,702.
(19) KENNETH FISHER CO-CHAIRMAN	5.00	X		X				0.	0.	0.
(20) BRUCE MOSLER CO-CHAIRMAN	5.00	X		X				0.	0.	0.
(21) DENIS BOVIN VICE-CHAIRMAN	3.00	X		X				0.	0.	0.
(22) CHARLES DE GUNZBURG VICE-CHAIRMAN, THRU FEB 2025	3.00	X		X				0.	0.	0.
(23) MARTIN EDELMAN VICE-CHAIRMAN	3.00	X		X				0.	0.	0.
(24) MEL IMMERGUT VICE-CHAIRMAN	3.00	X		X				0.	0.	0.
(25) RICHARD SANTULLI VICE-CHAIRMAN	1.00	X		X				0.	0.	0.
(26) ROBERT BALACHANDRAN TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								4,235,988.	0.	778,448.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,235,988.	0.	778,448.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

28

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FLYING FISH INTERNATIONAL, UNIT 11, 5 SATU WAY, MORNINGTON, AUSTRALIA VIC 3931	CREATOR OF TRAVELING EXHIBITIONS	450,000.
MAXWELL PLUMB MECHANICAL CORP 43-20 203RD STREET, BAYSIDE, NY 11361	MECHANICAL CONTRACTING SERVICES	169,952.
MAJOR TOM AGENCY USA, INC, 548 BEATTY STREET, VANCOUVER, CANADA BC V6B 2L3	DIGITAL MARKETING SERVICES	163,940.
GRAVITY JACK, INC., 157 S HOWARD STREET, SUITE 605, SPOKANE, WA 99201	DIGITAL DEVELOPMENT SERVICES	149,755.
CITY GUIDE MAGAZINE P.O. BOX 1215, CENTER MORICHES, NY 11934	TOURISM MEDIA SERVICES	143,018.

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

9

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2025)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CHARLES BOLDEN TRUSTEE	1.00	X						0.	0.	0.
(28) GERRY BYRNE TRUSTEE	1.00	X						0.	0.	0.
(29) SAM DARWISH TRUSTEE	1.00	X						0.	0.	0.
(30) WINSTON FISHER TRUSTEE	1.00	X						0.	0.	0.
(31) TOM HIGGINS TRUSTEE	1.00	X						0.	0.	0.
(32) STANLEY HUBBARD TRUSTEE, THRU NOV 2025	1.00	X						0.	0.	0.
(33) MARK LAPIDUS TRUSTEE	1.00	X						0.	0.	0.
(34) MIKE LAWINGS TRUSTEE, THRU DEC 2025	1.00	X						0.	0.	0.
(35) JAMES NEDERLANDER, JR. TRUSTEE	1.00	X						0.	0.	0.
(36) JOSEPH PLUMERI TRUSTEE	1.00	X						0.	0.	0.
(37) THOMAS SECUNDA TRUSTEE	1.00	X						0.	0.	0.
(38) FRAN TOWNSEND TRUSTEE	1.00	X						0.	0.	0.
(39) DAVID H.W. TURNER TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	565,908.				
	c Fundraising events	1c	1,407,320.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,857,574.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,294,808.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 103,006.				
	h Total. Add lines 1a-1f		7,125,610.				
Program Service Revenue	2 a <u>ADMISSIONS</u>	Business Code	712100	17,584,492.	17584492.		
	b <u>MUSEUM TOURS & EXHIBITS</u>		712100	654,409.	654,409.		
	c <u>EDU. PGMS & WORKSHOPS</u>		712100	181,608.	181,608.		
	d <u>MEMBERSHIPS</u>		712100	89,583.	89,583.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		18,510,092.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			752,253.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real 5,505,291. (ii) Personal 22,750.				
b Less: rental expenses ...		6b	0. 1,575.				
c Rental income or (loss)		6c	5,505,291. 21,175.				
d Net rental income or (loss)				5,526,466.		21,175.	5505291.
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities 9,205,552. (ii) Other				
b Less: cost or other basis and sales expenses		7b	7,969,520.				
c Gain or (loss)		7c	1,236,032.				
d Net gain or (loss)				1,236,032.			1236032.
8 a Gross income from fundraising events (not including \$ 1,407,320. of contributions reported on line 1c). See Part IV, line 18		8a	98,500.				
b Less: direct expenses		8b	165,000.				
c Net income or (loss) from fundraising events				-66,500.			-66,500.
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a <u>CONCESSIONS</u>	Business Code	900099	842,107.			842,107.
	b <u>SPONSORSHIP REVENUE</u>		900099	54,550.		54,550.	
	c <u>EVENT CANCELLATIONS</u>		900099	36,500.			36,500.
	d All other revenue		900099	25,619.			25,619.
	e Total. Add lines 11a-11d			958,776.			
	12 Total revenue. See instructions			34,042,729.	18510092.	75,725.	8331302.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	30,002.	30,002.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,916,523.	2,514,459.	1,155,937.	246,127.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,242,648.	13,184,346.	451,208.	607,094.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	117,692.	108,035.	5,544.	4,113.
9 Other employee benefits	2,631,332.	2,421,847.	146,954.	62,531.
10 Payroll taxes	1,581,735.	1,379,027.	133,119.	69,589.
11 Fees for services (nonemployees):				
a Management				
b Legal	85,485.	59,919.	17,339.	8,227.
c Accounting	112,532.		112,532.	
d Lobbying	114,253.	114,253.		
e Professional fundraising services. See Part IV, line 17	75,000.			75,000.
f Investment management fees	108,143.		108,143.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	489,535.	437,515.	45,363.	6,657.
12 Advertising and promotion	896,519.	818,569.	8,702.	69,248.
13 Office expenses	702,362.	591,082.	63,172.	48,108.
14 Information technology	689,117.	477,284.	165,873.	45,960.
15 Royalties				
16 Occupancy	2,149,399.	1,966,333.	118,371.	64,695.
17 Travel	78,897.	68,609.	5,289.	4,999.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	43,478.	37,471.	3,252.	2,755.
20 Interest	817,497.	697,192.	77,076.	43,229.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,808,804.	3,277,095.	329,842.	201,867.
23 Insurance	129,500.	95,215.	26,267.	8,018.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a UBI TAX PAYMENT	3,242.		3,242.	
b EVENT & PROGRAM EXPENSE	936,046.	858,985.	54,464.	22,597.
c REPAIRS AND MAINTENANCE	694,614.	674,211.	19,597.	806.
d CONTRACT SVC/ RENTAL EQ	379,776.	358,800.	16,004.	4,972.
e All other expenses	388,693.	362,676.	15,918.	10,099.
25 Total functional expenses. Add lines 1 through 24e	35,222,824.	30,532,925.	3,083,208.	1,606,691.
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)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,293,607.	1	2,800,027.
	2 Savings and temporary cash investments	5,648,573.	2	8,084,508.
	3 Pledges and grants receivable, net	5,795,810.	3	4,877,209.
	4 Accounts receivable, net	2,063,781.	4	1,539,414.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	402,634.	9	262,005.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 135,591,726.		
	b Less: accumulated depreciation	10b 94,175,847.		
	11 Investments - publicly traded securities	43,808,494.	10c	41,415,879.
	12 Investments - other securities. See Part IV, line 11	31,421,710.	11	30,948,860.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	91,434,609.	15	89,927,902.	
Liabilities	17 Accounts payable and accrued expenses	2,704,637.	16	89,927,902.
	18 Grants payable	2,704,637.	17	2,436,471.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	2,509,001.	19	2,298,902.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties	15,045,000.	22	
	24 Unsecured notes and loans payable to unrelated third parties		23	14,781,250.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	865,592.	24	
	26 Total liabilities. Add lines 17 through 25	21,124,230.	25	552,485.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		26	20,069,108.
	27 Net assets without donor restrictions	32,666,688.	27	31,745,365.
	28 Net assets with donor restrictions	37,643,691.	28	38,113,429.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	70,310,379.	32	69,858,794.
	33 Total liabilities and net assets/fund balances	91,434,609.	33	89,927,902.

Form 990 (2025)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,042,729.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,222,824.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,180,095.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70,310,379.
5	Net unrealized gains (losses) on investments	5	904,731.
6	Donated services and use of facilities	6	-176,221.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	69,858,794.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2025)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
☐		
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
☐		
17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
☐		
b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
☐		

Schedule A (Form 990) 2025

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12890657.	9846632.	5102661.	10426208.	7125610.	45391768.
2 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	5165774.	14102733.	18598178.	20687564.	18510092.	77064341.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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	348,667.	3,543.	7,019.	7,019.	13,780.	380,028.
6 Total. Add lines 1 through 5	18405098.	23952908.	23707858.	31120791.	25649482.	122836137
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1028708.	1459778.	1267037.	1655937.	1141037.	6552497.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	1028708.	1459778.	1267037.	1655937.	1141037.	6552497.
8 Public support. (Subtract line 7c from line 6.)						116283640

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	18405098.	23952908.	23707858.	31120791.	25649482.	122836137
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2300169.	5483727.	6192632.	6279463.	6257544.	26513535.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	39,526.	80,532.	57,226.	74,259.	13,732.	265,275.
c Add lines 10a and 10b	2339695.	5564259.	6249858.	6353722.	6271276.	26778810.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	292,778.	1013078.	932,146.	1137920.	904,226.	4280148.
13 Total support. (Add lines 9, 10c, 11, and 12.)	21037571.	30530245.	30889862.	38612433.	32824984.	153895095

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	75.56 %
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	75.37 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	17.40 %
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	16.61 %

19a 33 1/3% support tests - 2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No	
2a			
b Did the activities described on line 2a, above, 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .			
3a			
b Did the organization direct 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.			
3b			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3c			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. 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 integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2025

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Total annual distributions. Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

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

2021 AMOUNT: \$ 275,272.
2022 AMOUNT: \$ 824,673.
2023 AMOUNT: \$ 787,330.
2024 AMOUNT: \$ 1,121,565.
2025 AMOUNT: \$ 842,107.

MISCELLANEOUS INCOME

2021 AMOUNT: \$ 17,506.
2022 AMOUNT: \$ 7,371.
2023 AMOUNT: \$ 24,421.
2024 AMOUNT: \$ 16,355.
2025 AMOUNT: \$ 21,061.

INSURANCE PROCEEDS

2022 AMOUNT: \$ 93,651.

REFUND

2022 AMOUNT: \$ 87,383.
2023 AMOUNT: \$ 120,395.

EVENT CANCELLATIONS

2025 AMOUNT: \$ 36,500.

INSURANCE REIMBURSEMENT

2025 AMOUNT: \$ 4,558.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

INTREPID MUSEUM FOUNDATION, INC.

13-3062419

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>933,500.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>645,218.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>572,805.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>404,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>251,471.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>206,750.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>201,779.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>101,764.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>100,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>100,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>100,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>100,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$ <u>85,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>14</u>		\$ <u>85,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>15</u>		\$ <u>85,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>16</u>		\$ <u>75,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>17</u>		\$ <u>75,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>18</u>		\$ <u>72,500.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 71,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20		\$ 56,750.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21		\$ 55,375.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22		\$ 55,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
23		\$ 53,050.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
24		\$ 51,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 50,165.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
26		\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
27		\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
28		\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
29		\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
30		\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 48,092.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
32		\$ 48,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
33		\$ 48,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
34		\$ 46,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
35		\$ 45,905.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
36		\$ 45,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 44,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
38		\$ 43,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
39		\$ 42,181.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
40		\$ 40,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
41		\$ 40,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
42		\$ 37,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u>		\$ <u>36,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>44</u>		\$ <u>36,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>45</u>		\$ <u>35,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>46</u>		\$ <u>34,600.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>47</u>		\$ <u>25,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>48</u>		\$ <u>25,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 23,027.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
50		\$ 23,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
51		\$ 23,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
52		\$ 23,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
53		\$ 23,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
54		\$ 23,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 23,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
56		\$ 23,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
57		\$ 22,679.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
58		\$ 22,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
59		\$ 20,833.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
60		\$ 20,214.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 20,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
62		\$ 20,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
63		\$ 17,150.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
64		\$ 17,100.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
65		\$ 17,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
66		\$ 16,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 16,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
68		\$ 15,708.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
69		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
70		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
71		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
72		\$ 14,331.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>73</u>		\$ <u>13,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>74</u>		\$ <u>13,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>75</u>		\$ <u>13,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>76</u>		\$ <u>13,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>77</u>		\$ <u>13,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>78</u>		\$ <u>13,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 12,723.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
80		\$ 12,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
81		\$ 12,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
82		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
83		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
84		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
86		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
87		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
88		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
89		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
90		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
92		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
93		\$ 9,963.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
94		\$ 9,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
95		\$ 9,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
96		\$ 9,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ 9,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
98		\$ 9,250.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
99		\$ 8,882.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
100		\$ 8,708.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
101		\$ 8,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
102		\$ 8,333.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>103</u>		\$ <u>8,333.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>104</u>		\$ <u>7,699.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>105</u>		\$ <u>7,600.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>106</u>		\$ <u>7,500.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>107</u>		\$ <u>7,500.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>108</u>		\$ <u>6,500.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>109</u>		\$ <u>6,420.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>110</u>		\$ <u>5,500.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>111</u>		\$ <u>5,103.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>112</u>		\$ <u>5,051.</u>	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>113</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>114</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
116		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
117		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
118		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
119		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
120		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>121</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>122</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>123</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>124</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>125</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>126</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
25	PUBLICLY TRADED SECURITIES	\$ 27,165.	05/27/25
35	PUBLICLY TRADED SECURITIES	\$ 25,405.	05/21/25
57	PUBLICLY TRADED SECURITIES	\$ 22,679.	04/03/25
72	PUBLICLY TRADED SECURITIES	\$ 11,217.	07/24/25
111	PUBLICLY TRADED SECURITIES	\$ 4,565.	01/05/26
112	PUBLICLY TRADED SECURITIES	\$ 5,051.	07/24/25

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2025

Open to Public
Inspection

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

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

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

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

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

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

Name of organization

INTREPID MUSEUM FOUNDATION, INC.

Employer identification number (EIN)

13-3062419

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2025 Created 7/1/25

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN the lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>over \$17,000,000</td><td>\$1,000,000.</td></tr></tbody></table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.			
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes	☐ No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2022	(b) 2023	(c) 2024	(d) 2025	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2025

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		114,253.
j Total. Add lines 1c through 1i			114,253.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
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 campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments, and similar amounts from members	1	
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):		
a 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 expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE MUSEUM USED LOBBYING SERVICES TO FACILITATE MEETINGS AND TO PROVIDE GUIDANCE IN SECURING GOVERNMENT GRANTS FOR CAPITAL NEEDS AND PROGRAM SUPPORT.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

INTREPID MUSEUM FOUNDATION, INC.

Employer identification number

13-3062419

Part I

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II

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

Form with multiple sections for conservation easements, including questions 1-9 and a table for line 2d.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions 1a-1b regarding collections of art, historical treasures, or other similar assets.

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

Schedule D (Form 990) (Rev. 12-2024)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☒ Public exhibition

d ☒ Loan or exchange program

b ☒ Scholarly research

e ☐ Other _____

c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	32,745,947.	30,495,358.	28,857,946.	37,803,208.	34,138,379.
b Contributions	56,867.	56,867.	56,867.	106,867.	6,867.
c Net investment earnings, gains, and losses	2,734,743.	3,961,202.	3,702,885.	-7,087,342.	5,321,791.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,877,155.	1,642,008.	1,980,790.	1,836,166.	1,502,013.
f Administrative expenses	108,143.	125,472.	141,550.	128,621.	161,816.
g End of year balance	33,552,259.	32,745,947.	30,495,358.	28,857,946.	37,803,208.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment .0000 %

b Permanent endowment 65.7210 %

c Term endowment 34.2790 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		30,793,945.	11,017,215.	19,776,730.
d Equipment		9,449,712.	9,145,044.	304,668.
e Other		95,348,069.	74,013,588.	21,334,481.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				41,415,879.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
	(1) Federal income taxes	
	(2) CAPITALIZED LEASE OBLIGATION	552,485.
	(3)	
	(4)	
	(5)	
	(6)	
	(7)	
	(8)	
	(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		552,485.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) (Rev. 12-2024)

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

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

1	Total revenue, gains, and other support per audited financial statements	1	35,374,507.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	904,731.
b	Donated services and use of facilities	2b	533,615.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,575.
e	Add lines 2a through 2d	2e	1,439,921.
3	Subtract line 2e from line 1	3	33,934,586.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	108,143.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	108,143.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	34,042,729.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements	1	35,826,092.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	709,836.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,575.
e	Add lines 2a through 2d	2e	711,411.
3	Subtract line 2e from line 1	3	35,114,681.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	108,143.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	108,143.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	35,222,824.

Part XIII Supplemental Information

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

PART III, LINE 1A:

THE INTREPID AND CERTAIN EXHIBITS WERE PLACED ON LOAN TO THE MUSEUM BY THE UNITED STATES DEPARTMENT OF THE NAVY, (THE "NAVY"), BRITISH AIRWAYS ("BA") AND OTHER ENTITIES, AND THE VALUE THEREOF IS NOT READILY DETERMINABLE. ACCORDINGLY, THE MUSEUM HAS FOLLOWED THE ACCOUNTING POLICY OF MOST MUSEUMS WITH RESPECT TO COLLECTIONS AND EXHIBITS ON LOAN AND HAS NOT INCLUDED THOSE ASSETS IN THE FINANCIAL STATEMENTS.

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

THE CONCORDE G-BOAD WAS LOANED TO THE MUSEUM BY BA ON NOVEMBER 24, 2003 FOR AN UNSPECIFIED PERIOD OF TIME.

ON NOVEMBER 22, 2011, THE MUSEUM ENTERED INTO A CONTRACT FOR THE CONDITIONAL TRANSFER OF TITLE TO NASA HISTORIC ARTIFACT(S) WITH NATIONAL AERONAUTICS AND SPACE ADMINISTRATION ("NASA") TO ACQUIRE THE SPACE SHUTTLE ORBITER, ENTERPRISE ("ENTERPRISE"). NASA TRANSFERRED THE TITLE TO THE MUSEUM SUBJECT TO CERTAIN CONDITIONS AND RESTRICTIONS FOR A 20-YEAR PERIOD AFTER WHICH TIME THE TITLE TRANSFER IS PERMANENT. NASA PHYSICALLY DELIVERED THE ENTERPRISE TO THE MUSEUM AT JFK AIRPORT ON APRIL 27, 2012.

PART III, LINE 4:

THE INTREPID SEA, AIR & SPACE MUSEUM COLLECTS A WIDE RANGE OF ARTIFACTS TO DOCUMENT ITS RICH HISTORY AS A U.S. NAVAL VESSEL FROM 1943 TO 1974. MANY

Part XIII Supplemental Information (continued)

OF THESE ARTIFACTS INCLUDE THE PERSONAL MEMORABILIA OF BOTH FORMER CREW MEMBERS AND OFFICERS ALIKE. PHOTOGRAPHS, LETTERS, MANUSCRIPTS, CERTIFICATES, MEDALS, SOUVENIRS, AND OTHER EPHEMERA HELP US TO INTERPRET THE LIVES OF THE MEN WHO WORKED AND SLEPT ON THE AIRCRAFT CARRIER. FURTHERMORE, THE "SAILOR ART" DESIGNED AND CREATED BY THE SERVICEMEN ON BOARD ALLOWS US A UNIQUE GLIMPSE INTO THE PERSONAL SIDE OF LIFE ON THE SHIP. EXAMPLES OF SUCH ART INCLUDE SKETCHES ON THE BACKS OF HANDKERCHIEFS, AN ASHTRAY CONSTRUCTED FROM A SHELL FIRED BY THE INTREPID, AS WELL AS DETAILED WALL PAINTINGS SCATTERED THROUGHOUT THE INTERIOR OF THE VESSEL. OUR VAST COLLECTION OF UNIFORMS, FROM FLIGHT SUITS TO OFFICERS' DRESS "BLUES," PROVIDES US WITH AN UNDERSTANDING OF THE DIFFERENT DUTIES AND JOBS FOR WHICH THE SERVICEMEN WOULD HAVE BEEN RESPONSIBLE.

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

PART V, LINE 4:

UNDER THE MUSEUM'S SPENDING POLICY, UP TO 6% 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, 2025 WAS \$1,877,155 (6%). THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO SUPPORT THE ORGANIZATION'S OPERATIONS.

PART X, LINE 2:

THE MUSEUM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE MUSEUM HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE MUSEUM IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR TAX YEARS PRIOR TO FISCAL 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PERSONAL PROPERTY RENTAL EXPENSE	1,575.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

PERSONAL PROPERTY RENTAL EXPENSE	1,575.
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(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Employer identification number
13-3062419

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.

LHA 532081 04-01-25

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 SALUTE TO FREEDOM GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,505,820.			1,505,820.
	2 Less: Contributions	1,407,320.			1,407,320.
	3 Gross income (line 1 minus line 2)	98,500.			98,500.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	165,000.			165,000.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				165,000.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-66,500.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

- 16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

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

(I) NAME OF FUNDRAISER: KOSZYN & COMPANY LLC

(I) ADDRESS OF FUNDRAISER:

215 PARK AVENUE SOUTH, 11TH FLOOR, NEW YORK, NY 10003

PART I, LINE 2B, COLUMN (V):

KOSZYN & COMPANY LLC WAS RETAINED TO CONDUCT A CAMPAIGN FEASIBILITY STUDY. THE AGREEMENT PROVIDES FOR THE PAYMENT FOR SERVICES OF \$37,500 FROM JANUARY TO MAY 2025 AND PAYMENT OF \$37,500 FROM JULY TO SEPTEMBER 2025 AS WELL AS OTHER COSTS AND FEES SET FORTH IN THE CONTRACT.

Part IV		Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

INTREPID MUSEUM FOUNDATION, INC.

Employer identification number
13-3062419

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEW YORK UNIVERSITY 105 E 17TH ST, 2ND FLOOR NEW YORK, NY 10003-9580	13-5562308	501(C)(3)	30,002.	0.			TO RUN A GRADUATE COURSE TO INVESTIGATE AND PROTOTYPE INTERPRETATIONS OF SICK BAY USING TACTILE

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

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

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

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

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 ACCOUNTANTS 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.

Part IV Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO RUN A GRADUATE COURSE TO INVESTIGATE AND PROTOTYPE INTERPRETATIONS OF SICK BAY USING TACTILE DESIGN; DEVELOP AND TRANSLATE STUDENT PROTOTYPE PROJECTS TO INTREPID CURATORIAL AND FABRICATION TEAM; DISSEMINATE PROJECT FINDINGS THROUGH LITERATURE AND CONFERENCES.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

INTREPID MUSEUM FOUNDATION, INC.

Employer identification number

13-3062419

Part I Questions Regarding Compensation

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

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

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN MARENOFF-ZAUSNER PRESIDENT	(i)	597,098.	0.	1,980.	2,500.	33,632.	635,210.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PATRICIA BEENE-COLASANTI CFO/CAO	(i)	336,240.	0.	6,180.	2,500.	38,371.	383,291.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MATTHEW WOODS SVP ENGINEERING/FACILITIES	(i)	326,241.	0.	1,980.	2,500.	48,814.	379,535.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID A. WINTERS EXECUTIVE VICE PRESIDENT	(i)	306,584.	0.	1,290.	2,500.	39,071.	349,445.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARC LOWITZ SVP BUSINESS DEVELOPMENT	(i)	278,518.	0.	1,290.	2,500.	53,956.	336,264.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELAINE CHARNOV SVP EXHIBITS/EDUCATION	(i)	293,072.	0.	1,980.	2,500.	35,771.	333,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL ONYSKO VP, MARKETING	(i)	243,380.	0.	450.	2,500.	48,014.	294,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LARRY BECKER VP, TECHNOLOGY	(i)	211,436.	0.	690.	0.	45,378.	257,504.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LYNDY KENNEDY VP, EDUCATION & EVALUATION	(i)	198,229.	0.	1,290.	2,500.	48,930.	250,949.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) THOMAS COUMBE VP, HUMAN RESOURCES	(i)	197,985.	0.	3,810.	2,500.	18,475.	222,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) IRENA TSITKO VP, GRANTS MGMT & ADMIN	(i)	174,924.	0.	690.	2,500.	41,480.	219,594.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BRIAN WALKER, VP, CORPORATE COMM. & EXTERNAL AFFAIRS	(i)	165,242.	0.	1,290.	0.	44,244.	210,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CAMILO FAJARDO CREATIVE DIRECTOR	(i)	152,460.	4,500.	1,980.	2,500.	48,714.	210,154.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) LISA YACONIELLO VP, VENUE SALES & EVENTS	(i)	171,697.	0.	450.	2,500.	27,628.	202,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) VIRGINIA PROANO CONTROLLER	(i)	147,194.	8,500.	178.	0.	42,208.	198,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JESSICA WILLIAMS HEAD CURATOR	(i)	130,380.	8,000.	406.	2,500.	41,269.	182,555.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
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For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

BONUSES ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE BASED ON
PERFORMANCE REVIEWS AND BUDGET AVAILABILITY. THE INDIVIDUALS RECEIVED BONUS
PAYMENTS IN 2025 REPORTED ON PART II, COLUMN B(II).

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public
Inspection

Name of the organization

INTREPID MUSEUM FOUNDATION, INC.

Employer identification number

13-3062419

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures	X	51	0.	
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	103,006.	SALES PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgment

29

0

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 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Yes No

30a		X
31		X
32a		X

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

Schedule M (Form 990) 2025 Created 12/29/25

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also, complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):
THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN (B) OF SCHEDULE M.

SCHEDULE M, 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 O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

INTREPID MUSEUM FOUNDATION, INC.

Employer identification number

13-3062419

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

HISTORY AND INNOVATION IN ORDER TO HONOR OUR HEROES, EDUCATE THE PUBLIC
AND INSPIRE FUTURE GENERATIONS.

FORM 990, PART I, LINE 6:

THE MUSEUM ALSO RECEIVES DONATED SERVICES THAT DO NOT REQUIRE SPECIFIC
EXPERTISE, BUT WHICH ARE NONETHELESS CENTRAL TO THE MUSEUM'S
OPERATIONS. THE ESTIMATED VALUE OF THESE SERVICES FOR THE YEAR ENDED
DECEMBER 31, 2025 IS BASED ON THE ESTIMATED DOLLAR VALUE OF VOLUNTEER
TIME AND AMOUNTED TO APPROXIMATELY \$431,540 (21,577 HOURS OF TIME).

FORM 990, PART I, DOING BUSINESS AS:

INTREPID SEA-AIR-SPACE MUSEUM

INTREPID SEA-AIR-SPACE FOUNDATION

INTREPID MUSEUM

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

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

THE MUSEUM'S MISSION IS REALIZED IN THREE WAYS:

- 1) THROUGH COLLECTIONS, EXHIBITIONS AND INTERPRETATIONS OF AMERICAN AND
GLOBAL HISTORY;
- 2) THROUGH INNOVATIVE STEM, HISTORY, AND LEADERSHIP EDUCATION PROGRAMS
FOR STUDENTS; AND
- 3) BY THE INTEGRAL ROLE THE MUSEUM PLAYS IN THE LOCAL AND NATIONAL
COMMUNITY, HOSTING A WIDE RANGE OF PUBLIC CULTURAL EVENTS AND PROGRAMS
FOR YOUTH, FAMILIES, SENIOR CITIZENS, FAMILIES IN TRANSITIONAL HOUSING,
VETERANS AND THE MEN AND WOMEN IN SERVICE TO OUR NATION.

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

CORSAIR/HANGAR 1 REDESIGN (PERMANENT) MARCH 2025:

WITH A CORSAIR AIRCRAFT ON LOAN FROM NAVAL HISTORY AND HERITAGE COMMAND
(NHHHC) THAT SERVED DURING WWII AS THE CENTERPIECE, THE INTERNAL TEAM
REDESIGNED PART OF THE MUSEUM'S PERMANENT EXHIBITION AND PROVIDED
CURRENT INTERPRETATION (STORYTELLING) ALONG WITH NEW DYNAMIC EXHIBITION
CASES, DESIGN AND LIGHTING. ARTIFACTS, FILMS, PHOTOS AND PAPER ITEMS
IN THE MUSEUM'S COLLECTION HAVE NOW BEEN WOVEN SEAMLESSLY INTO THIS
AREA TO BRING THE STORY OF USS INTREPID TO LIFE FOR THE PUBLIC.

MYSTERIES FROM THE DEEP: EXPLORING UNDERWATER ARCHAEOLOGY

TEMPORARY EXHIBITION: JUNE 2025 TO JANUARY 2026

THIS EXHIBITION HAS BEEN CO-PRODUCED WITH INTREPID MUSEUM, A GUEST
CURATOR IDENTIFIED BY THE MUSEUM AND FLYING FISHING EXHIBITIONS. THEMES
FOCUSED ON HISTORY, WONDER AND INNOVATION AROUND WORKING IN EXTREME
ENVIRONMENTS. STAGED IN THE MUSEUM'S SPACE SHUTTLE PAVILION, THE
EXHIBITION ALSO MAKES LIGHT COMPARISONS TO THE PARALLEL CHALLENGE OF
WORKING IN EXTREME ENVIRONMENTS OF SPACE. A CORE THEME AROUND THE MANY
CASE STUDIES IS TO HELP YOUNG PEOPLE ESPECIALLY GET ENGAGED WITH SOME
OF THE CONCEPTS AND TOOLS OF THE FIELD, SO THAT THEY CAN IMAGINE

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 532211 04-01-25

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

THEMSELVES PURSUING THIS COMPELLING AND IMPORTANT PROFESSION. THE EXHIBITION WILL BEGIN TO TRAVEL NATIONALLY AND INTERNATIONALLY FOR THE NEXT SEVEN YEARS WITH THE MUSEUM HANDLING THE ORIGINAL ARTIFACTS AND THE EXHIBITION FIRM PURSUING THE LICENSING AND PARTNERS.

FREE CONTENT SUPPORTING PHYSICAL EXHIBITIONS
BLOOMBERG CONNECTS APP (ONGOING)

THIS FREE DIGITAL GUIDE IS AVAILABLE ON THE BLOOMBERG PLATFORM. STORIES ABOUT THE HISTORIC NAVAL VESSELS, AIRCRAFT AND THE USS INTREPID COME TO LIFE THROUGH INTERVIEWS WITH FORMER CREW MEMBERS, CURATORS, ARCHIVAL PHOTOGRAPHS AND FILMS. TELLING A WIDE RANGE OF STORIES ENABLES THE INTREPID MUSEUM TO SHARE A RICH AND FULL HISTORY OF OUR HISTORIC VESSELS. THIS INCLUDES EXPLORING THE BARRIERS THAT SOME NAVY PERSONNEL FACED BASED ON THEIR RACE, GENDER, SEXUALITY, OR NATION OF ORIGIN. THIS CONTENT (FROM WAYFINDING TO STORYTELLING) CAN BE TRANSLATED INTO MULTIPLE LANGUAGES TO ENGAGE OUR INTERNATIONAL AUDIENCES. THIS YEAR THE EXPANDED STORIES INCLUDED THE TWO EXHIBITIONS ABOVE.

VR PROJECT: ENGINE ROOM AND BOILER ROOM
ON-SITE AND THROUGH DIGITAL FORMATS ALWAYS AVAILABLE

AFTER YEARS OF DEVELOPING COMPLEX SCANS AND DATA SETS OF THE INTERIOR SPACES OF INTREPID, THE MUSEUM LAUNCHED A PILOT VR PROJECT (WITH A THIRD-PARTY VENDOR) TO INTRODUCE AUDIENCES TO THE STORIES AND FUNCTIONS OF HEART OF AN AIRCRAFT CARRIER NOT ACCESSIBLE TO THE PUBLIC. THIS FREE VR EXPERIENCE SHOWCASES SOME OF THIS LARGELY UNSUNG LABOR IN THE CONTEXT OF AN URGENT PEACETIME MISSION. THE PROJECT PROVIDES MULTIPLE METHODS FOR VISITORS TO ENGAGE. ON SITE WITH HEADSETS (FOR AGES 10+ OLDER); ONSITE WITH A 2D KIOSK; AT HOME ON THE WEB AND DIGITALLY VIA AN APP. OUR EVALUATION DIVISION HAS BEEN ASSESSING WHAT VISITORS LIKE AND/OR FIND CHALLENGING ABOUT THE EXPERIENCE.

RESEARCH AND DEVELOPMENT FOR SECOND DECK EXPANSION PROJECT: SICKBAY, BARBER SHOP AND POST OFFICE (ONGOING)

THIS LONG-TERM, MULTI-PHASED PROJECT WILL REALIZE THE MUSEUM'S STRATEGIC GOALS OF "OPENING MORE SPACES" OF THIS HISTORIC VESSEL AND TELL THE STORIES OF THE CREW IN THESE SITE-SPECIFIC COMPARTMENTS. IN 2025 INTENSIVE RESEARCH CONTINUED TO RESTORE AND OPEN A LARGE SECTION OF THE SHIP'S SECOND DECK, INCLUDING THE SHIP'S POST OFFICE, BARBER SHOP, SICK BAY AND TORPEDO HANDLING COMPARTMENT.

KEY EXHIBITION AND CURATORIAL STAFF, ALONG WITH A GUEST HISTORIAN OF MEDICINE DEVELOPED A COMPREHENSIVE OUTLINE AND VISION FOR THE EXHIBITION IN THIS 7,000 SQ FOOT SPACE, THAT INCLUDES TRADITIONAL TEXT PANELS AND PHOTOS, PHYSICAL PROPS, INTERACTIVES AND SOUND INSTALLATIONS TO BRING THESE AMAZING STORIES ABOUT NAVAL MEDICINE (SICK BAY); RULES AND REGULATIONS (BARBER SHOP); AND MAINTAINING MORALE (POST OFFICE).

THIS YEAR FOCUSED ON THE WORK ASSOCIATED WITH AN INSTITUTE FOR MUSEUM AND LIBRARY SERVICES GRANT, WHEREBY WE WORKED WITH NEW YORK UNIVERSITY'S ABILITY PROJECT TO CO-DESIGN SOME POTENTIAL TACTILE INTERACTIVES THAT ARE RELEVANT TO THE EXHIBITION STORYLINES. THE CONCEPTS HAVE BEEN TESTED WITH SPECIALIZED AUDIENCES AND THE GENERAL PUBLIC DURING THE FINAL WEEKS OF THE YEAR, AND THE RESULTS WILL INFORM

Name of the organization	Employer identification number
INTREPID MUSEUM FOUNDATION, INC.	13-3062419
THE NEXT PHASE OF PROTOTYPING.	

RESTORATION PROJECT: MIG17 (OCTOBER 2025)

THE AIRCRAFT RESTORATION TEAM CONDUCTED RESEARCH AND DEVELOPED A COMPREHENSIVE TREATMENT PROPOSAL TO PROTECT AND PRESERVE THE AIRCRAFT. ADDITIONALLY, THE TEAM DETERMINED A NEW PAINT SCHEME FOR THE AIRCRAFT. THE STANDARD 'SILVER SWALLOW' BARE ALUMINUM SCHEME WAS CHOSEN DUE TO ITS WELL-KNOWN, EASILY IDENTIFIABLE APPEARANCE AND SINCE IT WAS TYPICALLY HOW STANDARD ISSUE MIG-17'S WOULD HAVE LOOKED WHEN ENCOUNTERING INTREPID DURING THE VIETNAM WAR.

COLLECTIONS ACQUISITIONS/DONATIONS 2025 STATS:

COLLECTIONS ARE THE HEART AND SOUL OF THE MUSEUM, AND THE STAFF WORK TO ENSURE THAT WE ARE BUILDING THE COLLECTION, PROTECTING AND PRESERVING IT (BOTH PHYSICALLY AND DIGITALLY) SO THAT IT CAN SUPPORT ONGOING EXHIBITIONS AND EDUCATION EFFORTS AND SERVE AS A RESOURCE FOR RESEARCHERS, FOR YEARS TO COME.

APPROXIMATELY 1,107 ARTIFACTS WERE ADDED TO THE COLLECTION IN 2025 AND THERE WERE 60 TOTAL ACQUISITIONS (INCLUDING COLLECTIONS FOUND ON BOARD AND FOUND IN COLLECTION). THIS IS AN INCREASE OF 281 ARTIFACTS AS COMPARED TO THE PRIOR YEAR.

TOTAL ORAL HISTORY INTERVIEWS: 10 (ONE INTERVIEW WAS A FCM WITH HIS WIFE)

ORAL HISTORY PARTICIPANTS (NEW AND PREVIOUS) WHO DONATED ARTIFACTS THIS YEAR: 8

DIGITAL COLLECTIONS WEBSITE

AS OF 2025 RECORDS PUBLISHED TO EMUSEUM ([HTTP://INTREPID.EMUSEUM.COM](http://intrepid.emuseum.com)) INCLUDED: 1,494 (265 ARCHIVES, 434 OBJECTS, 738 MEDIA, 57 ORAL HISTORIES). THIS WAS AN INCREASE OF 152 RECORDS FROM THE PRIOR YEAR. ESTIMATED TOTAL COLLECTION = 23,258; ARCHIVES (RECORDS) = 1,982; OBJECTS = 3,877; MEDIA = 18,321

ACQUISITION HIGHLIGHTS:

CONCORDE MAPS AND FLIGHT DOCUMENTS - CAPTAIN ROGER MILLS SERVED FOR BRITISH AIRWAYS FLYING PASSENGER CONCORDES FROM 1987-2000. HE LOGGED 4,856 HOURS IN THE COCKPIT. HE WAS ORIGINALLY HIRED BY BRITISH AIRWAYS TO PILOT 737S. ACCORDING TO HIS FAMILY, HE PILOTED G-BOAD ON HIS FINAL FLIGHT. MILLS DIED IN 2023 AND HIS SON, IAIN, DONATED A LARGE COLLECTION OF HIS FATHER'S TRAINING MATERIALS, HANDBOOKS, ROUTE MAPS, COURSE PLOTS. THE COLLECTION ALSO INCLUDES A MAP FROM THE CONCORDE'S ECLIPSE ROUTE AS WELL AS A PAIR OF ECLIPSE GLASSES STILL IN THE ORIGINAL PACKAGING.

KUNKEL MEDIA COLLECTION - GERALD KUNKEL SERVED ON BOARD INTREPID AS AN ELECTRONICS TECHNICIAN (RADAR) THIRD CLASS (ETR3C) WITH THE OE DIVISION IN 1966. HE DONATED HIS ARGUS CAMERA THAT HE USED ON THE SHIP AS WELL AS AN 8MM FILM CAMERA. THIS IS THE FIRST FILM CAMERA ACCEPTED FOR THE COLLECTION. THE DONATION ALSO INCLUDES HIS CAMERA PASS, SLIDES, FILM REELS AND OTHER ITEMS.

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

HALCROW LETTER COLLECTION - LT. GEORGE C. HALCROW SERVED ON BOARD INTREPID AS AN OFFICER IN THE HULL DEPARTMENT FROM 1943 TO 1946. HE WORKED IN DAMAGE CONTROL AND REPAIR. HIS GREAT NEPHEW DONATED AN EXTENSIVE COLLECTION OF LETTERS AS WELL AS SOME PHOTOGRAPHS. MOST OF THE LETTERS, SOME OF WHICH ARE V-MAIL, WERE WRITTEN BY LT. HALCROW TO FAMILY MEMBERS WHILE HE WAS SERVING ON INTREPID, AND A FEW WERE WRITTEN TO LT. HALCROW FROM ANOTHER FAMILY MEMBER WHO WAS SERVING IN THE ARMY. THE LETTERS ARE LONG AND DETAILED.

WWII PHOTO COLLECTION - LEO SCHWABE SERVED ON BOARD THE AIRCRAFT CARRIER USS INTREPID (CV-11) AS A GUNNERY OFFICER DURING WORLD WAR II. HE WAS A LIEUTENANT COMMANDER AT THE TIME HE LEFT INTREPID IN 1946. DONATED BY HIS SON, THIS EXTENSIVE PHOTO COLLECTION INCLUDES A WIDE RANGE OF SUBJECTS. MOST PHOTOS ARE NEW TO THE COLLECTION, INCLUDING THIS IMAGE OF DAMAGE FROM THE 1944 TORPEDO ATTACK.

2025 ORAL HISTORY INTERVIEWS

TOTAL INTERVIEWS: 10

BY VESSEL: INTREPID: 10

BY ERA: COLD WAR: 3; VIETNAM WAR: 5; VIETNAM WAR & COLD WAR: 2

NUMBER OF NARRATORS WHO ALSO PARTICIPATED IN RECORDED WALKTHROUGHS OF SHIP SPACES: 3

MUSEUM SERVICES

FY 2025 PRESENTED A CHALLENGING ENVIRONMENT FOR NEW YORK CITY'S TOURISM INDUSTRY, WITH THE MUSEUM EXPERIENCING THE EFFECTS OF BROADER MARKET HEADWINDS. INTERNATIONAL VISITATION DECLINED SIGNIFICANTLY DUE TO GEOPOLITICAL TENSIONS, A STRONG U.S. DOLLAR, AND TRAVEL ADVISORIES ISSUED BY SEVERAL KEY INTERNATIONAL MARKETS. DOMESTIC AND REGIONAL TRAVEL WAS SIMILARLY CONSTRAINED BY RISING COSTS, SAFETY CONCERNS, AND REDUCED DISCRETIONARY SPENDING. AS A RESULT, LIKE MANY OTHERS IN THE CULTURAL AND ATTRACTION INDUSTRY, MUSEUM ATTENDANCE TOTALED JUST OVER 820,000 VISITORS, REPRESENTING A YEAR-OVER-YEAR DECLINE AND APPROXIMATELY 80% OF PRE-PANDEMIC ATTENDANCE LEVELS.

DESPITE THESE CHALLENGES, THE MUSEUM MADE MEANINGFUL PROGRESS IN EXPANDING ITS DIGITAL REACH AND STRENGTHENING AUDIENCE ENGAGEMENT. COMPLETION OF THE BLOOMBERG DIGITAL ACCELERATOR PROGRAM RESULTED IN SIGNIFICANT WEBSITE INFRASTRUCTURE ENHANCEMENTS, ENABLING THE INTEGRATION OF NEW AND EXISTING DIGITAL CONTENT ACROSS THE SITE. THESE IMPROVEMENTS CONTRIBUTED TO SUBSTANTIAL GROWTH IN ONLINE VIDEO ENGAGEMENT, ALLOWING AUDIENCES WORLDWIDE TO EXPERIENCE THE MUSEUM AND ITS COLLECTIONS IN NEW AND DYNAMIC WAYS.

THE MUSEUM ALSO EXPANDED ITS DIGITAL PRESENCE THROUGH STRATEGIC INFLUENCER PARTNERSHIPS AND COLLABORATIVE CAMPAIGNS. SOCIAL MEDIA AUDIENCES GREW BY 12% YEAR OVER YEAR, WHILE CONTENT REACHED MILLIONS OF USERS, INCREASING BRAND AWARENESS AND EXTENDING THE MUSEUM'S IMPACT WELL BEYOND ITS PHYSICAL CAMPUS.

ALTHOUGH OVERALL MUSEUM ATTENDANCE WAS LOWER THAN THE PREVIOUS YEAR, THE VISITOR SERVICES TEAM REMAINED STEADFAST IN DELIVERING AN EXCEPTIONAL VISITOR EXPERIENCE. THROUGHOUT FY 2025, THE TEAM CONTINUED TO REFINE VISITOR FLOW THROUGH IMPROVED SIGNAGE, STREAMLINED PROCESSES,

Name of the organization	Employer identification number
INTREPID MUSEUM FOUNDATION, INC.	13-3062419
AND OPERATIONAL ENHANCEMENTS, ENSURING A WELCOMING AND ENGAGING EXPERIENCE FOR EVERY GUEST.	

THE VISITOR SERVICES TEAM ALSO MADE PROFESSIONAL DEVELOPMENT A PRIORITY, PARTICIPATING IN A SERIES OF CURATED LEARNING SESSIONS LED BY COLLEAGUES FROM ACROSS THE MUSEUM. THESE OPPORTUNITIES EXPANDED THE TEAM'S KNOWLEDGE OF THE MUSEUM'S COLLECTIONS, EXHIBITION PLANS, AND EDUCATIONAL AND PUBLIC PROGRAMS, ENABLING STAFF TO PROVIDE RICHER, MORE INFORMED INTERACTIONS WITH VISITORS.

THE IMPACT OF THESE EFFORTS ON ORGANIZED TOURS AND TALKS WAS SIGNIFICANT: MORE THAN 40,000 VISITORS PARTICIPATED IN GUIDED TOURS OR CURATED INTERPRETIVE TALKS DELIVERED BY THE VISITOR SERVICES TEAM, DEMONSTRATING THEIR EXPERTISE, DEDICATION, AND COMMITMENT TO ADVANCING THE MUSEUM'S MISSION THROUGH MEANINGFUL VISITOR ENGAGEMENT.

GROUP SALES PROGRAMS:

IN FY 2025 THE INTREPID MUSEUM'S GROUP SALES OFFERINGS INCLUDED A VARIETY OF PROGRAMS FOR MANY DIFFERENT GROUP TYPES AND, OVERALL, WELCOMED MORE THAN 130,000 GUESTS THROUGH THESE OFFERINGS. THESE PROGRAMS WERE ALIGNED WITH OUR MISSION AND OFFERED OUR GUESTS THE OPPORTUNITY TO EXPLORE AND LEARN IN AN INFORMAL SETTING. INCLUDED WERE SPECIALIZED CHILDREN'S BIRTHDAY PARTIES WITH THEMES OF SEA, AIR AND SPACE, CONSISTENT WITH OUR EXHIBITIONS. IN TOTAL, WE HOSTED 128 BIRTHDAY PARTIES ATTENDED BY OVER 4,800 GUESTS ABOARD INTREPID. OUR OVERNIGHT PROGRAM, OPERATION SLUMBER, HOSTED MORE THAN 4,700 CHILDREN AND THEIR PARENTS AND CHAPERONES ACROSS 19 DATES. WE HOSTED OVER 53,000 GUESTS IN FY 2025 THROUGH OUR RECEPTIVE OPERATORS AND OVER 12,000 GUESTS VIA OUR TOUR OPERATOR PARTNERS. WE HOSTED OVER 6,300 CAMP AND SCOUT GROUPS, AND OVER 38,000 STUDENTS AND ADULTS/CHAPERONES. WE CONTINUED TO HOST YOUTH ORCHESTRAS, BANDS, CHOIRS, AND DANCE GROUPS FOR PERFORMANCES ONBOARD 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 VETERANS AND ACTIVE MEMBERS OF THE MILITARY AND THEIR FAMILIES PRESENT TO CELEBRATE A MILITARY ENLISTMENT OR PROMOTION, AS WELL AS RETIREMENT CEREMONIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CENTER FOR HISTORY & INNOVATION KEYSTONE PROJECTS AND STRATEGIC PLANNING:

PROGRAMMING FOCUSED ON SUPPORTING THE MUSEUM'S MISSION BY AMPLIFYING THE EXPERIENCES OF THOSE ON THE FRONTLINES OF HISTORY AND THE STORIES BEHIND THE ENGINEERING MARVELS IN OUR COLLECTION, INVITING INDIVIDUALS OF ALL AGES TO EXPERIENCE WONDER, ASK QUESTIONS AND BE INSPIRED TO SEEK CREATIVE SOLUTIONS TO THE 21ST CENTURY'S GREATEST CHALLENGES. PROGRAMS PROMOTE THE FOLLOWING MINDSETS: PROBLEM SOLVING (DEFINING THE CHALLENGE; EXAMINING AND ASSESSING EVIDENCE; EXPLORING HOW AND WHY); GROWTH (LEARNING FROM FAILURE, THRIVING ON CHALLENGES); COLLABORATION (INCLUSION OF DIVERSE VIEWPOINTS, VOICES AND PRACTICES); SYNTHESIZING (MAKING CONNECTIONS; UNDERSTANDING RELATIONSHIPS AND IMPACTS).

THE MUSEUM OFFERS MULTIDISCIPLINARY, DYNAMIC PROGRAMS FOR SCHOOLS AND FAMILIES, AUDIENCES WITH SPECIAL NEEDS, VULNERABLE GROUPS, VETERANS AND

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

COMMUNITY GROUPS AS WELL AS THE GENERAL PUBLIC. IN A TYPICAL YEAR, PROGRAMS HAPPEN AT THE MUSEUM, IN THE COMMUNITIES OF NEW YORK CITY AND THROUGH DISTANCE LEARNING NATIONALLY AND INTERNATIONALLY. OVER THE COURSE OF 2025, PROGRAMS HAPPENED PRIMARILY AT THE MUSEUM, BUT VIRTUAL EXPERIENCES WERE STILL AVAILABLE UPON REQUEST, OR, IN THE CASE OF TEACHER PROFESSIONAL DEVELOPMENT, INTENTIONALLY DEVELOPED. SCHOOL PARTNERSHIPS SUCH AS CASA (CULTURAL AFTER SCHOOL ACTIVITIES) AND A LOCAL SCHOOL RESIDENCY SAW MUSEUM EDUCATION TEAM MEMBERS OFFERING PROGRAMMING IN SCHOOLS ACROSS THE CITY. THE MUSEUM PRIORITIZES SECURING FUNDING THAT ALLOWS IT TO OFFER EDUCATION PROGRAMS AT NO COST TO STUDENTS, FAMILIES AND INDIVIDUALS FROM HIGH-NEED SCHOOLS AND COMMUNITIES. A LARGE PERCENTAGE OF THOSE SERVED ARE PEOPLE WITH DISABILITIES AND MULTILINGUAL LEARNERS.

IN THE FIRST HALF OF 2025, WORK WAS COMPLETED WITH A VARIETY OF STAKEHOLDERS AROUND THE VIABILITY OF LEVERAGING THE MUSEUM'S COLLECTIONS, STAFFING AND PROGRAMMATIC EXPERTISE AS THE PLACE FOR AEROSPACE IN NEW YORK CITY. BASED ON ITS CONSULTANT'S REPORT, WHICH INCLUDED POSITIVE FEEDBACK AND SUGGESTED NEXT STEPS, PLANNING BEGAN FOR MOVING AEROSPACE-FOCUSED WORK FORWARD IN 2026 AND BEYOND.

SCHOOL AND TEACHER PROGRAMS (IN AND OUT OF SCHOOL TIME): OVER 20,000 K-12 STUDENTS, INCLUDING THOSE WITH PHYSICAL, DEVELOPMENTAL OR LEARNING DISABILITIES, AND TEACHERS TOOK PART IN EDUCATOR-LED PROGRAMMING IN PERSON OR VIRTUALLY DURING 2025. PROGRAMS FOCUSED ON THE INTERSECTION OF HISTORY AND INNOVATION AND WERE ALIGNED WITH THE NY STATE STANDARDS, THE NEW YORK CITY SCOPE & SEQUENCE AND THE NEXT GENERATION SCIENCE STANDARDS. THESE PROGRAMS INCLUDED ONSITE OR VIRTUAL 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 EXPLORED THE CHALLENGES OF LIVING AT SEA. WITH REMOTE INSTRUCTION, STUDENTS FROM ALL OVER THE UNITED STATES AND CANADA HAVE EXPERIENCED VIRTUAL TOURS OF MUSEUM SPACES AND COLLECTIONS, LED BY AN ONSITE EDUCATOR WHOM THEY INTERACT WITH IN REAL TIME.

THE MUSEUM'S EDUCATION TEAM ENGAGED SCHOOL AGE PARTICIPANTS WITH PHYSICAL, COGNITIVE OR EMOTIONAL CHALLENGES AND THEIR INSTRUCTORS THROUGH TAILORED PROGRAMS THAT INVOLVED MOVEMENT, SOUND, STORYTELLING, USE OF TOUCH-COLLECTION OBJECTS, PICTURES, AND CLOSE EXAMINATION OF ARTIFACTS, SUCH AS THE T-34A MENTOR AIRPLANE AND HH-52A SEA GUARDIAN HELICOPTER. MANY OF THESE PROGRAMS, PARTICULARLY THOSE FOR STUDENTS WITH AUTISM, INCLUDED A PRE-VISIT EXPERIENCE.

FOR TEACHERS, MUSEUM EDUCATORS LED FREE AND LOW-COST PROFESSIONAL DEVELOPMENT PROGRAMS, BOTH ONSITE AND VIRTUALLY. PARTICIPATING TEACHERS FROM NEW YORK STATE WERE AWARDED NY STATE DEPARTMENT OF EDUCATION-ENDORSED PROFESSIONAL DEVELOPMENT CREDITS (CTLE CREDITS). THE MUSEUM WELCOMED 272 TEACHERS THROUGH AN IMLS SUPPORTED INSPIRATION ACADEMY PROFESSIONAL DEVELOPMENT PROGRAM AIMED AT EARLY CAREER AND

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

BIPOC TEACHERS IN NEW YORK STATE, IMPACTING 23,360 STUDENTS IN THEIR CLASSES. THE TEAM ALSO PROVIDED EXPERIENCES THROUGH COLLABORATIONS WITH DIFFERENT SCHOOLS AND CENTRAL NYC PUBLIC SCHOOLS OFFICES SUCH AS THE STEM PROGRAM OFFICE AND THE CIVICS FOR ALL INITIATIVE.

A PAID IN-SCHOOL RESIDENCY WAS COMPLETED ONCE AGAIN IN FALL 2025 WITH HYPER-LOCAL SCHOOL PS 51, ON WEST 44TH STREET. TWO SECOND GRADE AND ONE SECOND/THIRD GRADE SPLIT CLASS LEARNED ABOUT THE INTREPID MUSEUM, ENGINEERING AND DESIGN. AS PS 51 CONTINUES TO WELCOME RECENT MIGRANT CHILDREN FROM CENTRAL AND SOUTH AMERICA, MUSEUM EDUCATORS PREPARED AND CO-TAUGHT BILINGUAL LESSONS.

SPRING 2025 HAD US FINISHING PROGRAMMING FOR 31 SCHOOL PARTNERSHIPS SUPPORTED BY CITY COUNCIL FUNDING. FOR FALL 2025 COUNCIL MEMBERS AWARDED THE MUSEUM FUNDS TO SUPPORT PROGRAMS AT 28 PUBLIC SCHOOLS. RESIDENCIES RANGED FROM 5-40 HOURS OF PROGRAMMING.

IN COLLABORATION WITH THE EXHIBITIONS TEAM, EDUCATORS DEVELOPED AN EXHIBIT GUIDE FOR TEACHERS AND FAMILIES TO ACCOMPANY THE MYSTERIES FROM THE DEEP TEMPORARY EXHIBITION AND CREATED EXHIBIT-TIED PROGRAMS FOR VARIOUS AUDIENCES.

YOUTH LEADERSHIP INITIATIVE & CAREER PATHWAY:

THIS WAS THE SECOND YEAR OF A COLLABORATIVE SUMMER PROGRAM WITH THE NEW YORK CITY DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT (DYCD) - TECHS OF TOMORROW - FOR 25 NYC GIRLS AND GENDER EXPANSIVE YOUTH RECRUITED THROUGH DYCD CHANNELS AND PAID THROUGH THE CITY'S SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP). PARTICIPANTS RECEIVE 180 HOURS OF CAREER-FOCUSED EXPERIENCES IN AEROSPACE STEM AND WORKPLACE SKILLS. WE ARE PROUD TO HAVE BEEN AWARDED EMPLOYER OF THE YEAR BY THE DYCD. YOUTH LEADERSHIP PROGRAMMING FOR 2025 ALSO INCLUDED A HACKATHON, COLLABORATION WITH TEENS ACROSS THE CITY ON TEENS TAKE THE MET, AND GIRLS IN SCIENCE AND ENGINEERING DAY SERVING MUSEUM PROGRAM ALUMNAE ALONG WITH THEIR FRIENDS AND FAMILIES. EIGHTY-HOUR PAID INTERNSHIPS WERE PROVIDED FOR 10 PARTICIPANTS OVER THE 24-25 SCHOOL YEAR ENDING IN SPRING OF 2025, AND IN FALL 2025, A NEW COHORT OF 10 BEGAN. COHORTS ARE MADE UP OF ALUMNAE OF PREVIOUS INTREPID YOUTH LEADERSHIP PROGRAMS, OUR ALL ACCESS MAKER PROGRAM, AND STUDENTS WHO HAVE INTERNEED THROUGH A RELATIONSHIP WITH CITY AS SCHOOL. IN ADDITION, CHANNELS OF COMMUNICATION WERE MAINTAINED THROUGH ALUMNI DIGITAL COMMUNICATIONS AND EVENTS. OVER 2400 TEEN AND YOUNG ADULT PARTICIPANTS ATTENDED ONSITE AND OFFSITE TEEN EVENTS IN 2025.

ACCESS, VETERAN AND MILITARY FAMILY PROGRAMS:

PROGRAMS WERE PROVIDED ONLINE AND ONSITE FOR 2,330 PEOPLE WITH COGNITIVE, SENSORY, PHYSICAL OR EMOTIONAL NEEDS, ALONG WITH THEIR FAMILIES OR SUPPORT STAFF. OFFERINGS INCLUDED AMERICAN SIGN LANGUAGE (ASL) - LED PUBLIC TOURS FOR ADULTS; VERBAL DESCRIPTION AND TOUCH TOURS FOR ADULTS WHO ARE BLIND OR HAVE LOW VISION; PROGRAMS FOR VISITORS WITH DEMENTIA AND THEIR CAREGIVERS; FAMILY PROGRAMS FOR CHILDREN WITH DEVELOPMENTAL OR LEARNING DISABILITIES AND THEIR FAMILIES; EARLY MORNING OPENINGS FOR CHILDREN WITH AUTISM AND THEIR FAMILIES; AND PARTNER EVENTS. ASL INTERPRETATION AND CART WERE OFFERED FOR LARGE VIRTUAL PUBLIC EVENTS.

THE ACCESS TEAM SUCCESSFULLY FACILITATED TWO WEEK-LONG ALL ACCESS MAKER

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

CAMP SESSIONS AND CONTINUED OFFERING A FIRST-EMPLOYMENT EXPERIENCE FOR TWO YOUTH ALUMNI OF THE MAKER PROGRAM, WHO BECAME PAID COUNSELORS IN TRAINING FOR THE SUMMER SESSION.

PART-TIME PAID POSITIONS FOR ADULTS WITH AUTISM CONTINUED THROUGH 2025 WITH JOB PATH, THIS TIME WITH A PLACEMENT IN EXHIBITIONS.

THE DIRECTOR OF ACCESS INITIATIVES HAS ACTED IN A KEY ROLE FOR, AND THE ACCESS TEAM HAS CONTRIBUTED TO, MANY OTHER PROJECTS SUCH AS BLOOMBERG CONNECTS, THE DEVELOPMENT OF INTERACTIVE EXHIBITIONS AND SENSORY TOOLS FOR THE SECOND DECK RESTORATION PROJECT, THE IMMERSIVE VR EXPERIENCE AND THE MYSTERIES FROM THE DEEP EXHIBITION. FOR THESE PROJECTS, THE TEAM COORDINATED WITH DISABILITY ADVISORS AND SELF-ADVOCATES TO USER-TEST PROTOTYPE ELEMENTS AND GAIN INSIGHTS FOR INFORMING DESIGNS. THE TEAM ALSO COORDINATES THE NEURODIVERSITY ADVISORY COMMITTEE AND THE COUNSEL OF VETERANS ADVISORS.

MILITARY FAMILY PROGRAMS FOR RETURNING VETERANS AND ACTIVE SERVICE MEMBERS AND THEIR FAMILIES AND VETERANS' PROGRAMS SUCH AS INTREPID AFTER HOURS AND VETERANS PLUS (INCLUDING CIVILIAN GUESTS) SERVED 1295 PARTICIPANTS BOTH ONSITE AND IN THE VIRTUAL SPACE. PROGRAMS INCLUDED EXHIBITION EXPLORATIONS, A COLLABORATION WITH EXIT 12 VETERANS DANCE COMPANY AND SPECIAL ACCESS TO MUSEUM FESTIVALS, GIVING MILITARY FAMILIES A CHANCE TO MEET EACH OTHER WHILE ALSO TAKING PART IN WIDER ACTIVITIES.

COMMUNITY & FAMILY ENGAGEMENT PROGRAMS:

OVER 8,300 PEOPLE PARTICIPATED IN COMMUNITY PROGRAMS LED BY MUSEUM EDUCATORS AT THE MUSEUM OR FOR LIBRARIES AND COMMUNITY CENTERS.

PARTIALLY SUPPORTED BY A NASA COMMUNITY ANCHOR GRANT, FAMILY DAYS AND ACTIVITIES HIGHLIGHTING NASA RESOURCES WERE HELD ONSITE AT THE MUSEUM IN CONJUNCTION WITH KIDS WEEK AND OUR ASTRO LIVE EVENTS. FAMILY ACTIVITIES WERE ALSO INCLUDED IN FREE FRIDAYS AND FLEET WEEK OR AS FREESTANDING EVENTS SUCH AS A FAMILY DAY FOR PRIDE MONTH. PROGRAMS WERE FREE WITH ADMISSION FOR ALL FAMILIES AND ADMISSION WAS WAIVED FOR LOW-INCOME NEW YORKERS THROUGH PARTNERSHIPS WITH COOL CULTURE, CUNY, COMMUNITY PARTNERS AND OUR EBT CARD INITIATIVE, MUSEUM FOR ALL, WHICH PROVIDES FREE ADMISSION TO THE MUSEUM FOR AN EBT CARD HOLDER AND UP TO THREE GUESTS.

A PARTNERSHIP WITH THE DEPARTMENT OF HOMELESS SERVICES (DHS) CONTINUED FOR FAMILIES IN TRANSITIONAL HOUSING, INCLUDING FREE ATTENDANCE AT MUSEUM FESTIVALS SUCH AS KIDS WEEK AND GIRLS IN SCIENCE AND ENGINEERING DAY. IN ADDITION, THE MUSEUM WORKED WITH ORGANIZATIONS SUCH AS DOROT OR SELF HELP TO OFFER SEVERAL SEVEN TO TEN-PART PROGRAMS DELIVERED TO HOMEBOUND SENIOR CITIZENS OVER THE PHONE AND THROUGH WEB-BASED PLATFORMS.

PUBLIC EDUCATION:

824 VISITORS OF THE MUSEUM EXPERIENCED PRIVATE VIP/VVIP TOURS. OVER 600 ADULT GROUP PARTICIPANTS TOOK PART IN PAID EDUCATOR-LED TOURS.

THE MANAGER OF INTERPRETATION & ENGAGEMENT CONTINUED COORDINATING WITH CURATORS TO UPDATE TRAINING MATERIALS FOR ALL STAFF AND VOLUNTEERS TO ENSURE ACCURACY AND CONSISTENCY. THEY ALSO DEVELOPED TRAINING FOR THE

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

REST OF THE EDUCATION TEAM FOR DELIVERY OF MORE SPECIALIZED CONTENT FOR ADULT-ORIENTED PROGRAMS AND VIP TOURS. THE MANAGER HAS ALSO BEEN KEY IN TRAINING VISITOR SERVICES STAFF WHO PROVIDE LESS FORMAL INTERPRETATION IN THE MUSEUM'S SPACES AND COORDINATING MATERIALS FOR THE CONCORDE EXPERIENCE. IN ADDITION, THEY CONVENE A MONTHLY CONTENT CREATION COMMITTEE WHICH INVOLVES ALL STAKEHOLDERS WHO WORK WITH CONTENT AND WHOSE AIM IT IS TO COORDINATE, STREAMLINE AND MAKE CONSISTENT INTERPRETIVE MATERIALS WHICH ARE CREATED AND PRESENTED TO THE PUBLIC. IN 2025 THE COMMITTEE UPDATED TALKS THAT ARE GIVEN IN THE EXHIBITION SPACE, APPROVED INTERPRETIVE ELEMENTS FOR TOURS, POLICIES AROUND AIRCRAFT INTERACTION AND A NEARLY COMPLETE GUIDE TO THE AIRCRAFT.

EVALUATION:

EVALUATION IS PART OF THE WORK OF ALL EDUCATION PROGRAM LEADS, WITH THE OVERSIGHT OF THE VP OF EDUCATION & EVALUATION. ENGAGING IN FORMAL, DATA-DRIVEN EVALUATION OF THEIR PROGRAMS ENSURES THAT THE PROGRAMS OFFERED THROUGH THE EDUCATION DEPARTMENT REMAIN OF THE HIGHEST QUALITY. DATA WAS COLLECTED THROUGH OBSERVATION PROTOCOLS, PARTICIPANT SURVEYS AND OTHER DATA COLLECTION METHODS. PROJECTS SUCH AS THE IMLS-FUNDED INSPIRATION ACADEMY AND TECHS OF TOMORROW REQUIRED FORMAL TRACKING OVER A PERIOD OF TIME AND DATA GATHERING THAT GAVE EVIDENCE OF CONCEPT AND SKILL ATTAINMENT AS WELL AS LESS TANGIBLE ELEMENTS SUCH AS STEM IDENTITY AND BELONGING.

WORK CONTINUES WITH MARKETING TO COLLECT DATA ON VISITOR EXPERIENCE AND WITH OTHER DEPARTMENTS AS NEEDED.

EXTENSIVE USER TESTING WITH A VARIETY OF AUDIENCES WAS UNDERTAKEN FOR DIFFERENT ITERATIONS OF THE ENGINE ROOM VR EXPERIENCE AND PROTOTYPE INTERACTIVES FOR THE SECOND DECK RESTORATION. THE VP OF EDUCATION & EVALUATION WORKED WITH THE EXHIBITIONS TEAM, THE ACCESS TEAM, AN EVALUATION CONSULTANT AND OTHERS ACROSS THE EDUCATION DEPARTMENT TO BRING STAKEHOLDERS IN FOR OBSERVED INTERACTIONS AND FEEDBACK. IN ADDITION, A SURVEY WAS DEVELOPED FOR THE MEMBERSHIP TEAM, AND KIDS WEEK VISITOR DATA WAS COLLECTED.

AT THE END OF 2025 THE MUSEUM RECEIVED A DISCRETIONARY RESEARCH AND PLANNING GRANT FROM THE LAVELLE FOUNDATION TO DO FOCUS GROUPS, SURVEYS AND INTERVIEWS WITH STAKEHOLDERS WHICH WILL INFORM THE TEAM OF INTEREST IN AN INCLUSIVE INTERNSHIP EXPERIENCE FOR BLIND OR LOW VISION STUDENTS.

CONTRIBUTIONS TO THE FIELD:

TO BUILD ON A PROJECT FROM 2024 UTILIZING THE EDUCATING FOR AMERICAN DEMOCRACY FRAMEWORK TO ENGAGE ELEMENTARY AGE STUDENTS WITH CIVICS, WHICH CREATED A TOOLKIT FOR OTHER HISTORIC SITES, THE MUSEUM RECEIVED FUNDING TO TRAIN UP TO 10 REPRESENTATIVES OF OTHER MUSEUMS AND HISTORIC SITES. NINE COLLEAGUES FROM THE REGION (NY, NJ AND PA) ARE TAKING PART IN THE PROFESSIONAL LEARNING OPPORTUNITY, EXPLORING HOW TO CONNECT THEIR HISTORIC COLLECTIONS TO CIVICS EDUCATION.

THE MUSEUM HAS CONTINUED ITS RELATIONSHIP WITH BEYOND 100K IN ORDER TO REMAIN AS PART OF THE COLLABORATIVE IMPACT ON SUPPORTING QUALITY STEM EDUCATION ACROSS THE NATION. INTREPID EDUCATION TEAM MEMBERS ALSO SERVE ON DIFFERENT PROFESSIONAL LEARNING COMMUNITIES WITHIN THE BEYOND 100K NETWORK.

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

WITH THE LAUNCH OF THE EDUCATING FOR AMERICAN DEMOCRACY FRAMEWORK (EAD) THE MUSEUM JOINED AS AN EAD CHAMPION AND EDUCATION TEAM MEMBERS CONTINUE TO SERVE ON THE COMMUNITY LEARNING PARTNERS TASK FORCE.

THE EDUCATION TEAM WAS ENLISTED TO GIVE PRE-SERVICE TEACHERS EXPOSURE TO EXPERIENTIAL LEARNING TO CLASSES FROM STEINHARDT SCHOOL OF CULTURE, EDUCATION AND HUMAN DEVELOPMENT AT NYU AND HUNTER COLLEGE SCHOOL OF EDUCATION, CUNY.

THE VP OF EDUCATION & EVALUATION AND THE DIRECTOR OF ACCESS INITIATIVES, ALONG WITH A COLLEAGUE FROM NYU'S ABILITY PROJECT, CONTRIBUTED AN ARTICLE PUBLISHED IN THE AMERICAN ALLIANCE OF MUSEUM'S EXHIBITION JOURNAL.

INTREPID EDUCATION TEAM MEMBERS GAVE 10 PRESENTATIONS OF INTREPID MUSEUM'S EDUCATION WORK AT CONFERENCES/PROFESSIONAL CONVENINGS IN 2025, INCLUDING THE MUSEUMS ASSOCIATION OF NY (PLANTING PASSION WITH PURPOSE: SOWING THE SEEDS OF ENGAGEMENT); THE ASSOCIATION OF SCIENCE AND TECHNOLOGY CENTERS (ENHANCE YOUR SKILL SET FOR BETTER ENGAGING NEURODIVERGENT LEARNERS); THE NY STATE COUNCIL FOR THE SOCIAL STUDIES (BUILDING AN ENGAGED COMMUNITY: EDUCATING FOR AMERICAN DEMOCRACY & INTREPID MUSEUM); THE VISITOR STUDIES ASSOCIATION (EVALUATING ACCESSIBILITY IN MUSEUMS: FROM STORIES TO ONGOING PRACTICE) AND A BLOG FOR THE AMERICAN ALLIANCE OF MUSEUMS ON CIVICS WORK.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: INCLUSION WE CONTINUE TO STAGE OUR SUCCESSFUL VIRTUAL ASTRO LIVE PROGRAMS WITH NASA ASTRONAUTS, SCIENTISTS. AND OTHERS FROM THE PRIVATE SECTOR, TO SHARE STORIES ABOUT THE LATEST RESEARCH. THE MUSEUM PROVIDES ASL INTERPRETERS AND CLOSED CAPTIONING FOR MOST OF ITS PROGRAMS.

TOTAL ONSITE ATTENDANCE: 56,253
(9 ONSITE PROGRAMS)
KIDS WEEK: 22,329
FLEET WEEK: 26,990
2 ASTRONOMY NIGHTS: 2,074
4 MOVIE NIGHTS: 3,161
SUMMER TASTING: 1,699 (TICKETED EVENT)

2025 ASTRO LIVE SUMMARY (9 PROGRAMS):
TOTAL IMPRESSIONS: 3,504,637
TOTAL ACTUAL VIEWS: 280,132
TOTAL ENGAGEMENTS: 8,693

TOTAL VIRTUAL ATTENDANCE: 282,265
10 PROGRAMS TOTAL - 9 ASTRO LIVE + KIDS WEEK WALKAROUND
IMPRESSIONS: 3,508,275
- ACTUAL VIEWS: 283,333
- ENGAGEMENTS: 9,025

KIDS WEEK:

DURING KIDS WEEK, CHILDREN OF ALL AGES AND INTERESTS LEARNED ABOUT STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ARTS & MATH) THROUGH FUN-FILLED ACTIVITIES, NASA DISPLAYS & EXHIBITS, LIVE ANIMAL SHOWS,

Name of the organization	INTREPID MUSEUM FOUNDATION, INC.	Employer identification number	13-3062419
HANDS-ON WORKSHOPS, PERFORMANCES, SPECIAL GUESTS AND INTERACTIVE DEMONSTRATIONS DESIGNED TO EDUCATE AND INSPIRE.			

FLEET WEEK:

IN RECOGNITION OF OUR MEN AND WOMEN IN UNIFORM, THE INTREPID MUSEUM CELEBRATED FLEET WEEK DURING THE MEMORIAL DAY HOLIDAY WEEKEND. FLEET WEEK ACTIVITIES KICKED OFF WITH OUR ANNUAL FREE MOVIE NIGHT ON ITS FLIGHT DECK, FEATURING TOP GUN. THROUGHOUT THE WEEKEND, VISITORS ENJOYED MUSICAL PERFORMANCES AND EXPLORED A VARIETY OF DISPLAYS, ACTIVITIES AND DEMOS FROM THE MILITARY, INCLUDING THE U.S. MARINE CORPS, U.S. COAST GUARD, OFFICE OF NAVAL RESEARCH AND MANY MORE. THE WEEKEND CONCLUDED WITH THE MUSEUM'S ANNUAL MEMORIAL DAY CEREMONY.

FREE MOVIE NIGHTS ON THE FLIGHT DECK:

THE INTREPID MUSEUM OFFERED A FREE SUMMER MOVIE SERIES OF FOUR MOVIES KICKED OFF THE FRIDAY OF MEMORIAL DAY WEEKEND WITH A SCREENING OF THE CLASSIC FILM TOP GUN. VISITORS ENJOYED VIEWS OF THE HUDSON RIVER AND CITY SKYLINE WHILE SCREENING THE CLASSIC FILM ON THE FLIGHT DECK.

OTHER PUBLIC FACING PROGRAMS**GIRLS IN SCIENCE AND ENGINEERING DAY - A NASA EXPLORER DAY:**

IN 2025 THE MUSEUM HOSTED THE 11TH ANNUAL GIRLS IN SCIENCE AND ENGINEERING DAY. THIS YEAR IT WAS PART OF THE MUSEUM'S NASA EXPLORE DAYS TO CELEBRATE GIRLS AND YOUTH INVOLVED IN STEM (SCIENCE, TECHNOLOGY, ENGINEERING, MATH), PARTICULARLY AEROSPACE. THE IN-PERSON EVENT FEATURED HANDS-ON EXPERIENCES, EXCITING DEMONSTRATIONS AND CAPTIVATING DISCUSSIONS LED BY EXPERTS FROM INTREPID MUSEUM, NASA, HUDSON RIVER PARK, WOMEN IN AVIATION, INVITED MENTORS, AND MORE. ADULT CHAPERONED TEENS, YOUTH OR SCHOOL GROUPS, INDIVIDUALS AND FAMILIES OF ALL AGES AND GENDERS WERE WELCOMED TO THE FREE EVENT. GIRLS IN SCIENCE AND ENGINEERING DAY WAS MADE POSSIBLE WITH GENEROUS SUPPORT FROM SAM DARWISH, CHAIRMAN & CEO OF IHS TOWERS, ON, CON EDISON, AND CRAIG NEWMARK PHILANTHROPIC FUND.

EXIT12 PERFORMANCE: STORIES OF WAR:

EXIT12 RETURNED TO THE INTREPID MUSEUM IN THE SPRING WITH WORKSHOPS AND DIALOGUE ABOUT THE EFFECTS OF WAR ON VETERANS AND CIVILIANS. AFTER AN EIGHT-WEEK SERIES OF CREATIVE MOVEMENT WORKSHOPS WITH A COHORT OF 20-30 PARTICIPANTS WHO EXPERIENCED GLOBAL CONFLICT, EXIT12 PRESENTED A PERFORMANCE OF DANCE, THEATER, AND SPOKEN WORD. EXIT12 ALSO HELD SPACE FOR PARTICIPANTS TO SHARE STORIES ABOUT THEIR PERSONAL AND CULTURAL IDENTITIES AND THE WAYS THAT WAR HAS SHAPED THOSE IDENTITIES. BY SHARING THESE STORIES, THEY AIMED TO BUILD CROSS-CULTURAL DIALOGUE, EMPATHY, AND HEALING. THIS EVENT WAS ALSO FREE AND OPEN TO THE PUBLIC.

MEMORIAL EVENTS:

THE INTREPID MUSEUM FULFILLS AN IMPORTANT CIVIC RESPONSIBILITY BY COMMEMORATING SEVERAL IMPORTANT NATIONAL HOLIDAYS FOCUSED ON HONORING THE MEN AND WOMEN WHO HAVE SERVED IN THE US ARMED FORCES. THE MUSEUM HOSTS THE REGION'S MOST SUBSTANTIAL MEMORIAL DAY CEREMONY, WITH AN

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

AUDIENCE OF 1,500 INCLUDING VETERANS AND DIGNITARIES AND FEATURING THE OPENING OF A 100-FOOT US FLAG BY A MILITARY DETAIL AND A FLYOVER OF NAVY AIRCRAFT. THE MUSEUM SALUTES VETERANS DAY WITH A CEREMONY RECOGNIZING ALL WHO HAVE WORN THE NATION'S UNIFORM. ON PEARL HARBOR DAY THE MUSEUM HOSTS A SOLEMN EVENT TO REMEMBER THIS TRAGIC DAY IN AMERICA'S HISTORY. FORMER CREW MEMBERS OF INTREPID AND GROWLER JOIN IN THESE CEREMONIES

VISITING VESSELS:

THE INTREPID MUSEUM PERIODICALLY HOSTS VISITING VESSELS AT PIER 86. THOUGH NOT A COMMERCIAL PIER, PIER 86 ALLOWS FOR MOORING OF SMALL OR MEDIUM-SIZE VESSELS FOR SPECIFIC PURPOSES. THE MUSEUM ACCOMMODATES MILITARY VESSELS, PRIMARILY U.S COAST GUARD CUTTERS, SEVERAL TIMES EACH YEAR TO AID IN THEIR REGULAR PATROL ACTIVITIES. THE MUSEUM ALSO PERIODICALLY ACCOMMODATES OTHER VESSELS, SUCH AS INTERNATIONAL TALL SAILING SHIPS, WHEN SUCH VISITS CAN ACCOMMODATE PUBLIC VISITS ON BOARD THESE VESSELS TO ENHANCE THE MUSEUM VISITORS' EXPERIENCE OR IN SOME OTHER MANNER ADVANCE THE MUSEUM'S MISSION. IN 2025 THE MUSEUM ACCOMMODATED THE MEXICAN NAVY TALL SAILING SHIP CUAUHTEMOC FOR A ONE-WEEK VISIT AND THE NATIONAL OCEANOGRAPHIC AND ATMOSPHERIC ADMINISTRATION VESSEL BIGELOW FOR SEVERAL DAYS.

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

THE MUSEUM PROVIDES PROGRAM SUPPORT AND ADMINISTRATIVE SERVICES TO A 501(C)3 ORGANIZATION WITH A RELATED MISSION: THE INTREPID FALLEN HEROES FUND (IFHF), WHICH WAS ORIGINALLY FOUNDED BY THE INTREPID MUSEUM FOUNDATION. THE MUSEUM'S SUPPORT INCLUDES BUT IS NOT LIMITED TO PERSONNEL, OFFICE SPACE AND FACILITY SERVICES, AS WELL AS TECHNOLOGY, DATA AND COMMUNICATIONS SYSTEMS SUPPORT, ALL AT NO COST. EXPENSES \$ 179,471. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE MUSEUM'S OUTSIDE ACCOUNTING FIRM WITH INFORMATION PROVIDED BY THE MUSEUM'S STAFF. MANAGEMENT REVIEWED THE FORM AND PROVIDED ADDITIONAL COMMENTS. A COPY WAS DISTRIBUTED TO THE AUDIT COMMITTEE VIA E-MAIL. THE COMMITTEE MEMBERS ARE GIVEN AN OPPORTUNITY TO REVIEW THE FORM AND ASK FOR ADDITIONAL INFORMATION OR MAKE COMMENTS PRIOR TO FINALIZATION. THE FINAL FORM 990 IS SUBMITTED TO THE AUDIT COMMITTEE FOR THEIR FINAL REVIEW AND APPROVAL VIA E-MAIL PRIOR TO THE FILING DATE. ONCE APPROVED, THE FORM 990 WAS PROVIDED TO 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

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

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

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

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

THE COMPENSATION AND EXECUTIVE COMMITTEES AND THE BOARD, VIA THE BUDGET PRESENTATION AND APPROVAL PROCESS, ARE RESPONSIBLE FOR APPROVING THE HIRING, COMPENSATION AND ANNUAL EVALUATIONS FOR SALARY INCREASES. THE COMPENSATION COMMITTEE STUDIES MARKET COMPENSATION AND COMPETITIVENESS, ANALYZING BOTH ECONOMIC CLIMATE, CURRENT BUDGET RESTRICTIONS IF HIRE IS WITHIN A BUDGET CYCLE, COMPETITIVE DATA AT SIMILAR INSTITUTIONS IN METROPOLITAN LOCATIONS BEGINNING WITH NYC (COMPARING BUDGET SIZE, POSITION RESPONSIBILITY, NUMBER OF SUBORDINATES TO BE MANAGED, ETC), POSITION WITHIN NON-PROFIT WORLD AND FOR PROFIT WORLD. THEY ALSO USE CURRENT SURVEY DATA FOR COMPARATIVE ANALYSIS FROM VARIOUS APPLICABLE SOURCES IN THE MUSEUM FIELD, SUCH AS AMERICAN ASSOCIATION OF MUSEUMS, MUSEUM ASSOCIATION OF NY, AS WELL AS A SALARY SURVEY FROM PNP (PROFESSIONALS FOR NON-PROFITS) AND COMPARATIVE SALARY INFORMATION FROM THE NEW YORK CULTURAL INSTITUTIONS HUMAN RESOURCES GROUP, AND DATA AVAILABLE FOR THE FIELDS APPLICABLE TO THE POSITION, E.G. ACCOUNTING, OPERATIONS, EDUCATION. AT MOST SENIOR LEVELS, PRESIDENT DISCUSSES REQUIREMENTS AND PROPOSED SALARY RANGE WITH THE COMPENSATION COMMITTEE. FOR PRESIDENT, THE CO-CHAIRMEN OF THE BOARD WOULD BE INVOLVED IN THE DECISION-MAKING PROCESS AND DISCUSS REQUIREMENTS AND SALARY RANGES WITH MEMBERS OF THE COMPENSATION AND EXECUTIVE COMMITTEES.

TO ESTABLISH SALARY INCREASES AND BONUSES, THE PRESIDENT ASSESSES PERFORMANCE OF DIRECT REPORTS, AND PRESIDENT'S PERFORMANCE IS ASSESSED BY CO-CHAIRMEN.

AT THE END OF THE FISCAL YEAR, ALL STAFF, INCLUDING SENIOR STAFF, UNDERGO PERFORMANCE REVIEWS. SENIOR MANAGEMENT PERFORMANCE IS EVALUATED BASED ON GOALS SET FOR THE MUSEUM, EACH DEPARTMENT, MANAGEMENT OF RESPECTIVE TEAMS, AND SUCCESS OF OVERALL VENUE. (SUCCESS IS MEASURED THROUGH REVENUE, BRAND AWARENESS, CUSTOMER SATISFACTION, GROWTH OF PROGRAMMING AND CONTENT, GROWTH IN ATTENDANCE, INTEGRITY AND UPKEEP OF SAFE INFRASTRUCTURE.) BASED ON THOSE ASSESSMENTS, THE PRESIDENT RECOMMENDS SALARY INCREASES AND BONUSES FOR EACH MEMBER OF SENIOR MANAGEMENT TO THE COMPENSATION COMMITTEE BASED ON ACHIEVEMENTS AND BUDGET AVAILABILITY.

THE COMPENSATION COMMITTEE ENGAGES A COMPENSATION CONSULTANT TO PERFORM MARKET STUDIES OF COMPARABLE ORGANIZATIONS AND SENIOR MANAGEMENT POSITIONS. IT MEETS WITH THE CONSULTING FIRM AND THE PRESIDENT OF THE MUSEUM. IF THE COMPENSATION COMMITTEE HAS ANY QUESTIONS OR RECOMMENDATIONS, THE PRESIDENT ADDRESSES THEM AND MAKES REVISIONS. THE COMMITTEE THEN CONSIDERS THE

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

PRESIDENT'S RECOMMENDATIONS AND APPROVES THEM OR DIRECTS THE PRESIDENT TO MODIFY HER RECOMMENDATIONS BASED ON OTHER FACTORS.

THE PRESIDENT ALSO PRESENTS HER ACCOMPLISHMENTS TO THE CO-CHAIRMEN OF BOARD FOR REVIEW. THE CO-CHAIRMEN CONSULT WITH THE COMPENSATION COMMITTEE AND COMPENSATION CONSULTANT TO APPROVE SALARY INCREASES AND BONUSES FOR THE PRESIDENT.

IF BONUS AND SALARY INCREASES ARE APPROVED BY THE COMPENSATION COMMITTEE, THE CHAIRMAN OF THE COMPENSATION COMMITTEE ADVISES THE PRESIDENT, AND THE PROPER DOCUMENTATION IS PREPARED AND SUBMITTED TO HR AND FINANCE AND THE BONUSES ARE PAID AND THE INCREASES ARE IMPLEMENTED. THIS PROCESS WAS LAST UNDERTAKEN DURING 2025.

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

FORM 990, PART VI, SECTION C, LINE 18:
THE MUSEUM MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY HAVING THE 990 POSTED ON GUIDESTAR.ORG AS WELL AS THE MUSEUM'S WEBSITE. IN ADDITION, FORMS 990 AND 1023 AS WELL AS THE CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION, BY-LAWS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:
THE MUSEUM MAKES ITS FINANCIAL STATEMENTS AND CERTAIN OF ITS CORPORATE DOCUMENTS REGARDING ITS 501(C)(3) STATUS AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE MUSEUM MAKES CERTAIN OF ITS GOVERNING DOCUMENTS AND ITS CONFLICT OF INTEREST ARE AVAILABLE TO THE PUBLIC ON REQUEST.

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

NAME: DAVID A. WINTERS
TITLE: EXECUTIVE VICE PRESIDENT
COMPENSATION EXPENSES ALLOCATED TO INTREPID MUSEUM FOUNDATION, INC. (60%): \$184,725
COMPENSATION EXPENSES ALLOCATED TO INTREPID FALLEN HEROES FUND (40%): \$123,149

NAME: LISA YACONIELLO
TITLE: VP, VENUE SALES & EVENTS
COMPENSATION EXPENSES ALLOCATED INTREPID MUSEUM FOUNDATION, INC. (90%): \$154,933
COMPENSATION EXPENSES ALLOCATED TO INTREPID FALLEN HEROES FUND (10%): \$17,214