

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the **2024** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTREPID MUSEUM FOUNDATION, INC.		D Employer identification number 13-3062419
	Doing business as INTREPID SEA-AIR-SPACE MUSEUM		E Telephone number (212) 245-0072
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 46,035,221.
	WEST 46TH ST & 12TH AVE		
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10036		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: SUSAN MARENOFF-ZAUSNER SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: **WWW.INTREPIDMUSEUM.ORG** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1982** **M** State of legal domicile: **NY**

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 <input type="checkbox"/> 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
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 388
	6 Total number of volunteers (estimate if necessary) 168
	7a Total unrelated business revenue from Part VIII, column (C), line 12 125,800.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 65,933.	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,102,661.	10,426,208.
9 Program service revenue (Part VIII, line 2g)	18,598,178.	20,687,564.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	886,323.	1,840,162.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,206,638.	6,399,902.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,793,800.	39,353,836.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	97,121.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,150,525.	23,689,197.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	112,500.
b Total fundraising expenses (Part IX, column (D), line 25) 1,508,521.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,451,392.	13,144,718.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	34,699,038.	36,946,415.
19 Revenue less expenses. Subtract line 18 from line 12	-3,905,238.	2,407,421.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 89,420,083. End of Year: 91,434,609.
	21 Total liabilities (Part X, line 26)	24,004,552. 21,124,230.
	22 Net assets or fund balances. Subtract line 21 from line 20	65,415,531. 70,310,379.

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				
Paid Preparer Use Only	Preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 08/25/25	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC	Firm's EIN 33-1374517	Phone no. 212-286-2600		

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. INTREPID MUSEUM FOUNDATION, INC.	Taxpayer identification number (TIN) 13-3062419
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. WEST 46TH ST & 12TH AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10036	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **PATRICIA BEENE, CHIEF FINANCIAL/ADMIN OFFICER**
WEST 46TH ST & 12TH AVE - NEW YORK, NY 10036

Telephone No. **646-381-5250** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 **24** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AS AN EDUCATIONAL AND CULTURAL NONPROFIT INSTITUTION 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 [X] 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 [X] 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 \$ 24,286,330. including grants of \$ 0.) (Revenue \$ 20,455,155.) EXHIBITS AND MUSEUM SERVICES

EXHIBITS

THE MUSEUM OFFERED A RANGE OF ON-SITE AND DIGITAL EXPERIENCES TO IMMERSE VISITORS INTO THE MUSEUM THEMES OF THE INTERSECTION OF HISTORY AND INNOVATION AND TO EXPAND ON THE STORIES OF SPACE SCIENCE AND INTREPID DURING ITS ERAS OF SERVICE. THESE NEW EXHIBITIONS WERE FREE WITH ONSITE ADMISSION.

CONCORDE RESTORATION AND RETURN/OPENING

FOR SEVERAL MONTHS THE BRITISH AIRWAYS CONCORDE WAS MOVED OFF-SITE FROM

4b (Code:) (Expenses \$ 5,378,649. including grants of \$ 0.) (Revenue \$ 232,409.) EDUCATION & EVALUATION

IN 2024, 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 SUCH AS THE CULTURAL IMMIGRANT INITIATIVE AND PROGRAMMING EXPLICITLY HIGHLIGHTING TYPICALLY MARGINALIZED STORIES AND VOICES SUCH AS WOMEN IN STEM FIELDS, LGBTQ VETERANS AND AFRICAN AMERICAN CONTRIBUTIONS DURING INTREPID'S ACTIVE SERVICE YEARS. ULTIMATELY, THE MUSEUM'S EDUCATION TEAM SERVED OVER 40,000 INDIVIDUALS THROUGH VARIOUS TYPES OF EDUCATOR-LED PROGRAMMING IN

4c (Code:) (Expenses \$ 1,899,531. including grants of \$ 0.) (Revenue \$ 0.) OTHER PROGRAMS

PUBLIC PROGRAMS

THE MUSEUM STAGED 27 PUBLIC PROGRAMS (13 ONSITE PROGRAMS AND 14 VIRTUAL PROGRAMS). THIS INCLUDED FESTIVALS (KIDS WEEK, FLEET WEEK); MOVIE NIGHTS; ASTRONOMY NIGHTS. NEARLY ALL THE PROGRAMS (BUT ONE) WERE FREE WITH ADMISSION TO THE MUSEUM. THE MUSEUM HOSTS "FREE FRIDAYS" FROM APRIL TO OCTOBER TO CREATE AN INCLUSIVE AND WELCOMING EXPERIENCE FOR ALL AUDIENCES WHO WANT TO EXPERIENCE THE MUSEUM AFTER HOURS. ADDITIONAL PROGRAMMING IS PROVIDED INCLUDING OUR FREE SUMMER MOVIE SERIES (ON THE FLIGHT DECK) AND SOME OF OUR ONSITE ASTRONOMY PROGRAMS

4d Other program services (Describe on Schedule O.) (Expenses \$ 174,208. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 31,738,718.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 0.00			X				722,070.	0.	33,930.
(2) PATRICIA BEENE-COLASANTI CFO/CAO	45.00 0.00			X				417,735.	0.	38,218.
(3) MATTHEW WOODS SVP ENGINEERING/FACILITIES	45.00 0.00				X			392,550.	0.	48,137.
(4) ELAINE CHARNOV SVP EXHIBITS/EDUCATION	45.00 0.00				X			352,233.	0.	35,818.
(5) MARC LOWITZ SVP BUSINESS DEVELOPMENT	45.00 0.00				X			334,455.	0.	52,947.
(6) DAVID A. WINTERS EXECUTIVE VICE PRESIDENT	27.00 3.00			X				345,632.	0.	37,818.
(7) MICHAEL ONYSKO VP, MARKETING	45.00 0.00				X			295,296.	0.	48,137.
(8) LYNDA KENNEDY VP, EDUCATION & EVALUATION	45.00 0.00				X			236,582.	0.	48,172.
(9) THOMAS COUMBE VP, HUMAN RESOURCES	45.00 0.00				X			241,343.	0.	19,418.
(10) IRENA TSITKO VP, GRANTS MGMT & ADMIN	45.00 0.00				X			208,603.	0.	42,831.
(11) BRIAN WALKER, VP, CORPORATE COMM. & EXTERNAL AFFAIRS	45.00 0.00				X			194,164.	0.	44,045.
(12) LISA YACONIELLO VP, VENUE SALES & EVENTS	34.00 0.00				X			201,234.	0.	27,214.
(13) CAMILO FAJARDO CREATIVE DIRECTOR	45.00 0.00					X		169,665.	0.	48,138.
(14) VIRGINIA PROANO CONTROLLER	45.00 0.00					X		163,247.	0.	30,291.
(15) ALEXIS MARION, VP, INSTITUTIONAL ADVANCEMENT, THRU APR 2024	45.00 0.00				X			175,379.	0.	15,181.
(16) JESSICA WILLIAMS HEAD CURATOR	45.00 0.00					X		145,754.	0.	41,171.
(17) JENNIFER FUGINA AVP, VISITOR SERVICES	45.00 0.00					X		140,918.	0.	38,589.

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 0.00					X	133,319.	0.	41,970.	
(19) KENNETH FISHER CO-CHAIRMAN	5.00 0.00	X		X			0.	0.	0.	
(20) BRUCE MOSLER CO-CHAIRMAN	5.00 0.00	X		X			0.	0.	0.	
(21) DENIS A. BOVIN VICE-CHAIRMAN	3.00 0.00	X		X			0.	0.	0.	
(22) CHARLES DE GUNZBURG VICE-CHAIRMAN	3.00 0.00	X		X			0.	0.	0.	
(23) MARTIN L. EDELMAN VICE-CHAIRMAN	3.00 0.00	X		X			0.	0.	0.	
(24) MEL IMMERGUT VICE-CHAIRMAN	3.00 0.00	X		X			0.	0.	0.	
(25) RICHARD SANTULLI VICE-CHAIRMAN	1.00 0.00	X		X			0.	0.	0.	
(26) ROBERT BALACHANDRAN TRUSTEE	1.00 0.00	X					0.	0.	0.	
1b Subtotal							4,870,179.	0.	692,025.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							4,870,179.	0.	692,025.	

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 33

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
J.T. CLEARY, INC. 127-50 NORTHERN BLVD, FLUSHING, NY 11368	MARINE CONSTRUCTION SVCS	4,748,807.
SYGNIA INC 488 MADISON AVENUE, MIAMI, FL 32805	CYBERSECURITY SERVICES	602,635.
THOMARIOS ONE CANAL SQUARE PLAZA, ORLANDO, FL 32805	DESIGN/PAINTING SERVICES	403,325.
CH2M P.O. BOX 5018713, SPOKANE, WA 99201	ENGINEERING SERVICES	331,098.
FLYING FISH INTERNATIONAL, UNIT 11, 5 SATU WAY, MORNINGTON VIC, AUSTRALIA 3931	CREATOR OF TRAVELING EXHIBITIONS	310,036.

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 17

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	516,990.				
	c Fundraising events	1c	1,108,593.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,372,247.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,428,378.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 135,623.				
	h Total. Add lines 1a-1f		10,426,208.				
Program Service Revenue	2 a ADMISSIONS	Business Code					
		712100	19,817,342.	19817342.			
	b MUSEUM TOURS & EXHIBITS	712100	544,999.	544,999.			
	c EDU. PGMS & WORKSHOPS	712100	232,409.	232,409.			
	d MEMBERSHIPS	712100	92,814.	92,814.			
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		20,687,564.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,096,531.			1096531.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	5,182,932.	12,000.		
			(ii) Personal				
	b Less: rental expenses ...	6b	0.	1,200.			
	c Rental income or (loss)	6c	5,182,932.	10,800.			
	d Net rental income or (loss)		5,193,732.		10,800.	5182932.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	7,311,566.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	6,567,935.				
	c Gain or (loss)	7c	743,631.				
	d Net gain or (loss)		743,631.			743,631.	
8 a Gross income from fundraising events (not including \$ 1,108,593. of contributions reported on line 1c). See Part IV, line 18	8a		65,500.				
b Less: direct expenses	8b	112,250.					
c Net income or (loss) from fundraising events		-46,750.			-46,750.		
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 CONCESSIONS	Business Code					
		900099	1,121,565.			1121565.	
	b SPONSORSHIP REVENUE	900099	115,000.		115,000.		
	c MISCELLANEOUS INCOME	900099	16,355.			16,355.	
	d All other revenue						
e Total. Add lines 11a-11d		1,252,920.					
12 Total revenue. See instructions		39,353,836.	20687564.	125,800.	8114264.		

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 ...				
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	4,418,465.	2,590,531.	1,363,734.	464,200.
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	15,046,817.	14,108,072.	428,942.	509,803.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	112,196.	104,474.	5,804.	1,918.
9 Other employee benefits	2,491,165.	2,291,631.	138,390.	61,144.
10 Payroll taxes	1,620,554.	1,402,171.	142,229.	76,154.
11 Fees for services (nonemployees):				
a Management				
b Legal	77,193.	50,460.	17,045.	9,688.
c Accounting	102,500.		102,500.	
d Lobbying	119,030.	119,030.		
e Professional fundraising services. See Part IV, line 17	112,500.			112,500.
f Investment management fees	125,472.		125,472.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	375,127.	357,050.	13,521.	4,556.
12 Advertising and promotion	1,099,215.	1,024,687.	8,262.	66,266.
13 Office expenses	989,873.	849,202.	102,661.	38,010.
14 Information technology	639,697.	450,575.	147,281.	41,841.
15 Royalties				
16 Occupancy	2,000,820.	1,782,209.	203,510.	15,101.
17 Travel	73,895.	62,456.	8,076.	3,363.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	57,930.	48,483.	6,811.	2,636.
20 Interest	921,747.	768,761.	149,004.	3,982.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,760,176.	3,131,480.	612,348.	16,348.
23 Insurance	122,500.	80,077.	27,049.	15,374.
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 REPAIRS AND MAINTENANCE	1,090,893.	1,064,393.	25,833.	667.
b EVENT & PROGRAM EXPENSE	888,378.	815,575.	31,660.	41,143.
c CONTRACT SVC/ RENTAL EQ	353,469.	323,820.	22,906.	6,743.
d OTHER PROGRAM EXPENSES	206,341.	206,341.		
e All other expenses	140,462.	107,240.	16,138.	17,084.
25 Total functional expenses. Add lines 1 through 24e	36,946,415.	31,738,718.	3,699,176.	1,508,521.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,484,802.	1	2,293,607.
	2 Savings and temporary cash investments	7,133,384.	2	5,648,573.
	3 Pledges and grants receivable, net	5,311,062.	3	5,795,810.
	4 Accounts receivable, net	2,317,378.	4	2,063,781.
	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	545,991.	9	402,634.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 134,175,537.		
	b Less: accumulated depreciation	10b 90,367,043.	10c	43,808,494.
	11 Investments - publicly traded securities	29,936,831.	11	31,421,710.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	89,420,083.	16	91,434,609.	
Liabilities	17 Accounts payable and accrued expenses	5,024,470.	17	2,704,637.
	18 Grants payable		18	
	19 Deferred revenue	2,877,314.	19	2,509,001.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	15,293,750.	23	15,045,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	809,018.	25	865,592.
	26 Total liabilities. Add lines 17 through 25	24,004,552.	26	21,124,230.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	29,736,504.	27	32,666,688.
	28 Net assets with donor restrictions	35,679,027.	28	37,643,691.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	65,415,531.	32	70,310,379.
	33 Total liabilities and net assets/fund balances	89,420,083.	33	91,434,609.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,353,836.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,946,415.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,407,421.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,415,531.
5	Net unrealized gains (losses) on investments	5	2,670,409.
6	Donated services and use of facilities	6	-182,982.
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	70,310,379.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. 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		<input type="checkbox"/>
b 33 1/3% support test - 2023. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3924927.	12890657.	9846632.	5102661.	10426208.	42191085.
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	3006977.	5165774.	14102733.	18598178.	20687564.	61561226.
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	462,000.	348,667.	3,543.	7,019.	7,019.	828,248.
6 Total. Add lines 1 through 5	7393904.	18405098.	23952908.	23707858.	31120791.	104580559
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1094600.	1028708.	1459778.	1267037.	1655937.	6506060.
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	1094600.	1028708.	1459778.	1267037.	1655937.	6506060.
8 Public support. (Subtract line 7c from line 6.)						98074499.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	7393904.	18405098.	23952908.	23707858.	31120791.	104580559
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1090227.	2300169.	5483727.	6192632.	6279463.	21346218.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	12,608.	39,526.	80,532.	57,226.	74,259.	264,151.
c Add lines 10a and 10b	1102835.	2339695.	5564259.	6249858.	6353722.	21610369.
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.)	550,575.	292,778.	1013078.	932,146.	1137920.	3926497.
13 Total support. (Add lines 9, 10c, 11, and 12.)	9047314.	21037571.	30530245.	30889862.	38612433.	130117425

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 2024 (line 8, column (f), divided by line 13, column (f))	15	75.37 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	75.19 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	16.61 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	16.83 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

**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 INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEW YORK ECONOMIC DEVELOPMENT CORPORATION ONE LIBERTY STREET NEW YORK, NY 10006	\$ 3,198,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DORMITORY AUTHORITY OF THE STATE OF NEW YORK 515 BROADWAY ALBANY, NY 12207	\$ 1,800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET, S.W. WASHINGTON, DC 20410	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NYC DEPARTMENT OF CULTURAL AFFAIRS 31 CHAMBERS STREET NEW YORK, NY 10017	\$ 525,029.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FISHER BROTHERS FOUNDATION INC. 299 PARK AVENUE NEW YORK, NY 10171-0002	\$ 398,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SECUNDA FAMILY FOUNDATION INC. C/O GELLER FAMILY OFFICE SERVICES, LLC, P.O. BOX 1510 NEW YORK, NY 10150-1510	\$ 393,393.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>HUNTINGTON INGALLS INDUSTRIES</u> <u>4101 WASHINGTON AVENUE</u> <u>NEWPORT NEWS, VA 23607</u>	\$ <u>201,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>FEDERAL EMERGENCY MANAGEMENT AGENCY</u> <u>ONE WORLD TRADE CENTER, 285 FULTON STREET</u> <u>NEW YORK, NY 10006</u>	\$ <u>128,187.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>CHARLES AND NATHALIE DE GUNZBURG</u> <u>499 PARK AVENUE, 26TH FLOOR</u> <u>NEW YORK, NY 10022-1240</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>KISLAK FAMILY FOUNDATION</u> <u>7900 MIAMI LAKES DRIVE WEST</u> <u>MIAMI LAKES, FL 33016</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<u>CUSHMAN & WAKEFIELD</u> <u>1290 AVENUE OF THE AMERICAS, 7TH FLOOR</u> <u>NEW YORK, NY 10104-0101</u>	\$ <u>96,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<u>INSTITUTE OF MUSEUM AND LIBRARY SERVICES</u> <u>1800 M STREET NW</u> <u>WASHINGTON, DC 20036</u>	\$ <u>92,220.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BANK OF AMERICA ONE BRYANT PARK NEW YORK, NY 10036	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	CXRA 31 PENN PLAZA NEW YORK, NY 10001	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	J.E. & Z.B. BUTLER FOUNDATION 780 3RD AVENUE, 15TH FLOOR NEW YORK, NY 10017-2024	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	JOSEPH PLUMERI 1100 S FLAGLER DRIVE, UNIT 2101 WEST PALM BEACH, FL 33401-6542	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	THE FAR FUND 928 BROADWAY, SUITE 902 NEW YORK, NY 10010-8139	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CONSOLIDATED EDISON COMPANY OF NEW YORK 4 IRVING PLACE, SUITE 1650-S NEW YORK, NY 10003-3502	\$ 72,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<u>FISERV</u> <u>255 FISERV DRIVE</u> <u>BROOKFIELD, WI 53045</u>	\$ <u>51,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<u>DENIS BOVIN</u> <u>200 EAST 66TH STREET, #C2004</u> <u>NEW YORK, NY 10065</u>	\$ <u>50,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
21	<u>HENRY KRAVIS</u> <u>30 HUDSON YARDS</u> <u>NEW YORK, NY 10001</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<u>RICHARD AND MARGARET SANTULLI</u> <u>140 SWIMMING RIVER ROAD</u> <u>COLTS NECK, NJ 07722</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<u>SAM DARWISH</u> <u>3529 MARQUETTE STREET</u> <u>DALLAS, TX 75225-5016</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<u>STANLEY AND KAREN HUBBARD</u> <u>3415 UNIVERSITY AVENUE WEST</u> <u>SAINT PAUL, MN 55114-1019</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<u>THOMAS AND CINDY SECUNDA</u> <u>731 LEXINGTON AVENUE</u> <u>NEW YORK, NY 10022-1331</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<u>MARTIN EDELMAN</u> <u>200 PARK AVENUE, 30TH FLOOR</u> <u>NEW YORK, NY 10166</u>	\$ <u>48,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<u>BLOOMBERG PHILANTHROPIES</u> <u>25 EAST 78TH STREET</u> <u>NEW YORK, NY 10075</u>	\$ <u>46,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<u>NEW YORK STATE COUNCIL ON THE ARTS</u> <u>175 VARICK STREET</u> <u>NEW YORK, NY 10014</u>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<u>PRITZKER MILITARY FOUNDATION</u> <u>53 WEST JACKSON BOULEVARD, SUITE 1450</u> <u>CHICAGO, IL 60604</u>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<u>MEL IMMERGUT</u> <u>P.O. BOX 807</u> <u>SAGAPONACK, NY 11962</u>	\$ <u>35,549.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	RESTAURANT ASSOCIATES 132 WEST 31ST STREET, SUITE 601 NEW YORK, NY 10001	\$ 34,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	GREGORY OLSEN 92 NASSAU STREET, 2ND FLOOR PRINCETON, NJ 08542	\$ 30,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
33	DOUGLAS NG 15 BROAD STREET, 2520 NEW YORK, NY 10280	\$ 28,786.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	MARK LAPIDUS 502 PARK AVENUE, 3B NEW YORK, NY 10022	\$ 27,507.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	JAMES NEDERLANDER 1501 BROADWAY, 14TH FLOOR NEW YORK, NY 10036	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA 2940 HUNTER MILL ROAD, SUITE 201 OAKTON, VA 22124	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<u>MORGAN STANLEY & CO., LLC</u> <u>1601 BROADWAY 48TH STREET</u> <u>NEW YORK, NY 10019</u>	\$ <u>26,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<u>BAE SYSTEMS, INC.</u> <u>450 PULASKI ROAD</u> <u>GREENLAWN, NY 11740-1609</u>	\$ <u>25,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<u>BROOKFIELD PROPERTY PARTNERS</u> <u>250 VESEY STREET, 15TH FLOOR</u> <u>NEW YORK, NY 10281-1023</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<u>COMMUNITY FOUNDATION OF MIDDLE TENNESEE</u> <u>3421 BELMONT BOULEVARD</u> <u>NASHVILLE, TN 37215-1605</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<u>HOLLIDAY FOUNDATION</u> <u>115 BIRCHALL DRIVE</u> <u>SCARSDALE PARK, NY 10583</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<u>HUBBARD BROADCASTING, INC.</u> <u>3415 UNIVERSITY AVENUE WEST</u> <u>SAINT PAUL, MN 55114-1019</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<u>SUMMIT ONE VANDERBILT</u> <u>420 LEXINGTON AVENUE, 24TH FLOOR</u> <u>NEW YORK, NY 10170</u>	\$ <u>23,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<u>BRUCE AND KATHRYN BEAL</u> <u>956 FIFTH AVENUE PH</u> <u>NEW YORK, NY 10075-1746</u>	\$ <u>23,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<u>KPMG LLP</u> <u>345 PARK AVENUE</u> <u>NEW YORK, NY 10154-0004</u>	\$ <u>23,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<u>ICIVICS, INC.</u> <u>1035 CAMBRIDGE STREET</u> <u>CAMBRIDGE, MA 02141</u>	\$ <u>22,481.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<u>FRANK J. ANTUN FOUNDATION</u> <u>ONE OLD COUNTRY ROAD, SUITE 282A</u> <u>CARLE PLACE, NY 11514</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<u>NATIONAL ENDOWMENT FOR THE HUMANITIES</u> <u>400 7TH STREET SW</u> <u>WASHINGTON, DC 20506</u>	\$ <u>19,838.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<u>THE NEDERLANDER THEATRICAL CORPORATION</u> <u>1501 BROADWAY, 14TH FLOOR</u> <u>NEW YORK, NY 10036</u>	\$ <u>17,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<u>MIKE LAWINGS</u> <u>143 HAVERHILL WAY</u> <u>SAN ANTONIO, TX 78209</u>	\$ <u>17,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<u>NATIONAL AERONAUTICS AND SPACE ADMINISTRATION</u> <u>300 E ST. SW, SUITE 5R30</u> <u>WASHINGTON, DC 20546</u>	\$ <u>16,973.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<u>ARSENAL PRODUCTIONS, LLC</u> <u>17 WINTHROP DRIVE</u> <u>DIX HILLS, NY 11746</u>	\$ <u>15,171.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<u>BELLROW TITLE AGENCY LLC</u> <u>125 PARK AVENUE, SUITE 1610</u> <u>NEW YORK, NY 10017</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<u>CORNELL UNIVERSITY</u> <u>144 EAST AVENUE</u> <u>ITHACA, NY 14853</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	NFL FOUNDATION 345 PARK AVENUE NEW YORK, NY 10154-0004	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	UNITED AIRLINES INC. 1212 AVENUE OF THE AMERICAS NEW YORK, NY 10036	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	CITIGROUP 388 GREENWICH STREET NEW YORK, NY 10013-2375	\$ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	CANDACE FORSYTH 300 5TH AVENUE SOUTH, SUITE 101-318 NAPLES, FL 34102	\$ 13,488.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
59	ANTHEM HEALTHCHOICE ASSURANCE INC. 3075 VANDERCAR WAY CINCINNATI, OH 45209	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	GENERAL DYNAMICS 11011 SUNSET HILLS ROAD RESTON, VA 20190	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<u>JOCELYN FORSYTH VICK</u> <u>1505 FOWLER CREEK ROAD</u> <u>SONOMA VISTA, CA 95476-6233</u>	\$ <u>12,574.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
62	<u>GAYLEY KNIGHT</u> <u>35 WATERGATE DRIVE, #1601</u> <u>SARASOTA, FL 34236</u>	\$ <u>10,819.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
63	<u>JOSEPH AND AMY PERELLA</u> <u>767 5TH AVENUE, 5TH FLOOR</u> <u>NEW YORK, NY 10153-0023</u>	\$ <u>10,027.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
64	<u>ALLIED GLOBAL MARKETING</u> <u>233 BROADWAY, 13TH FLOOR</u> <u>NEW YORK, NY 10279</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<u>BRUCE AND WENDY MOSLER</u> <u>1290 AVENUE OF THE AMERICAS, 7TH FLOOR</u> <u>NEW YORK, NY 10104-0101</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<u>GEORGE PETERKIN</u> <u>WEST 46TH ST & 12TH AVE</u> <u>NEW YORK, NY 10036</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	INTERNATIONAL SOCIETY OF TRANSPORT AIRCRAFT TRADING 330 NORTH WABASH, SUITE 2000 CHICAGO, IL 60611	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	MICHAEL AND BETH FASCITELLI 170 EAST END AVENUE, APT 17AB NEW YORK, NY 10128	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	MICHAEL TUCH FOUNDATION, INC. 124 SOUTH PINE AVENUE ALBANY, NY 12208	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	ROBERT & TONI BADER CHARITABLE FOUNDATION P.O. BOX 30756 INDIANAPOLIS, IN 46220	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	THE MCAVOY FAMILY FUND P.O. BOX 15203 ALBANY, NY 12212-5203	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	AMERICAN EXPRESS 200 VESEY STREET NEW YORK, NY 10285-4804	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	BNY 101 BARCLAY STREET, 11TH FLOOR EAST NEW YORK, NY 10286-0001	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	ERNST & YOUNG 401 9TH AVENUE NEW YORK, NY 10001	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	GOLDMAN SACHS & CO. 200 WEST STREET NEW YORK, NY 10282-2102	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	VIRGINIA DAVIES 165 CHARLES STREET, APT. 11 NEW YORK, NY 10014	\$ 9,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	PFIZER 66 HUDSON BOULEVARD, EAST NEW YORK, NY 10001	\$ 8,708.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	LIONHEART STRATEGIC MANAGEMENT, LLC 605 THIRD AVENUE, 36TH FLOOR NEW YORK, NY 10158	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	FIDELITY INVESTMENTS 165 BROADWAY NEW YORK, NY 10006	\$ 8,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	BLOOMBERG 731 LEXINGTON AVENUE NEW YORK, NY 10022-1331	\$ 7,917.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	JAMES E. FITZGERALD, INC. 48 WEST 38TH STREET, 9TH FLOOR NEW YORK, NY 10018	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	MAY AND SAMUEL RUDIN FAMILY FOUNDATION, INC. C/O RUDIN MANAGEMENT, 345 PARK AVENUE NEW YORK, NY 10154-0004	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	PROFORMA ONEPOINT 2739 HARPER WOODS DRIVE MARIETTA, GA 30062	\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	AXA XL GLOBAL SERVICES 225 LIBERTY STREET NEW YORK, NY 10281	\$ 6,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<u>CHUBB FEDERAL INSURANCE COMPANY</u> <u>1920 L STREET NW SUITE 700</u> <u>WASHINGTON, DC 20036</u>	\$ <u>6,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<u>USS INTREPID ASSOCIATION, INC.</u> <u>317 ISLAND REEF AVENUE</u> <u>HENDERSON, NV 89012-5446</u>	\$ <u>6,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<u>JEWISH COMMUNAL FUND</u> <u>575 MADISON AVENUE, STE 703</u> <u>NEW YORK, NY 10022-8591</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<u>JANE STREET CAPITAL</u> <u>250 VESEY STREET, 6TH FL</u> <u>NEW YORK, NY 10281</u>	\$ <u>5,542.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<u>PAUL HASTINGS LLP</u> <u>75 EAST 55TH STREET</u> <u>NEW YORK, NY 10022-3205</u>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<u>ROBERT LOURIE</u> <u>7 STRONGS LANE</u> <u>SETAUKET, NY 11733</u>	\$ <u>5,407.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<u>CHARLES BOLDEN</u> <u>1300 CRYSTAL DRIVE, UNIT 606S</u> <u>ARLINGTON, VA 22202</u>	\$ <u>5,188.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<u>WILLIS TOWERS WATSON</u> <u>200 LIBERTY STREET, FLOOR 6</u> <u>NEW YORK, NY 10281</u>	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<u>CHARINA FOUNDATION, INC.</u> <u>375 PARK AVENUE, SUITE 3601</u> <u>NEW YORK, NY 10152-1600</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<u>FUGAZY SPORTS & ENTERTAINMENT LLC</u> <u>1270 AVENUE OF THE AMERICAS</u> <u>NEW YORK, NY 10020-1700</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<u>GWEN FISHER</u> <u>10 LINCOLN LANE</u> <u>PURCHASE, NY 10577-2304</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<u>JOHN G. WOOD REVOCABLE TRUST</u> <u>900 EAGLE POND DRIVE</u> <u>WINTER HAVEN, FL 33884</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	L&L HOLDING COMPANY, LLC 142 W 57TH STREET NEW YORK, NY 10019-3300	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	THE COWLES CHARITABLE TRUST P.O. BOX 50027 STATEN ISLAND, NY 10305	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	TRAVIS PATTON 1401 S STREET, NW UNIT 513 WASHINGTON, DC 20009	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
20	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>25,580.</u>	<u>07/10/24</u>
30	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>12,549.</u>	<u>07/09/24</u>
32	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>24,650.</u>	<u>01/17/24</u>
33	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>25,936.</u>	<u>08/07/24</u>
58	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>13,488.</u>	<u>08/01/24</u>
61	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>12,574.</u>	<u>08/22/24</u>

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
62	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 10,819.	11/29/24
63	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 10,027.	05/01/24
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and 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
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and 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-.

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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(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					

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		119,030.
j Total. Add lines 1c through 1i			119,030.
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.

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located _____

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	30,495,358.	28,857,946.	37,803,208.	34,138,379.	31,335,945.
b Contributions	56,867.	56,867.	106,867.	6,867.	
c Net investment earnings, gains, and losses	3,961,202.	3,702,885.	-7,087,342.	5,321,791.	3,810,654.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,642,008.	1,980,790.	1,836,166.	1,502,013.	862,982.
f Administrative expenses	125,472.	141,550.	128,621.	161,816.	145,238.
g End of year balance	32,745,947.	30,495,358.	28,857,946.	37,803,208.	34,138,379.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 0.0000 %
 - b** Permanent endowment 67.1660 %
 - c** Term endowment 32.8340 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|-------------------------------------|
| (i) Unrelated organizations? | | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		30,714,409.	10,117,231.	20,597,178.
d Equipment		9,449,712.	8,821,042.	628,670.
e Other		94,011,416.	71,428,770.	22,582,646.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				43,808,494.

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	10,927.
(2) CAPITALIZED LEASE OBLIGATION	854,665.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	865,592.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	42,304,328.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	2,670,409.	
	b Donated services and use of facilities	2b	404,355.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	1,200.	
	e Add lines 2a through 2d	2e		3,075,964.
3	Subtract line 2e from line 1		3	39,228,364.
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	125,472.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		125,472.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	39,353,836.

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	37,409,480.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	587,337.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	1,200.	
	e Add lines 2a through 2d	2e		588,537.
3	Subtract line 2e from line 1		3	36,820,943.
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	125,472.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		125,472.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	36,946,415.

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 5% OF THE AVERAGE FAIR AND UNRESTRICTED VALUE OF THE INVESTMENTS AT THE END OF THE PRIOR THREE CALENDAR YEARS IS AVAILABLE FOR OPERATIONS. THE AMOUNT APPROVED FOR OPERATIONS DURING THE YEAR ENDED DECEMBER 31, 2024 WAS \$1,642,008 (5%). 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 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PERSONAL PROPERTY RENTAL EXPENSE	1,200.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

PERSONAL PROPERTY RENTAL EXPENSE	1,200.
----------------------------------	--------

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SALUTE TO FREEDOM GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	1,174,093.		1,174,093.
	2	Less: Contributions	1,108,593.		1,108,593.
	3	Gross income (line 1 minus line 2)	65,500.		65,500.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	112,250.		112,250.
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-46,750.

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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 PER MONTH IN 2024 AS WELL AS OTHER COSTS AND FEES SET FORTH IN THE CONTRACT NOT EXCEEDING \$200.

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**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.

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

	Yes	No
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)	633,247.	87,533.	1,290.	2,500.	31,430.	756,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PATRICIA BEENE-COLASANTI CFO/CAO	(i)	357,385.	57,260.	3,090.	2,500.	35,718.	455,953.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MATTHEW WOODS SVP ENGINEERING/FACILITIES	(i)	348,522.	42,048.	1,980.	2,500.	45,637.	440,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELAINE CHARNOV SVP EXHIBITS/EDUCATION	(i)	309,847.	40,406.	1,980.	2,500.	33,318.	388,051.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARC LOWITZ SVP BUSINESS DEVELOPMENT	(i)	296,742.	36,423.	1,290.	2,500.	50,447.	387,402.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID A. WINTERS EXECUTIVE VICE PRESIDENT	(i)	319,341.	25,001.	1,290.	2,500.	35,318.	383,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL ONYSKO VP, MARKETING	(i)	258,160.	36,686.	450.	2,500.	45,637.	343,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LYNDA KENNEDY VP, EDUCATION & EVALUATION	(i)	211,308.	23,984.	1,290.	2,500.	45,672.	284,754.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) THOMAS COUMBE VP, HUMAN RESOURCES	(i)	210,432.	27,101.	3,810.	2,500.	16,918.	260,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) IRENA TSITKO VP, GRANTS MGMT & ADMIN	(i)	185,469.	22,444.	690.	2,500.	40,331.	251,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BRIAN WALKER, VP, CORPORATE COMM. & EXTERNAL AFFAIRS	(i)	174,905.	17,969.	1,290.	0.	44,045.	238,209.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LISA YACONIELLO VP, VENUE SALES & EVENTS	(i)	181,234.	19,550.	450.	2,475.	24,739.	228,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CAMILO FAJARDO CREATIVE DIRECTOR	(i)	157,685.	10,000.	1,980.	2,500.	45,638.	217,803.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) VIRGINIA PROANO CONTROLLER	(i)	153,067.	10,000.	180.	0.	30,291.	193,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ALEXIS MARION, VP, INSTITUTIONAL ADVANCEMENT, THRU APR 2024	(i)	150,232.	24,846.	301.	2,500.	12,681.	190,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JESSICA WILLIAMS HEAD CURATOR	(i)	135,330.	10,000.	424.	2,500.	38,671.	186,925.	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.

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				
(17) JENNIFER FUGINA AVP, VISITOR SERVICES	(i)	128,286.	12,000.	632.	0.	38,589.	179,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) CHRISTOPHER MALANSON AVP, EXHIBITS	(i)	122,696.	10,000.	623.	0.	41,970.	175,289.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

BONUSES ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE BASED ON PERFORMANCE REVIEWS AND BUDGET AVAILABILITY. THE INDIVIDUALS RECEIVED BONUS PAYMENTS IN 2024 REPORTED ON PART II, COLUMN B(II).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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	57	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	8	135,623.	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 Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported on 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? **30a** X

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2024

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, 2024 IS BASED ON THE ESTIMATED DOLLAR VALUE OF VOLUNTEER
TIME AND AMOUNTED TO APPROXIMATELY \$421,345 (21,067 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.

THE MUSEUM'S MISSION IS AT THE CORE OF ITS STRATEGIC PLAN AND
GUIDES ALL DECISION-MAKING, WHETHER PROGRAMMATIC, CURATORIAL,
OPERATIONAL OR FINANCIAL.

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

THE MUSEUM TO THE BROOKLYN NAVY YARD TO UNDERGO CRITICAL RESTORATION
AND TO ENSURE THAT WORK WAS ACHIEVED TO PROTECT AND PRESERVE THE
HISTORIC AIRCRAFT FOR YEARS TO COME. A THIRD-PARTY VENDOR SPECIALIZING
IN AIRCRAFT PAINTING AND REPAIR COMPLETED THE WORK IN THE FIRST QUARTER
OF THE 2024 AND WITH MUCH FANFARE AND PRESS COVERAGE ON MARCH 14, 2024,
THE BRITISH AIRWAYS CONCORDE RETURNED TO THE INTREPID MUSEUM.

"APOLLO: WHEN WE WENT TO THE MOON" TEMPORARY EXHIBITION

FREE WITH ADMISSION TO THE MUSEUM, MARCH 26 - SEPTEMBER 2

INTREPID'S LARGEST-EVER TEMPORARY LICENSED EXHIBITION IN THE MUSEUM'S
SPACE SHUTTLE PAVILION SHOWCASING THE CAPTIVATING HISTORY OF THE APOLLO
PROGRAM, THROUGH INTERACTIVE MEDIA, PHOTOGRAPHS AND RARELY SEEN
ARTIFACTS FROM THE U.S. SPACE & ROCKET CENTER ARCHIVES. THIS EXHIBITION
HIGHLIGHTS OUR COMMITMENT TO BRINGING IMPACTFUL AND AWE-INSPIRING
EXPERIENCES TO OUR VISITORS, FURTHER SOLIDIFYING THE INTREPID MUSEUM'S

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

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

LHA 432211 01-15-25

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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REPUTATION AS A PREMIER DESTINATION FOR EXPLORATION AND DISCOVERY. IT ALSO UNDERSCORES THE INTREPID'S HISTORIC HERITAGE WITH THE SPACE PROGRAM, HAVING SERVED AS A PRIMARY RECOVERY VESSEL FOR THE MERCURY-ATLAS 7 AND GEMINI 3 SPACE MISSIONS, RETRIEVING ASTRONAUTS AND THEIR CAPSULES AFTER OCEAN LANDINGS.

RS-25 ENGINE, TEMPORARY DISPLAY ON PIER 86
JULY TO SEPTEMBER

IN CONJUNCTION WITH THE APOLLO: WHEN WE WENT TO THE MOON EXHIBITION, THE MUSEUM HOSTED A REPLICA OF THE RS-25 ENGINE ON DISPLAY AT PIER 86 TO CONNECT SPACE SCIENCE HISTORY AND THE FUTURE OF THE ARTEMIS PROGRAM. THIS PRESENTED AN OPPORTUNITY TO LEARN ABOUT THE ENGINE POWERING NASA'S ARTEMIS II MISSION.

CORSAIR ARRIVAL
MULTI-YEAR LOAN FROM THE NATIONAL MUSEUM OF THE UNITED STATES NAVY
OCTOBER 2, 2024

CORSAIR WAS BROUGHT INTO THE AIRCRAFT RESTORATION HANGAR AND ULTIMATELY REPAINTED WITH THE MARKINGS (WITH NMUSN APPROVAL) OF A FORMER NAVAL PILOT WHO SERVED ON INTREPID DURING WORLD WAR II. THIS ARTIFACT WILL BE ON LONG TERM LOAN TO THE MUSEUM AND WILL BE FEATURED AS A CENTERPIECE OF THE NEW PERMANENT STORY OF THE INTREPID AND HANGAR DECK - TO OPEN IN MARCH 2025. THE COLLECTIONS AND AIRCRAFT RESTORATION TEAM WORKED CLOSELY WITH THE LENDER TO APPROVE PROCESS AND PROCEDURES.

LONG LEAD PROJECTS:

VIRTUAL REALITY EXPERIENCE - ENGINE ROOM/BOILER ROOM

THROUGHOUT MOST OF 2024 THE EXHIBITION AND CURATORIAL TEAM HAVE BEEN WORKING WITH A THIRD-PARTY VENDOR TO DEVELOP ITS FIRST VIRTUAL REALITY EXPERIENCE THAT WILL SERVE AS A PILOT FOR OTHER VIRTUAL REALITY EXPERIENCES. THE GOALS OF THE PROJECT ARE TO USE HISTORICALLY ACCURATE IMAGE RENDERINGS AND HAVE VISITORS "FEEL AND SEE" WHAT IT IS LIKE TO BE IN THE HEART OF THE AIRCRAFT CARRIER. THE GOALS OF THIS PROJECT ARE TO LEARN FROM VISITOR FEEDBACK AND CREATE AN EXCITING AND ENGAGING EXPERIENCE OF A PHYSICAL SPACE THAT THE PUBLIC WILL NEVER BE ABLE TO VISIT.

TRAVELING EXHIBITION: MYSTERIES FROM THE DEEP: EXPLORING UNDERWATER ARCHAEOLOGY

IN 2024, THE MUSEUM EMBARKED ON ITS FIRST FORAY INTO TRAVELLING EXHIBITIONS. IT IS WORKING IN PARTNERSHIP WITH A THIRD-PARTY EXHIBITION DEVELOPER TO CO-PRODUCE AN EXHIBITION "MYSTERIES FROM THE DEEP: EXPLORING UNDERWATER ARCHAEOLOGY". THIS INTERNATIONAL TRAVELLING EXHIBITION WILL FIRST OPEN AT INTREPID IN JUNE 2025 AND THEN CIRCULATE ON TOUR FOR SUBSEQUENT YEARS. THE TOPIC - FOCUSING ON SCIENCE, TECHNOLOGY, ENGINEERING AND MATH WILL ILLUSTRATE THE ROLES OF 21ST CENTURY TECHNOLOGY TO REVEAL STORIES HIDDEN BENEATH OCEANS AND LAKES.

SECOND DECK RESTORATION PROJECT

THE EXHIBITIONS STAFF WORKED IN 2024 ON DEVELOPING THE SCRIPT AND

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DESIGN FOR ONE OF ITS LARGEST PERMANENT EXHIBITIONS, TO DATE. THIS 7000 SQ FOOT AREA WHICH HAS NEVER BEEN OPEN TO THE PUBLIC, WILL INTRODUCE VISITORS TO SOME OF THE MOST STORIED AREAS OF THE SHIP - SICK BAY (THE SHIP'S HOSPITAL), THE BARBER SHOP AND THE POST OFFICE.	

THIS IMMERSIVE EXPERIENCE - IN THE ACTUAL SPACES THEMSELVES WILL BE ENRICHED THROUGH SOUND INSTALLATIONS, VISUAL PROJECTIONS AS WELL AS RE-CREATIONS OF THE SPACES' THEMSELVES. DURING THIS DEVELOPMENT PHASE WE HAVE BEEN SUPPORTED BY TWO MAJOR GOVERNMENT FUNDERS, NATIONAL ENDOWMENT FOR THE HUMANITIES (NEH) AND INSTITUTE FOR MUSEUM AND LIBRARY SERVICES (IMLS) TO COLLABORATE WITH SCHOLARS' PROJECTION DESIGNERS, AS WELL AS COLLABORATE WITH OUR DISABILITY ADVISORY COUNCIL MEMBERS AND NEW YORK UNIVERSITY'S ABILITY PROJECT TO SEEK INSIGHTS AND FEEDBACK AND ULTIMATELY CREATE A RICHER, MORE LAYERED AND INCLUSIVE VISITOR EXPERIENCE. THIS PROJECT WILL NOT BE COMPLETE FOR ANOTHER 2 YEARS, BUT THE RESEARCH AND WRITING AND ENVISIONING IS ONGOING.

COLLECTIONS ACQUISITIONS CALENDAR YEAR 2024:

APPROXIMATELY 826 ARTIFACTS WERE ADDED TO THE COLLECTION IN 2024 AND THERE WERE 70 TOTAL ACQUISITIONS (INCLUDING COLLECTIONS FOUND ON BOARD AND FOUND IN COLLECTION).

- 70 TOTAL ACQUISITIONS: (57 GIFTS, 2 FOUND ON BOARD, 11 FOUND IN COLLECTION)

- ARTIFACTS CONSISTING OF 37 ARCHIVAL COLLECTIONS, 42 OBJECTS, 901 MEDIA ITEMS (INCLUDING SCAN AND RETURN DONATIONS)

- TOTAL ORAL HISTORY INTERVIEWS: 9

- ORAL HISTORY PARTICIPANTS (NEW AND PREVIOUS) WHO DONATED ARTIFACTS THIS YEAR: 9

- REPEAT DONORS: 12

- ACQUISITIONS RESULTING FROM THE ENGINE ROOM VR PROJECT: 3

- CURRENT RECORDS PUBLISHED TO EMUSEUM: 1,342 (254 ARCHIVES, 381 OBJECTS, 653 MEDIA, 54 ORAL HISTORIES). THIS WAS AN INCREASE OF 67 RECORDS FROM LAST YEAR. DUE TO MULTIPLE ONGOING EXHIBITION PROJECTS AND PLANNING, AS WELL AS OUR ONGOING EFFORTS TO RECOVER FROM THE COLLECTIONS DATA LOSS, WORK DURING THIS YEAR TO ADD NEW RECORDS TO THE SITE HAS SLOWED.

ESTIMATED TOTAL COLLECTION = 23,258

ARCHIVES (RECORDS) = 1,901

OBJECTS = 3,714

MEDIA = 17,643

HIGHLIGHTS:

MARTINI PHOTOGRAPH COLLECTION - CDR MICHAEL V. MARTINI, SERVED ON BOARD INTREPID IN THE EARLY 1960S. CDR MARTINI APPEARS AS THE ENGINEERING OFFICER IN THE 1960-1961 CRUISE BOOK, AND HIS SON NOTED THAT HE ALSO SERVED AS DAMAGE CONTROL OFFICER. HIS SON DONATED A LARGE COLLECTION OF PHOTOGRAPHS AND NEGATIVES, ALONG WITH TWO CRUISE BOOKS AND A PAMPHLET. THE IMAGES, WHICH ARE ALL OFFICIAL PHOTOS, COVER A WIDE RANGE OF SUBJECTS RELATED TO THE ENGINEERING DEPARTMENT, WITH IMAGES OF THE ENGINE AND FIRE ROOMS.

USS GROWLER JOURNALS - BILL DAACK SERVED ON BOARD GROWLER FROM 1960 UNTIL 1963 AS A TORPEDOMAN'S MATE SECOND CLASS. HE AND HIS FAMILY

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ATTENDED THE GROWLER REUNION IN AUGUST 2024. DAACK OFFERED TO DONATE JOURNALS THAT HE KEPT WHILE SERVING ON GROWLER. THESE JOURNALS ARE IN THE FORM OF A RUNNING LETTER TO HIS WIFE, WHO SADLY PASSED AWAY EARLIER IN 2024. IN THE JOURNALS, DAACK DESCRIBES HIS LIFE ON BOARD AND SHARES HOW MUCH HE MISSED HIS WIFE. WE ONLY HAVE ONE OTHER GROWLER JOURNAL IN THE COLLECTION, MAKING THIS A RARE DONATION.

FIRST CONCORDE SERVICE MENU - JOHN NINIVAGGI WAS PREVIOUSLY THE HEAD CHEF FOR IN-FLIGHT MEALS ABOARD CONCORDE. HE IS A PREVIOUS COLLECTIONS DONOR AND ATTENDED THE VIP OPENING FOR CONCORDE IN SPRING 2024. HE DONATED AN ORIGINAL MENU FROM THE FIRST CONCORDE FLIGHT FROM LONDON TO BAHRAIN ON JANUARY 21, 1976. WE HAD ALSO PURCHASED PROPS FOR THE INTERIOR OF CONCORDE FROM HIS ETSY STORE, AFTER WHICH HE GRACIOUSLY REFUNDED THE PAYMENT AS A DONATION.

WILLIAM FENSICK COLLECTION - BILL FENSICK WORKED AS A TORPEDOMAN IN W DIVISION FROM 1970-1971 AND WAS A DJ FOR THE SHIP'S RADIO STATION. WE INTERVIEWED FENSICK FOR THE ORAL HISTORY COLLECTION (OHP.268) EARLIER IN FALL 2024. HIS DONATION INCLUDED ITEMS FROM HIS TIME ON BOARD INCLUDING TRAINING CERTIFICATES FOR TORPEDO HANDLING, DUNGAREE SHIRTS, PHOTOGRAPHS, AS WELL AS PROGRAMS AND AUDIO REELS FROM HIS RADIO PROGRAM.

MUSEUM SERVICES

OVER THE COURSE OF 2024, THE TOURISM MARKET CONTINUED TO REBOUND BY SHOWING GAINS BOTH IN VARIOUS INTERNATIONAL MARKETS AS WELL AS REGIONAL AND DOMESTIC TRAVEL TO NEW YORK CITY. THESE TRENDS ALLOWED THE MUSEUM TO WELCOME OVER 950,000 VISITORS, A SEVEN PERCENT GROWTH YEAR OVER YEAR. 2024 LEVELS WERE APPROXIMATELY 93 PERCENT OF PRE COVID PANDEMIC ATTENDANCE LEVELS. INTERNATIONAL VISITATION TO THE MUSEUM REBOUNDED TO 83% OF PRE PANDEMIC LEVELS, HOWEVER THE ASIAN MARKET CONTINUED TO LAG REACHING ONLY 20% OF NORMAL VISITATION DUE TO LIMITED FLIGHTS, VISA DELAYS, STRENGTH OF US DOLLAR AND ONGOING POLITICAL CLIMATE. NEW YORK CITY RESIDENT PRICING CONTINUED TO PENETRATE THE LOCAL COMMUNITIES CONTINUING TO GROW IN ITS THIRD YEAR, SURPASSING 80,000 RESIDENTS VISITING THE MUSEUM.

IN MARCH OF 2024 THE MUSEUM WELCOMED BACK BRITISH AIRWAYS CONCORDE TO OUR PIER AFTER A BRIEF RESTORATION. THE POPULAR CONCORDE TOUR EXPERIENCE WAS REOPENED SHORTLY AFTER, IN MID-APRIL 2024.

THE MUSEUM SUCCESSFULLY MARKETED A NEW SUMMER EXHIBITION NAMED APOLLO: WHEN WE WENT TO THE MOON WITH A DEDICATED CAMPAIGN WHICH GENERATED INTEREST AMONG THE VARIOUS MUSEUM AUDIENCE SEGMENTS. THE MUSEUM CONTINUED TO REFINE ITS DIGITAL MARKETING STRATEGIES ALONG WITH IMPLEMENTING USER DRIVEN MODIFICATIONS TO THE WEBSITE LAUNCHED IN THE FALL OF 2023. ALL THESE EFFORTS LED TO INCREASED ROA FOR OUR DIGITAL ADVERTISING BUDGETS AS WELL AS IMPROVED USER EXPERIENCE WITHIN THE WEBSITE. THE MUSEUM CONTINUED TO GROW ITS SOCIAL MEDIA PRESENCE ACROSS SIX PLATFORMS GENERATING OVER 33 MILLION IMPRESSIONS AND 2 MILLION ENGAGEMENTS FROM OVER 3,000 POSTS.

DURING 2024, THE MUSEUM EXPANDED BOTH ITS GUIDED TOUR PROGRAM AND FREE TOURS AND TALKS TO MEET VISITOR DEMAND. OVER 38,000 VISITORS EXPERIENCED OUR VARIOUS GUIDED TOURS WHILE AN ADDITIONAL 18,000

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VISITORS ENGAGED WITH OUR VES (VISITOR EXPERIENCE SPECIALIST) TEAM FOR COMPLIMENTARY TALKS. OVER THE COURSE OF 2024 THE MUSEUM IMPLEMENTED ADDITIONAL WAYFINDING SIGNAGE AND INSTALLED A NEW MEDIA WALL AT THE BEGINNING OF THE VISITOR'S JOURNEY. THE MUSEUM CONTINUED EFFORTS TO TRANSLATE MATERIALS INTO OTHER LANGUAGES AND INCORPORATE QR CODES THROUGHOUT VARIOUS PATHWAYS TO ENHANCE THE VISITOR EXPERIENCE. NEW SIGNAGE WAS TESTED AND IMPLEMENTED AT KEY PINCH POINTS THROUGHOUT THE COMPLEX TO HELP VISITORS FIND AND NAVIGATE TO POPULAR EXHIBITIONS OR LOCATIONS. OVER THE COURSE OF 2024 THE MUSEUM CONTINUED TO EXPAND THE NUMBER OF STOPS ON THE BLOOMBERG CONNECTS APP. NEW CONTENT ADDED INCLUDED INTERVIEWS, ORAL HISTORIES AND ARCHIVAL VIDEO THAT SUPPORTS THE VARIOUS CONTENT THROUGHOUT THE COMPLEX.

GROUP SALES

IN 2024 THE INTREPID MUSEUM'S GROUP SALES OFFERINGS INCLUDED A VARIETY OF PROGRAMS FOR MANY DIFFERENT GROUP TYPES AND, OVERALL, WELCOMED OVER 144,000 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 150 BIRTHDAY PARTIES ATTENDED BY OVER 5,600 GUESTS ABOARD INTREPID. OUR OVERNIGHT PROGRAM, OPERATION SLUMBER, HOSTED MORE THAN 6,400 CHILDREN AND THEIR PARENTS AND CHAPERONES, THE MOST EVER, OVER 22 DATES. WE HOSTED OVER 47,000 GUESTS IN 2024 THROUGH OUR RECEPTIVE OPERATORS AND OVER 11,700 GUESTS VIA OUR TOUR OPERATOR PARTNERS. WE HOSTED OVER 9,000 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 VETERAN 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:
THE FISCAL YEAR SPANNING JANUARY 1, 2024 - DECEMBER 31, 2024, AND OVER 31,000 MORE THROUGH SELF-GUIDED MATERIALS AND ONLINE CONTENT.

CENTER FOR HISTORY & INNOVATION KEYSTONE PROJECTS AND STRATEGIC PLANNING

PROGRAMMING IS 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 COMMUNITY GROUPS AS WELL AS THE GENERAL PUBLIC. MUSEUM PROGRAMS HAPPEN

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

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AT THE MUSEUM, IN THE COMMUNITIES OF NEW YORK CITY AND THROUGH DISTANCE LEARNING NATIONALLY AND INTERNATIONALLY. OVER THE COURSE OF 2024, PROGRAMS HAPPENED PRIMARILY AT THE MUSEUM, BUT VIRTUAL EXPERIENCES WERE AVAILABLE UPON REQUEST, OR, IN THE CASE OF TEACHER PROFESSIONAL DEVELOPMENT, INTENTIONALLY DEVELOPED. SCHOOL PARTNERSHIPS SUCH AS CULTURAL AFTERSCHOOL ADVENTURES (CASA) AND A LOCAL SCHOOL RESIDENCY SAW MUSEUM EDUCATION TEAM MEMBERS OFFERING PROGRAMMING IN MANY SCHOOLS. 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 2024, MANAGEMENT COMPLETED PLANNING ON ELEMENTS TO UPDATE THE MUSEUM'S MICHAEL TYLER FISHER CENTER FOR EDUCATION (MTFC) INTO A PHYSICAL MANIFESTATION OF THE CENTER FOR HISTORY AND INNOVATION, INCLUDING INCREASED USE AS A CONVENING CENTER FOR OUTSIDE ORGANIZATIONS. THROUGH A COLLABORATIVE, CROSS-DEPARTMENTAL PROCESS, BASIC DESIGN ELEMENTS WERE IDENTIFIED, AND AN EXTERIOR WALL WAS REMOVED, OPENING THE CENTER VISUALLY TO THE MAIN EXHIBITION AREA OF THE MUSEUM. FIRST STEPS WERE TAKEN TO UPDATE THE COMPUTER LAB TECHNOLOGY, ALLOWING SELECT EDUCATION PROGRAMS TO INCORPORATE MORE 21ST CENTURY TECHNICAL SKILLS INTO THEIR WORK.

IN ADDITION, WORK BEGAN TO TEASE OUT A STRAND OF EDUCATIONAL WORK SURROUNDING COLLECTIONS AND PROGRAMMING STRENGTHS IN AVIATION AND SPACE - INTREPID AS THE PLACE FOR AEROSPACE.

SCHOOL AND TEACHER PROGRAMS (IN AND OUT OF SCHOOL TIME) OVER 23,000 K-12 STUDENTS, INCLUDING THOSE WITH PHYSICAL, DEVELOPMENTAL OR LEARNING DISABILITIES, AND TEACHERS TOOK PART IN EDUCATOR-LED PROGRAMMING IN PERSON OR VIRTUALLY DURING 2024. PROGRAMS FOCUSED ON THE INTERSECTION OF HISTORY AND INNOVATION AND WERE ALIGNED WITH THE 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; DISCUSSED WATERWAYS, THE NEED FOR WATER ON A U.S. NAVY SHIP AND PRESERVATION CHALLENGES FOR A SHIP DOCKED ON THE HUDSON RIVER.

WITH REMOTE INSTRUCTION, STUDENTS FROM ALL OVER THE UNITED STATES AND CANADA HAVE EXPERIENCED VIRTUAL TOURS OF MUSEUM SPACES AND COLLECTIONS, LED BY AN EDUCATOR WITH WHOM THEY INTERACT IN REAL TIME. IN ADDITION, THE MUSEUM WAS AWARDED A GRANT TO COLLABORATE WITH A LOCAL SCHOOL TO CREATE AND IMPLEMENT A PILOT CURRICULUM STARTING IN FALL 2023 AND FINISHING IN JUNE OF 2024, UTILIZING THE EDUCATING FOR AMERICAN DEMOCRACY FRAMEWORK TO ENGAGE ELEMENTARY AGE STUDENTS WITH CIVICS. IN LATE WINTER OF 2024, THE COLLABORATION TOOLKIT WITH SAMPLE LESSONS, WHICH WILL BE SHARED PUBLICLY, ENTERED THE FINAL DESIGN PROCESS.

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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. THESE AUDIENCES ARE PARTICULARLY CHALLENGING TO CONNECT WITH IN VIRTUAL SPACE, YET FEEDBACK TO OUR REMOTE PROGRAMS REMAINED POSITIVE.

FOR TEACHERS, MUSEUM EDUCATORS LED FREE AND LOW-COST PROFESSIONAL DEVELOPMENT PROGRAMS. PROGRAMS WERE OFFERED ONSITE, VIRTUALLY, DURING THE SCHOOL DAY AND IN THE AFTER-SCHOOL HOURS TO MEET THE NEED OF EDUCATORS ACROSS THE CITY AND AWARDED THE PARTICIPATING TEACHERS NY STATE DEPARTMENT OF EDUCATION-ENDORSED PROFESSIONAL DEVELOPMENT CREDITS. THE MUSEUM WELCOMED 351 TEACHERS AND ADMINISTRATORS THROUGH AN IMLS SUPPORTED INSPIRATION ACADEMY PROFESSIONAL DEVELOPMENT PROGRAM AIMED AT EARLY CAREER AND BIPOC TEACHERS IN NEW YORK STATE, AS WELL AS PROVIDING EXPERIENCES THROUGH COLLABORATIONS WITH DIFFERENT SCHOOLS AND NYC DEPARTMENT OF EDUCATION OFFICES SUCH AS THE STEM PROGRAM OFFICE AND THE CIVICS FOR ALL INITIATIVE.

A PAID IN-SCHOOL RESIDENCY WAS COMPLETED ONCE AGAIN IN FALL 2024 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 AND OUR TIES TO THE HUDSON RIVER WATERSHED. AS PS 51 CONTINUES TO WELCOME RECENT IMMIGRANT CHILDREN FROM CENTRAL AND SOUTH AMERICA, MUSEUM EDUCATORS PREPARED AND CO-TAUGHT BILINGUAL LESSONS.

IN SPRING 2024 WE FINISHED PROGRAMMING FOR 29 SCHOOL PARTNERSHIPS SUPPORTED BY CITY COUNCIL FUNDING. FOR FALL 2024 COUNCIL MEMBERS AWARDED THE MUSEUM FUNDS TO SUPPORT 31 PROGRAMS AT 30 PUBLIC SCHOOLS, RANGING FROM 5 TO 40 HOURS OF PROGRAMMING.

IN COLLABORATION WITH THE EXHIBITIONS TEAM, EDUCATORS ALSO BEGAN THE DEVELOPMENT OF AN EXHIBIT GUIDE FOR TEACHERS AND FAMILIES TO ACCOMPANY THE MUSEUM'S UPCOMING UNDERWATER ARCHEOLOGY EXHIBITION AND REVAMPED/UPDATED THE AGE-LEVELED SELF-GUIDE MATERIALS THAT ARE SOLD BY GROUP SALES.

YOUTH LEADERSHIP INITIATIVE & CAREER PATHWAY

THIS YEAR WE LAUNCHED A COLLABORATIVE SUMMER PROGRAM WITH THE NEW YORK CITY DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT CALLED TECHS OF TOMORROW FOR 25 NYC GIRLS RECRUITED THROUGH DYCD CHANNELS AND PAID THROUGH THE CITY'S SUMMER YOUTH EMPLOYMENT PROGRAM FOR 180 HOURS OF CAREER-FOCUSED EXPERIENCES IN AEROSPACE STEM AND WORKPLACE SKILLS. YOUTH LEADERSHIP PROGRAMMING FOR 2024 ALSO INCLUDED STEM CAREER MENTORSHIP DAYS, A HACKATHON, COLLABORATION WITH TEENS ACROSS THE CITY ON TEENS TAKE THE MET, AND THE 10TH ANNIVERSARY OF GIRLS IN SCIENCE AND ENGINEERING DAY SERVING MUSEUM PROGRAM ALUMNAE ALONG WITH THEIR FRIENDS AND FAMILIES. EIGHTY-HOUR PAID INTERNSHIPS WERE PROVIDED FOR 20 PARTICIPANTS OVER THE 23-24 SCHOOL YEAR ENDING IN SPRING OF 2024 AND IN FALL 2024, 10 ALUMNAE OF PREVIOUS GOALS SUMMERS, THE TECHS OF TOMORROW PROGRAM AND OUR ALL ACCESS MAKER PROGRAM BEGAN THEIR PAID INTERNSHIPS. IN ADDITION, CHANNELS OF COMMUNICATION - VITAL TO PROVIDING THE SUPPORT NETWORK OUR YOUTH LEADERSHIP PROGRAMMING HELPS ESTABLISH - WERE

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MAINTAINED THROUGH ALUMNI DIGITAL COMMUNICATIONS AND EVENTS. OVER 2250 TEEN PARTICIPANTS ATTENDED ONSITE AND OFFSITE TEEN EVENTS IN 2024.	

ACCESS, VETERAN AND MILITARY FAMILY PROGRAMS

THE MUSEUM PROVIDED PROGRAMS BOTH ONLINE AND ONSITE FOR 2,884 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 FAMILIES AFFECTED BY AUTISM; AND PARTNER EVENTS. ASL INTERPRETATION FOR LARGE VIRTUAL PUBLIC EVENTS REACHED EVEN MORE. WITH FUNDING FROM THE ANDREW W. MELLON FOUNDATION, THE MUSEUM EXPANDED ITS OFFERINGS FOR INDIVIDUALS WITH DEMENTIA AND THEIR CARE PARTNERS. THESE PROGRAMS INTEGRATED THE ARTS FOR AN ENRICHING EXPERIENCE, AND WHILE THE MUSEUM WAS OPEN, REMOVED BARRIERS BY PROVIDING TRANSPORTATION TO THE MUSEUM AND PROGRAMS AT THE CARE SITES. THE MUSEUM'S ACCESS TEAM SUCCESSFULLY FACILITATED WEEK-LONG ALL ACCESS MAKER CAMP SESSIONS. A NEW ADDITION THIS YEAR WAS A FIRST-EMPLOYMENT EXPERIENCE GIVEN TO TWO YOUTH ALUMNI OF THE MAKER PROGRAM, WHO BECAME PAID COUNSELORS IN TRAINING FOR THE SUMMER SESSION.

PART-TIME PAID POSITIONS CREATED AND STAFFED IN COLLABORATION WITH BIRCH FAMILY SERVICES CONTINUED THROUGH 2024 WITH JOB PATH. ONE OF THE TWO ORIGINAL POSITIONS WAS MADE INTO AN HOURLY STAFF POSITION, WITH THE FORMER INTERN JOINING THE EDUCATION TEAM.

IN ADDITION, THE DIRECTOR OF ACCESS INITIATIVES ACTED IN A KEY ROLES, AND THE ACCESS TEAM HAS CONTRIBUTED TO MANY OTHER PROJECTS SUCH AS BLOOMBERG CONNECTS, THE DEVELOPMENT OF INTERACTIVES AND SENSORY TOOLS FOR THE SECOND DECK RESTORATION FUNDED BY BOTH THE NEH AND IMLS, AN IMMERSIVE VR EXPERIENCE AND THE UPCOMING UNDERWATER ARCHEOLOGY EXHIBITION. FOR THESE PROJECTS, THE TEAM LOCATED AND COORDINATED WITH DISABILITY ADVISORS AND SELF-ADVOCATES TO USER TEST PROTOTYPE ELEMENTS AND GAIN INSIGHTS FOR INFORMING DESIGNS. THESE ADVISORS ALSO GAVE FEEDBACK ON THE SPACES TO BE RESTORED AND THE PROPOSED EDUCATION CENTER REFRESH. THE TEAM 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 1183 PARTICIPANTS BOTH ON SITE AND IN THE VIRTUAL SPACE. PROGRAMS INCLUDED EXHIBITION EXPLORATIONS, A COLLABORATION WITH EXIT 12 DANCE COMPANY AND AN EVENT IN COLLABORATION WITH THE METROPOLITAN OPERA HIGHLIGHTING WOMEN IN THE MILITARY. SPECIAL ACCESS TO MUSEUM FESTIVALS GAVE MILITARY FAMILIES A CHANCE TO MEET EACH OTHER WHILE ALSO TAKING PART IN WIDER ACTIVITIES.

COMMUNITY & FAMILY ENGAGEMENT PROGRAMS

OVER 7900 PEOPLE PARTICIPATED IN COMMUNITY PROGRAMS LED BY MUSEUM EDUCATORS AT THE MUSEUM OR FOR LIBRARIES AND COMMUNITY CENTERS THROUGH VIRTUAL PROGRAMMING OR WEB-BASED ACTIVITIES.

FAMILY DAYS AND ACTIVITIES WERE HELD ONSITE AT THE MUSEUM IN

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CONJUNCTION WITH FESTIVALS SUCH AS KIDS WEEK, ASTRO LIVE EVENTS OR FREE FRIDAYS 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, COMMUNITY PARTNERS AND OUR EBT INITIATIVE, MUSEUM FOR ALL, WHICH PROVIDES FREE ADMISSION TO THE MUSEUM FOR A FOOD STAMPS OR CASH ASSISTANCE RECIPIENT AND UP TO THREE HOUSEHOLD MEMBERS. A COMMUNITY ANCHOR AWARD FROM NASA SUPPORTED SPECIAL OUTREACH TO BLACK AND LATINE FAMILIES, SPECIAL PROGRAMMING AND SPANISH TRANSLATION FOR THE FALL ASTRONOMY NIGHT. THREE MORE OF THESE "NASA EXPLORE DAYS" WILL BE INCREASING THE REACH OF PROGRAMS IN 2025.

A PARTNERSHIP WITH THE DEPARTMENT OF HOMELESS SERVICES (DHS) CONTINUED FOR FAMILIES IN TRANSITIONAL HOUSING, INCLUDING THE MUSEUM'S ANNUAL GIFT OF THANKS CELEBRATION AND COORDINATED 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

293 SPECIAL GUESTS OF THE MUSEUM RECEIVED COMPLEMENTARY VIP TOURS, AND 389 OTHER GUESTS EXPERIENCED PAID, PRIVATE VIP/VVIP TOURS. 852 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 UNDERTAKE TRAINING OF THE REST OF THE EDUCATION TEAM FOR DELIVERY OF MORE SPECIALIZED CONTENT FOR ADULT-ORIENTED PROGRAMS BOTH VIRTUALLY AND FOR IN PERSON VIP TOURS. THIS POSITION 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 2024 THIS GROUP UPDATED TALKS THAT ARE GIVEN IN THE EXHIBITION SPACE, APPROVED INTERPRETIVE ELEMENTS FOR TOURS, POLICIES AROUND IMAGE USE AND REQUESTS, A PROCESS FOR PROPOSING IDEAS AND THE IDENTIFICATION OF MATERIALS WHICH NEED TO BE BROUGHT TO MARKETING FOR DESIGN ALIGNED WITH OUT BRANDING IDENTITY.

EVALUATION

EVALUATION IS PART OF THE WORK OF ALL EDUCATION PROGRAM LEADS, WITH THE OVERSIGHT OF THE VICE PRESIDENT OF EDUCATION & EVALUATION. ENGAGING IN FORMAL, DATA-DRIVEN EVALUATION OF THEIR PROGRAMS ENSURES THAT THE MYRIAD PROGRAMS OFFERED THROUGH THE EDUCATION DEPARTMENT REMAIN OF THE HIGHEST QUALITY. DATA WAS COLLECTED THROUGH OBSERVATION PROTOCOLS, PARTICIPANT SURVEYS AND OTHER DATA COLLECTION METHODS. 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. IN ADDITION, WORK CONTINUES WITH MARKETING TO COLLECT DATA ON VISITOR EXPERIENCE AND WITH

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OTHER DEPARTMENTS AS NEEDED. EXTENSIVE USER TESTING WITH A VARIETY OF AUDIENCES WAS UNDERTAKEN FOR DIFFERENT ITERATIONS OF THE ENGINE ROOM VR EXPERIENCE. THE VP OF EDUCATION & EVALUATION WORKED WITH THE EXHIBITIONS TEAM, THE ACCESS TEAM, A DEDICATED INTERN AND OTHERS ACROSS THE EDUCATION DEPARTMENT TO BRING STAKEHOLDERS IN FOR OBSERVED INTERACTIONS AND FEEDBACK. A SURVEY WAS DEVELOPED FOR THE TRAVELING WHEN WE WENT TO THE MOON EXHIBIT TO GAIN KNOWLEDGE OF AUDIENCE TAKEAWAYS AND INTERESTS, AND WORK IS NOW UNDERWAY TO GET USER INSIGHT INTO OUR SECOND DECK PROTOTYPES.

CONTRIBUTIONS TO THE FIELD

THE MUSEUM HAS CONTINUED ITS RELATIONSHIP WITH BEYOND 100K IN10 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.

WITH THE LAUNCH OF THE EDUCATING FOR AMERICAN DEMOCRACY FRAMEWORK (EAD) THE MUSEUM JOINED AS AN EAD CHAMPION AND EDUCATION TEAM MEMBERS SERVE ON THE COMMUNITY LEARNING PARTNERS TASK FORCE, BECOMING THE ONLY MUSEUM TO RECEIVE A GRANT TO PILOT THE FRAMEWORK.

THE VP OF EDUCATION & EVALUATION AND THE DIRECTOR OF ACCESS INITIATIVES CONTRIBUTED A BOOK CHAPTER, EVALUATION AND STAKEHOLDER INVOLVEMENT IN THE EVOLUTION OF AN ACCESS INITIATIVE, TO EVALUATING ACCESSIBILITY IN MUSEUMS: A PRACTICAL GUIDE (ED. LAUREEN TRAINER).

THE DIRECTOR OF ACCESS INITIATIVES CONTRIBUTED THE CHAPTER, THE INTREPID MUSEUM: BEYOND SENSORY-FRIENDLY PROGRAMS TO THE BOOK, WELCOMING MUSEUM VISITORS WITH UNAPPARENT DISABILITIES (ED. BETH REDMOND-JONES).

INTREPID EDUCATION TEAM MEMBERS PRESENTED INTREPID MUSEUM'S EDUCATION WORK AT 12 CONFERENCES/PROFESSIONAL CONVENINGS IN 2024, INCLUDING: AMERICAN ALLIANCE OF MUSEUMS ANNUAL MEETING (1. STORIES WITHIN: BETTER SERVING INDIVIDUALS WITH DEMENTIA AND CARE PARTNERS; 2. EDUCATING FOR AMERICAN DEMOCRACY: TOOLS FOR CIVIC LEARNING IN MUSEUMS; 3. WELCOMING MUSEUM VISITORS WITH UNAPPARENT DISABILITIES); NEW YORK CITY MUSEUM EDUCATOR'S ROUNDTABLE CONFERENCE (INCORPORATING SPEAKERS IN TO YOUR PROGRAMMING: A PRACTICAL TOOLKIT); MUSEUMS ASSOCIATION OF NEW YORK (CIVIC ACTORS: COMMUNITIES OF PRACTICE TO SUPPORT CIVIC ENGAGEMENT); US DEPARTMENT OF EDUCATION, RAISE THE BAR: YOU BELONG IN STEM CONVENING (1. INSPIRATION ACADEMY, SUPPORTING JOYFUL LEARNING (DEVELOPING AND SUPPORTING STEM TEACHERS AND EDUCATORS; 2. ALL ACCESS MAKER CAMP: MEANINGFULLY ENGAGING NEURODIVERSE CHILDREN WITH STEM); AND THE NATIONAL COUNCIL FOR SOCIAL STUDIES (INCORPORATING INCLUSIVE STORIES THROUGH DIVERSE PRIMARY SOURCES). IN ADDITION, THE DIRECTOR OF ACCESS INITIATIVES WAS PART OF A WEBINAR PANEL THROUGH NYC TOURISM MEMBER TALKS WITH THE THEME: EMBRACING NEURODIVERSITY FOR BUSINESS SUCCESS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: WITH CELEBRATED ASTRONAUTS AND SCIENTISTS. THE SUMMER TASTING EVENT WAS A PAID EXPERIENCE.

TOTAL ONSITE ATTENDANCE: 62,229

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TOTAL VIRTUAL ATTENDANCE: 483,459	

ANOTHER CENTERPIECE EVENT INCLUDED INTREPID AS ONE OF THE NEW YORK CITY LOCATIONS FOR THE PARTIAL SOLAR ECLIPSE EVENT (APRIL 8, 2024) WITH EDUCATIONAL PROGRAMMING PROVIDED AND COMPLIMENTARY COMMEMORATIVE SOLAR ECLIPSE GLASSES FOR VISITORS.

INTREPID HOSTED SEVERAL ASTRONAUTS, AMONG THEM THE CELEBRATED, ASTRONAUT FRED HAISE WHO SERVED AS APOLLO 13'S LUNAR MODULE PILOT FOR THE DRAMATIC MISSION, WHICH WAS ORIGINALLY SCHEDULED TO BE A TEN-DAY TRIP TO THE FRA MAURO REGION OF THE MOON. APPROXIMATELY 55 HOURS INTO THE FLIGHT, IN WHICH AN INTENDED MOON LANDING WAS CANCELED BECAUSE OF A RUPTURE IN A FUEL-CELL OXYGEN TANK IN THE SERVICE MODULE. THE CREW, CONSISTING OF FRED HAISE, AND TWO OTHER ASTRONAUTS RETURNED SAFELY TO EARTH, MAKING USE OF THE LIFE-SUPPORT SYSTEM IN THE LUNAR MODULE.

ANOTHER NEW EVENT (SEPTEMBER) WAS THE INTRODUCTION OF OUR HISTORY & INNOVATION SERIES. THE MUSEUM PARTNERED WITH THE METROPOLITAN OPERA (THE MET) FOR A BEHIND-THE-SCENES PROGRAM FEATURING THE MET'S NEWEST OPERA, GROUNDED. ON SEPTEMBER 13, 2024, ATTENDEES ENJOYED A SPECIAL PERFORMANCE OF GROUNDED, FOLLOWED BY A PANEL DISCUSSION. THE PANEL INCLUDED DECORATED RETIRED FEMALE MILITARY OFFICERS AND ARTISTS, WHO SHARED THEIR PERSPECTIVES ON BALANCING SERVICE TO THEIR COUNTRY WITH DOMESTIC LIFE, AS WELL AS THE CHALLENGES OF NAVIGATING THESE DUAL IDENTITIES. THE PANEL WAS MODERATED BY DANA H. BORN, PH.D. (BRIGADIER GENERAL, USAF RETIRED), WHO SERVED AS THE FACULTY CHAIR FOR THE SENIOR EXECUTIVE FELLOWS (SEF) PROGRAM AT THE HARVARD KENNEDY SCHOOL (HKS) OF GOVERNMENT, AND PREVIOUSLY SERVED AS THE CO-DIRECTOR FOR THE HKS'S CENTER FOR PUBLIC LEADERSHIP AND FACULTY ADVISOR FOR THE BLACK FAMILY GRADUATE FELLOWSHIP FOR VETERANS AND THE NATIONAL SECURITY FELLOWS PROGRAM. SHE RETIRED FROM USAF WITH THIRTY YEARS OF SERVICE, HAVING SERVED AS A MILITARY COMMANDER IN TIMES OF PEACE, CONFLICT, AND CRISES. ANOTHER PANEL PARTICIPANT WAS LIEUTENANT COLONEL TAMMY BARLETTE THE FOUNDER OF ATHENA'S VOICE, A SPEAKING COLLECTIVE FEATURING FEMALE PILOTS FROM AROUND THE UNITED STATES AS WELL AS THE FOUNDER AND CEO OF CROSSCHECK MENTAL PERFORMANCE TRAINING. SHE IS A RETIRED FIGHTER PILOT WHO SERVED IN THE US AIR FORCE FOR OVER 20 YEARS, ACCUMULATING MORE THAN 3000 TOTAL FLYING HOURS AND OVER 1500 HOURS OF COMBAT SUPPORT TIME ASSISTING AND PROTECTING TROOPS ON THE GROUND IN BOTH IRAQ AND AFGHANISTAN. THE THIRD PANEL PARTICIPANT WAS JEANINE TESORI, MET OPERA COMPOSER, KNOWN FOR BOTH OPERA AND MUSICAL THEATRE, WITH FIVE (5) TONY AWARD NOMINATIONS AMONGST A WIDE OUTPUT OF MUSICALS, NOTABLY WINNING THE TONY AWARD FOR BEST ORIGINAL SCORE IN 2015 FOR FUN HOME. SHE IS ALSO THE FIRST FEMALE COMPOSER TO HAVE TWO ORIGINAL MUSICALS RUNNING AT THE SAME TIME ON BROADWAY.

FESTIVALS

THE MUSEUM ONCE AGAIN HOSTED ITS ANNUAL FESTIVALS, KIDS WEEK AND FLEET WEEK.

KIDS WEEK, WHICH TAKES PLACE IN FEBRUARY AND IS HELD DURING THE WINTER BREAK OF NEW YORK CITY PUBLIC SCHOOLS, IS AN EIGHT-DAY EVENT FULL OF FUN, FAMILY-FRIENDLY EDUCATION PROGRAMMING.

FEBRUARY 17-24: KIDS WEEK

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

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STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ARTS & MATH) THROUGH FUN-FILLED ACTIVITIES, NASA DISPLAYS & EXHIBITS, LIVE ANIMAL SHOWS, HANDS-ON WORKSHOPS, PERFORMANCES, SPECIAL GUESTS AND INTERACTIVE DEMONSTRATIONS DESIGNED TO EDUCATE AND INSPIRE. ATTENDANCE FOR THE EIGHT-DAY FESTIVAL TOTALED 24,833. THROUGHOUT KIDS WEEKS THERE WERE PERFORMANCES, PRESENTATIONS AND TALKS AS WELL AS LOTS OF OPPORTUNITIES FOR HANDS ON LEARNING AND EXPLORATION FOR VISITORS. THESE WERE PROVIDED BY ALMOST 50 PARTNERS FROM NASA GODDARD SPACE FLIGHT CENTER, NASA MARSHALL SPACE FLIGHT CENTER, NASA JET PROPULSION LABORATORY, SPACE TELESCOPE SCIENCE INSTITUTE, SPACE CONCEPTUAL ARTIST ASHLEY ZELINSKIE, 501ST LEGION'S EMPIRE CITY GARRISON, AMATEUR ASTRONOMERS ASSOCIATION, FUTURE CHANGE MAKERS ACADEMY, MAGIC, BALLOONS & MORE, BALLET HISPANICO SCHOOL OF DANCE, LEGOLAND DISCOVERY CENTER WESTCHESTER, GAZILLION BUBBLE SHOW INTERACTIVE, MADAME TUSSAUDS NEW YORK, ZACK AND ZOEY ADVENTURES, AUTHOR TAMI LEWIS BROWN, THEATER WORKS USA, NEW VICTORY THEATER, BLUE MAN GROUP, BEARDSLEY ZOO, WILDLIFE CONSERVATION SOCIETY, TWO BY TWO ANIMAL HAVEN, LAMONT-DOHERTY EARTH OBSERVATORY, HUDSON RIVER SLOOP CLEARWATER, INTERNATIONAL OCEAN DISCOVERY PROGRAM, AMERICAN SOCIETY OF CIVIL ENGINEERS, NAVAL AIR STEM, NAVAL SURFACE CENTER, PHILADELPHIA, NAVAL SUBMARINE LEAGUE AND SUBMARINE FORCE LIBRARY & MUSEUM, THE CLIMATE MUSEUM, BILLION OYSTER PROJECT, COLUMBIA UNIVERSITY'S SOCIETY OF WOMEN ENGINEERS, NYC GHOSTBUSTERS, MAD SCIENCE, ROBOFUN, CONNECTION TO CREATIVITY, THE SOLOMON R. GUGGENHEIM MUSEUM, LINCOLN CENTER FOR THE PERFORMING ARTS, FARO TECHNOLOGIES, INC., SOCIETY OF HISPANIC PROFESSIONAL ENGINEERS, THE METROPOLITAN OPERA, INTERVERSE MIRROR PORTAL, AUTHOR SHARON MCDUGLE, AUTHOR ELISE MATICH, WONDERSPARK PUPPETS, THE NY METS' MASCOT, AND THAT PLANETARIUM GUY.

KIDS WEEK GARNERED EXTENSIVE MEDIA COVERAGE IN BROADCAST AND ONLINE MEDIA, RESULTING IN A TOTAL AUDIENCE OF 59 MILLION, EQUAL TO LAST YEAR (EXCLUDING A CBS LOCAL HIT PICKED UP YAHOO AND MSN) AND A 90 PERCENT INCREASE OVER 2022 (31 MILLION). ALL MAJOR LOCAL BROADCAST OUTLET COVERED KIDS WEEK, INCLUDING MULTIPLE TIMES. HIGHLIGHTS INCLUDE DEMOS AND INTERVIEWS FEATURING OUR SPOKESPERSONS ON CBS2, FOX5, AND NUMEROUS HITS WITH WPIX. KIDS WEEK WAS ALSO MENTIONED IN ONLINE MEDIA AND KEY PARENTING WEBSITES SUCH AS GOTHAMIST, NEW YORK FAMILY, NJ FAMILY, MOMMY POPPINS AND MORE.

WE EXPANDED OUR INFLUENCER OUTREACH, PARTICULARLY IN THE PARENTING SPACE WITH ENGAGEMENT AND ATTENDANCE FROM JERSEY MOMMA, NYC MAMA PLUS 2, MOM UPTOWN, THE MEGAN DAILY AND NEW YORK CITY KOPP.

MAY 24-27: FLEET WEEK

FLEET WEEK ACTIVITIES KICKED OFF FRIDAY, MAY 24, WITH OUR ANNUAL FREE MOVIE NIGHT ON THE FLIGHT DECK, FEATURING TOP GUN: MAVERICK. THROUGHOUT THE WEEKEND, GUESTS ENJOYED MUSICAL PERFORMANCES FEATURING BROADWAY SHOWS AND MUSICIANS AND EXPLORED A VARIETY OF DISPLAYS, HANDS-ON EDUCATIONAL ACTIVITIES AND DEMOS FROM THE MILITARY, INCLUDING THE U.S. MARINE CORPS, U.S. COAST GUARD, OFFICE OF NAVAL RESEARCH. THESE ARE ALL FREE TO THE PUBLIC ON THE PIER. TOTAL ATTENDANCE FOR THE FOUR-DAY FESTIVAL WAS APPROX. 26,600 VISITORS.

FLEET WEEK AT THE INTREPID MUSEUM, INCLUSIVE OF MEMORIAL DAY, GARNERED EXTENSIVE COVERAGE IN PRINT, BROADCAST AND ONLINE MEDIA, LEADING TO AN IMPRESSION TOTAL OF 2.9 BILLION - AN 84 PERCENT INCREASE COMPARED TO LAST YEAR (2023: 1.6 BILLION) AND THE HIGHEST TOTAL SINCE RECORDS WERE

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KEPT (2010). MAJOR LOCAL AND NATIONAL BROADCAST OUTLETS COVERED FLEET WEEK SUCH AS FOX & FRIENDS, CBS NEWS, TELEMUNDO, ABC7, NBC NEW YORK AND PIX11. OUR FLEET WEEK ACTIVITIES WERE ALSO MENTIONED IN PRINT INCLUDING THE FRONT PAGE OF AMNY AND IN THE NEW YORK DAILY NEWS. ONLINE PLACEMENTS INCLUDED SYNDICATION ON MSN AND YAHOO, ALONG WITH ARTICLES IN GOTHAMIST, USA TODAY AND TIME OUT NY.

OTHER PUBLIC PROGRAMS AND EVENTS

THE MUSEUM DELIVERED MULTIPLE PROGRAMS, NEARLY ALL FREE OF CHARGE, TO ITS VISITORS. BELOW ARE OUR MAIN PUBLIC PROGRAM OFFERINGS.

ASTRONOMY LIVE EVENTS IN 2024:

- JANUARY 21 - SPACE TALK WITH MIKE MASSIMINO & GARRETT REISMAN
- FEBRUARY 18 (ONSITE KW) - ASTRONAUT JOAN HIGGINBOTHAM
- MARCH 24 - MISSION UPDATE: MARS
- APRIL 26 (ASTRONOMY NIGHT ONSITE/PART OF FREE FRIDAY) - ARTEMIS/ORION
- MAY 19 - SUITING UP FOR SPACE
- JUNE 23 - APOLLO 13 ASTRONAUT FRED HAISE
- JULY 26 (ASTRONOMY NIGHT ONSITE/PART OF FREE FRIDAY) - CHARLIE

BLACKWELL-THOMPSON

- AUGUST 18 - RS25: FROM THE SPACE SHUTTLE TO ARTEMIS
- SEPTEMBER 27 (ASTRONOMY NIGHT ONSITE/PART OF FREE FRIDAY) - SPACE

SHUTTLE STORIES

- OCTOBER 20 - EUROPA CLIPPER
- NOVEMBER 17 - COSMIC CUISINE: PREPARING MEALS FOR MICROGRAVITY
- DECEMBER 15 - FROM TRAGEDY TO TRANSFORMATION

MOVIE NIGHTS

THE MUSEUM SCREENED FOUR FREE MOVIES ON THE FLIGHT DECK DURING THE SUMMER. THE MOVIES SHOWN IN 2024 INCLUDED: MAY 24 - TOP GUN MAVERICK; JUNE 28 - APOLLO 13 (PART OF FREE FRIDAY); JULY 26 - FIRST MAN (PART OF FREE FRIDAY/ASTRONOMY NIGHT); AUGUST 23 - MOONFALL (PART OF FREE FRIDAY)

VESSEL VISITS TO PIER 86

IN 2024 THE INTREPID MUSEUM WELCOMED A NUMBER OF VESSEL VISITS TO PIER 86, OFFERING ADDITIONAL EXPERIENCES FOR MUSEUM VISITORS AND THE PUBLIC. VESSELS VISITING PIER 86 ARE OPEN TO VISITATION BY THE GENERAL PUBLIC, AND THESE VISITS DO NOT REQUIRE INTREPID MUSEUM ADMISSION. VISITING VESSELS INCLUDED A COAST GUARD CUTTER AND SEVERAL US NAVAL ACADEMY TRAINING VESSELS DURING FLEET WEEK, AND SEVERAL OTHER COAST GUARD CUTTERS IN THE SUMMER AND FALL.

GIFT OF THANKSGIVING

ON NOVEMBER 18, 2024, THE INTREPID MUSEUM HOSTED THE GIFT OF THANKSGIVING, AN ANNUAL EVENT AT WHICH THE MUSEUM PROVIDES A THANKSGIVING WEEK MEAL TO FAMILIES SERVED BY THE NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES. THIS SPECIAL EVENING INCLUDED FREE ACCESS TO THE MUSEUM AND EDUCATIONAL ACTIVITIES WITH THE GOAL OF OFFERING THIS COMMUNITY A WARM AND WELCOMING HOLIDAY EXPERIENCE. OVER 180 GUESTS JOINED IN THIS MEMORABLE EVENT.

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

THE MUSEUM PROVIDES PROGRAM SUPPORT AND ADMINISTRATIVE SERVICES TO A

Name of the organization	Employer identification number
INTREPID MUSEUM FOUNDATION, INC.	13-3062419
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 \$ 174,208. 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 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

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

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 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 2024.

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.

Name of the organization INTREPID MUSEUM FOUNDATION, INC.	Employer identification number 13-3062419
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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%): \$207,379
 COMPENSATION EXPENSES ALLOCATED TO INTREPID FALLEN HEROES FUND (40%): \$138,253

NAME: LISA YACONIELLO
 TITLE: VP, VENUE SALES & EVENTS
 COMPENSATION EXPENSES ALLOCATED INTREPID MUSEUM FOUNDATION, INC. (90%): \$181,111
 COMPENSATION EXPENSES ALLOCATED TO INTREPID FALLEN HEROES FUND (10%): \$20,123

FORM 990, PART XII, LINE 2C:
 THE MUSEUM HAS AN AUDIT AND COMPLIANCE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND FOR THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990 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 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

