

Form **990**

**Return of Organization Exempt From Income Tax**

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

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the **2013** calendar year, or tax year beginning and ending

<p><b>B</b> Check if applicable:</p> <p><input checked="" type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b> Name of organization <b>NATIONAL SEPTEMBER 11 MEMORIAL &amp; MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC</b></p> <p>Doing Business As <b>9/11 MEMORIAL</b></p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>200 LIBERTY STREET, 16TH FLOOR</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10281</b></p> <p><b>F</b> Name and address of principal officer: <b>IRENE MATH</b> <b>SAME AS C ABOVE</b></p>	<p><b>D</b> Employer identification number <b>38-3678458</b></p> <p><b>E</b> Telephone number <b>(212) 312-8800</b></p> <p><b>G</b> Gross receipts \$ <b>87,766,953.</b></p> <p><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p><b>H(c)</b> Group exemption number ▶</p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p><b>J</b> Website: ▶ <b>WWW.911MEMORIAL.ORG</b></p>		
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p><b>L</b> Year of formation: <b>2003</b> <b>M</b> State of legal domicile: <b>NY</b></p>

**Part I Summary**

<b>Activities &amp; Governance</b>	<p><b>1</b> Briefly describe the organization's mission or most significant activities: <b>CONSTRUCTION AND OPERATION OF THE NATIONAL SEPTEMBER 11 MEMORIAL AND MUSEUM AT THE WORLD TRADE</b></p> <p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p><b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>51</b></p> <p><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>51</b></p> <p><b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a) <b>5</b> <b>305</b></p> <p><b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>288</b></p> <p><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b></p> <p><b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b></p>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">73,475,877.</td> <td style="text-align: right;">77,461,405.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">-1,999,105.</td> <td style="text-align: right;">9,437.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">7,308,567.</td> <td style="text-align: right;">5,332,737.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">78,785,339.</td> <td style="text-align: right;">82,803,579.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	73,475,877.	77,461,405.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	-1,999,105.	9,437.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	7,308,567.	5,332,737.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	78,785,339.	82,803,579.							
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**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.

<b>Sign Here</b>	<p>Signature of officer <b>IRENE MATH, CFO</b></p> <p>Type or print name and title</p>	<p>Date</p>
<b>Paid Preparer Use Only</b>	<p>Print/Type preparer's name <b>GARRETT M. HIGGINS</b></p> <p>Firm's name ▶ <b>O'CONNOR DAVIES, LLP</b></p> <p>Firm's address ▶ <b>665 FIFTH AVENUE NEW YORK, NY 10022</b></p>	<p>Preparer's signature <b>GARRETT M. HIGGINS</b></p> <p>Date <b>11/13/14</b></p> <p>Firm's EIN ▶ <b>27-1728945</b></p> <p>Phone no. (212) 286-2600</p>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:  
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 43,194,800. including grants of \$ ) (Revenue \$ 6,197,680.)  
OPERATIONS:

THE 9/11 MEMORIAL'S DAILY OPERATIONS CONTINUED TO REFLECT THOSE OF A WORLD CLASS INSTITUTION, OPEN EVERY DAY OF THE YEAR. BECAUSE OF SURROUNDING CONSTRUCTION, A TIMED RESERVATION SYSTEM CONTINUED TO BE REQUIRED TO MAKE VISITOR PASSES AVAILABLE TO THE ENCLOSED MEMORIAL PLAZA. PASSES WERE AVAILABLE ONLINE OR IN PERSON AT DESIGNATED OUTLETS. THE MEMORIAL EXPANDED ITS INITIAL OPERATIONS TO INCLUDE A NEW DISTRIBUTION POINT AT THE MAIN ENTRANCE (LOCATED AT THE CORNER OF ALBANY AND GREENWICH STREETS). THIS RESULTED IN AN INCREASE IN THE NUMBER OF PART-TIME JOBS AND VOLUNTEER POSITIONS REQUIRED TO OPERATE THE MEMORIAL AND ITS ENTRANCE AREA. MORE THAN 11 MILLION VISITORS FROM

4b (Code: ) (Expenses \$ 6,893,372. including grants of \$ ) (Revenue \$ )  
MUSEUM & PUBLIC PROGRAMS:

2013 ALSO MARKED A PERIOD OF SUSTAINED, INTENSIVE ACTIVITY TOWARD THE GOAL OF COMPLETING AND OPENING THE 9/11 MEMORIAL MUSEUM IN MAY 2014. ONGOING PREPARATIONS FOR THE OPENING OF THE 9/11 MEMORIAL MUSEUM CONTINUED WITH NEW ACQUISITIONS TO THE PERMANENT COLLECTION, MOCK-UPS AND FABRICATION OF EXHIBITION COMPONENTS, DEVELOPMENTS IN CONTENT AND DESIGN PLANNING, AND THE FIRST PUBLIC PREVIEW OF THE MEMORIAL EXHIBITION, IN MEMORIAM. INSTALLATION WORK OCCURRED FOR THE INTRODUCTORY EXHIBITION, MEMORIAL EXHIBITION, AND OTHER MAJOR EXHIBITIONS. IN ADDITION, IN THE HISTORICAL EXHIBITION, INSTALLATION WAS ABOUT 50% COMPLETE BY THE END OF THE YEAR. ALL LARGE ARTIFACTS WERE

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
CONSTRUCTION:

IN 2013, THE FOCUS OF CONSTRUCTION WAS TO COMPLETE THE INTERIOR FINISH WORK AND HAVE ALL EXHIBITION CONTRACTORS COMPLETE THEIR INSTALLATIONS. COMMISSIONING OF THE MECHANICAL, ELECTRICAL, AND PLUMBING SYSTEMS WAS COMPLETED AND THE NECESSARY REQUIREMENTS FOR RECEIVING A SIGNED TEMPORARY PERMIT TO OCCUPY FROM THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY WERE SOLIDIFIED IN ADVANCE OF A 2014 MUSEUM OPENING. WORK ON THE 9/11 MEMORIAL CONTINUED ALONG THE PLAZA PERIMETERS, WITH THE ADDITION OF NEW PAVING, TREES, AND OTHER LANDSCAPING, AS WELL AS COORDINATION WITH MULTIPLE PUBLIC AGENCIES TO ALLOW THE MEMORIAL TO BECOME AN OPEN ACCESS PLAZA IN CONCERT WITH THE PLANNED 2014 MUSEUM OPENING.

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 50,088,172.

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM  
 AT THE WORLD TRADE CENTER FOUNDATION, INC

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**Part IV Checklist of Required Schedules**

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

Form 990 (2013)

**NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM  
AT THE WORLD TRADE CENTER FOUNDATION, INC**

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**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
35b		X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	
38		X	

Form 990 (2013)

**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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	51		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	51		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MS. IRENE MATH, CFO - 212-312-8800**  
**200 LIBERTY STREET, 16TH FLOOR, NEW YORK, NY 10281**

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL R. BLOOMBERG CHAIRMAN	2.50	X		X				0.	0.	0.
(2) ANDREW M. SENCHAK TREASURER	2.50	X		X				0.	0.	0.
(3) VIRGINIA S. BAUER DIRECTOR	2.50	X						0.	0.	0.
(4) DAVID BEAMER DIRECTOR	2.50	X						0.	0.	0.
(5) PAULA GRANT BERRY DIRECTOR	2.50	X						0.	0.	0.
(6) FRANK BISIGNANO DIRECTOR	2.50	X						0.	0.	0.
(7) DEBRA BURLINGAME DIRECTOR	2.50	X						0.	0.	0.
(8) JOHN P. CAHILL DIRECTOR	2.50	X						0.	0.	0.
(9) RUSSEL L. CARSON DIRECTOR	2.50	X						0.	0.	0.
(10) KENNETH I. CHENAULT DIRECTOR	2.50	X						0.	0.	0.
(11) KEATING CROWN DIRECTOR	2.50	X						0.	0.	0.
(12) BILLY CRYSTAL DIRECTOR	2.50	X						0.	0.	0.
(13) ROBERT DE NIRO DIRECTOR	2.50	X						0.	0.	0.
(14) SAMUEL A. DIPIAZZA, JR. DIRECTOR	2.50	X						0.	0.	0.
(15) CHRISTINE A. FERER DIRECTOR	2.50	X						0.	0.	0.
(16) ANNE M. FINUCANE DIRECTOR	2.50	X						0.	0.	0.
(17) MAURICE R. GREENBERG DIRECTOR	2.50	X						0.	0.	0.

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AT THE WORLD TRADE CENTER FOUNDATION, INC

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**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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR. VARTAN GREGORIAN DIRECTOR	2.50	X					0.	0.	0.	
(19) PATRICIA E. HARRIS DIRECTOR	2.50	X					0.	0.	0.	
(20) WILLIAM B. HARRISON, JR. DIRECTOR	2.50	X					0.	0.	0.	
(21) GERALD L. HASSELL DIRECTOR	2.50	X					0.	0.	0.	
(22) ROBERT IGER DIRECTOR	2.50	X					0.	0.	0.	
(23) LEE A. IELPI DIRECTOR	2.50	X					0.	0.	0.	
(24) MONICA IKEN DIRECTOR	2.50	X					0.	0.	0.	
(25) ROBERT WOOD JOHNSON, IV DIRECTOR	2.50	X					0.	0.	0.	
(26) THOMAS S. JOHNSON DIRECTOR	2.50	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							2,528,107.	17,308.	435,559.	
<b>d Total (add lines 1b and 1c)</b>							2,528,107.	17,308.	435,559.	

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 **24**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person	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
BOVIS LEND LEASE, 200 PARK AVENUE, 9TH FLOOR, NEW YORK, NY 10166	CONSTRUCTION MANAGEMENT	38,557,026.
ABM FACILITY SERVICES FILE #52609, BOSTON, MA 90074-2609	BUILDING MAINTENANCE	9,116,680.
ANDREWS INTERNATIONAL, INC. P.O. BOX 417142, BOSTON, MA 02241-7142	SECURITY SERVICES	6,537,326.
DESIGN AND PRODUCTION INCORPORATED 7110 RAINWATER PLAC, LORTON, VA 22079	HISTORICAL EXHIBITION FABRICATION	3,671,171.
ELECTROSONIC, INC. 10320 BREN ROAD EAST, MINNETONKA, MN 55343	AUDIO VISUAL SERVICES	2,637,417.

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 **62**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT KASDIN DIRECTOR	2.50	X					0.	0.	0.	
(28) ANTHOULA KATSIMATIDES DIRECTOR	2.50	X					0.	0.	0.	
(29) PETER M. LEHRER DIRECTOR	2.50	X					0.	0.	0.	
(30) HOWARD W. LUTNICK DIRECTOR	2.50	X					0.	0.	0.	
(31) JULIE MENIN DIRECTOR	2.50	X					0.	0.	0.	
(32) IRA M. MILLSTEIN DIRECTOR	2.50	X					0.	0.	0.	
(33) HOWARD MILSTEIN DIRECTOR	2.50	X					0.	0.	0.	
(34) HON. PETER G. PETERSON DIRECTOR	2.50	X					0.	0.	0.	
(35) EMILY K. RAFFERTY DIRECTOR	2.50	X					0.	0.	0.	
(36) KEVIN M. RAMPE DIRECTOR	2.50	X					0.	0.	0.	
(37) JON STEWART DIRECTOR	2.50	X					0.	0.	0.	
(38) JUDITH RODIN DIRECTOR	2.50	X					0.	0.	0.	
(39) THOMAS H. ROGER DIRECTOR	2.50	X					0.	0.	0.	
(40) JANE ROSENTHAL DIRECTOR	2.50	X					0.	0.	0.	
(41) E. JOHN ROSENWALD JR. DIRECTOR	2.50	X					0.	0.	0.	
(42) AVI SCHICK DIRECTOR	2.50	X					0.	0.	0.	
(43) JERRY I. SPEYER DIRECTOR	2.50	X					0.	0.	0.	
(44) CRAIG ROBERTS STAPLETON DIRECTOR	2.50	X					0.	0.	0.	
(45) ANNE M. TATLOCK DIRECTOR	2.50	X					0.	0.	0.	
(46) DANIEL R. TISHMAN DIRECTOR	2.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) SETH WAUGH DIRECTOR	2.50	X						0.	0.	0.
(48) JOHN C. WHITEHEAD DIRECTOR	2.50	X						0.	0.	0.
(49) JOHN E. ZUCCOTTI DIRECTOR	2.50 5.00	X						0.	0.	0.
(50) SCOTT RECHLER DIRECTOR	2.50	X						0.	0.	0.
(51) RICHARD BAGGER DIRECTOR	2.50	X						0.	0.	0.
(52) JOSEPH DANIELS PRESIDENT/CEO	40.00			X				320,688.	0.	51,749.
(53) DAVID LANGFORD CFO	40.00 20.00			X				198,220.	17,308.	39,719.
(54) ALLISON BLAIS SECRETARY & CHIEF OF STAFF	40.00			X				195,407.	0.	38,017.
(55) IRENE MATH CFO	40.00			X				2,562.	0.	0.
(56) CLIFFORD CHANIN VP EDUCATION & PUBLIC PRGM	40.00				X			172,933.	0.	32,941.
(57) JAMES CONNORS EVP OF OPERATIONS	40.00				X			274,940.	0.	21,156.
(58) ALICE GREENWALD EVP/DIR MEMORIAL & MUSEUM	40.00				X			315,506.	0.	36,927.
(59) LUIS F. MENDES, SR. VP. OF FACILITIES DESIGN & CONSTRUCTION	40.00				X			218,491.	0.	47,906.
(60) JOSEPH WEINKAM, VP OF GOVERNMENT RELATIONS & DEVELOPMENT	40.00					X		157,080.	0.	40,772.
(61) NOELLE LILIE GENERAL COUNSEL	40.00 5.00					X		178,444.	0.	39,404.
(62) LAWRENCE MANNION DIRECTOR OF SECURITY	40.00					X		168,772.	0.	36,652.
(63) CAROLYN RASIC, EVP OF EXTERNAL AFFAIRS & STRATEGY	40.00					X		185,009.	0.	27,290.
(64) JERMEY FRAZIER SR. VP OF COMMUNICATIONS & DIGITAL M	40.00					X		140,055.	0.	23,026.
<b>Total to Part VII, Section A, line 1c</b>								<b>2,528,107.</b>	<b>17,308.</b>	<b>435,559.</b>

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**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	3,662,197.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	42,225,026.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	31,574,182.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		3,888,147.				
	<b>h Total.</b> Add lines 1a-1f		77,461,405.				
	<b>Program Service Revenue</b>	<b>2 a</b>	<b>Business Code</b>				
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		16,637.			16,637.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		20,632.			20,632.	
	<b>6 a</b> Gross rents	(i) Real	12,100.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	0.				
		<b>c</b> Rental income or (loss)	12,100.				
	<b>d</b> Net rental income or (loss)		12,100.			12,100.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses		7,200.			
		<b>c</b> Gain or (loss)		-7,200.			
	<b>d</b> Net gain or (loss)		-7,200.			-7,200.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 3,662,197. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	126,540.				
		<b>b</b> Less: direct expenses	1,434,640.				
<b>c</b> Net income or (loss) from fundraising events			-1,308,100.			-1,308,100.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	9,719,214.					
	<b>b</b> Less: cost of goods sold	3,521,534.					
	<b>c</b> Net income or (loss) from sales of inventory		6,197,680.	6,197,680.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> INSURANCE REIMBURSEMENTS	900099	393,619.			393,619.		
<b>b</b> JURY DUTY/EXPENSE REIMBURSEMENTS	900099	15,474.			15,474.		
<b>c</b> CASH FOUND ON PROPERTY	900099	1,332.			1,332.		
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		410,425.					
<b>12 Total revenue.</b> See instructions.		82,803,579.	6,197,680.	0.	-855,506.		

332009 10-29-13

Form 990 (2013)

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM

AT THE WORLD TRADE CENTER FOUNDATION, INC

Form 990 (2013)

**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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,967,162.	1,423,731.	361,673.	181,758.
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	10,065,417.	7,362,917.	1,530,494.	1,172,006.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	670,662.	461,856.	124,492.	84,314.
9 Other employee benefits	910,081.	678,185.	123,975.	107,921.
10 Payroll taxes	953,863.	560,403.	301,128.	92,332.
11 Fees for services (non-employees):				
a Management				
b Legal	190,414.	190,414.		
c Accounting	473,954.	114,067.	359,887.	
d Lobbying	251,652.	251,652.		
e Professional fundraising services. See Part IV, line 17	48,000.			48,000.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	966,486.	922,248.	44,238.	
12 Advertising and promotion	629,461.	129,611.	3,545.	496,305.
13 Office expenses	1,446,130.	1,011,447.	203,274.	231,409.
14 Information technology	1,620,413.	505,736.	1,050,432.	64,245.
15 Royalties	14,056.	14,056.		
16 Occupancy	2,770,191.	2,491,795.	141,039.	137,357.
17 Travel	292,457.	159,235.	49,025.	84,197.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,875,776.	18,091,668.	1,588,038.	196,070.
23 Insurance	982,642.	826,761.	97,426.	58,455.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>CONTRACTED SECURITY SER</b>	6,476,707.	6,476,707.		
b <b>CONTRACTED MAINTENANCE/</b>	4,935,518.	4,908,998.		26,520.
c <b>EQUIP REPAIRS &amp; MAINT</b>	1,763,118.	1,742,358.	11,438.	9,322.
d <b>PROGRAMMATIC EVENTS</b>	1,195,959.	1,195,959.		
e All other expenses	1,472,262.	568,368.	233,115.	670,779.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	59,972,381.	50,088,172.	6,223,219.	3,660,990.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM  
 AT THE WORLD TRADE CENTER FOUNDATION, INC

Form 990 (2013)

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**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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,106,079.	1	767,327.	
	<b>2</b> Savings and temporary cash investments .....	13,086,649.	2	6,447,063.	
	<b>3</b> Pledges and grants receivable, net .....	44,200,913.	3	27,200,472.	
	<b>4</b> Accounts receivable, net .....	650,760.	4	73,068.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				5
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....				6
	<b>7</b> Notes and loans receivable, net .....				7
	<b>8</b> Inventories for sale or use .....	2,181,123.	8	1,291,157.	
	<b>9</b> Prepaid expenses and deferred charges .....	1,196,959.	9	2,151,869.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 337,067,767.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 48,018,517.			
		306,603,641.		289,049,250.	<b>10c</b>
	<b>11</b> Investments - publicly traded securities .....				11
	<b>12</b> Investments - other securities. See Part IV, line 11 .....				12
	<b>13</b> Investments - program-related. See Part IV, line 11 .....				13
	<b>14</b> Intangible assets .....	42,344.	14	15,191.	
<b>15</b> Other assets. See Part IV, line 11 .....	332,483,509.	15	396,048,916.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	701,551,977.	16	723,044,313.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	47,537,950.	17	46,599,383.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....		19	468,750.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....				22
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> 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 .....	112,227.	25	57,431.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	47,650,177.	26	47,125,564.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	632,166,637.	27	660,678,097.	
	<b>28</b> Temporarily restricted net assets .....	21,735,163.	28	15,240,652.	
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	653,901,800.	33	675,918,749.		
<b>34</b> Total liabilities and net assets/fund balances .....	701,551,977.	34	723,044,313.		

Form 990 (2013)

**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	82,803,579.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,972,381.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,831,198.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	653,901,800.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	-814,249.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	675,918,749.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2013)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2013**

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC** Employer identification number **38-3678458**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	92,680,699.	87,438,036.	78,345,395.	73,475,877.	77,461,405.	409,401,412.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	92,680,699.	87,438,036.	78,345,395.	73,475,877.	77,461,405.	409,401,412.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						409,401,412.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	92,680,699.	87,438,036.	78,345,395.	73,475,877.	77,461,405.	409,401,412.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,332,950.	766,692.	255,211.	106,784.	49,369.	2,511,006.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....		900.	4,068.	1,056,611.	410,425.	1,472,004.
<b>11 Total support.</b> Add lines 7 through 10						413,384,422.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	30,959,283.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.04 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	97.51 %
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> 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 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM

**Part IV** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MEDIA GUIDE FEES

2010 AMOUNT: \$ 900.

2011 AMOUNT: \$ 1,275.

JURY DUTY/EXPENSE REIMBURSEMENTS

2011 AMOUNT: \$ 2,645.

2012 AMOUNT: \$ 3,370.

2013 AMOUNT: \$ 15,474.

CASH FOUND ON PROPERTY

2011 AMOUNT: \$ 148.

2012 AMOUNT: \$ 3,241.

2013 AMOUNT: \$ 1,332.

INSURANCE REIMBURSEMENTS

2012 AMOUNT: \$ 1,050,000.

2013 AMOUNT: \$ 393,619.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM  
AT THE WORLD TRADE CENTER FOUNDATION, INC

Employer identification number

38-3678458

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

<b>Name of organization</b> NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC	<b>Employer identification number</b> 38-3678458
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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		\$ 2,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,995,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 10,421,708.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 25,643,964.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,592,893.	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.)

Name of organization <b>NATIONAL SEPTEMBER 11 MEMORIAL &amp; MUSEUM                  AT THE WORLD TRADE CENTER FOUNDATION, INC</b>	Employer identification number <b>38-3678458</b>
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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
2	CONTENT FOR "TIMESCAPE" MUSEUM EXHIBIT <hr/> <hr/> <hr/> <hr/>	\$ 1,995,000.	12/31/13
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

<b>Name of organization</b> NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC	<b>Employer identification number</b> 38-3678458
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
- ▶ **See separate instructions.** ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

If the organization answered "Yes," to 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 B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

Name of organization <b>NATIONAL SEPTEMBER 11 MEMORIAL &amp; MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC</b>	Employer identification number <b>38-3678458</b>
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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 expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours .....

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM

**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												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		272,247.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		272,247.													
<b>d</b> Other exempt purpose expenditures		56,039,144.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		56,311,391.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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:	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:	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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000.
<b>c</b> Total lobbying expenditures		259,453.	262,887.	272,247.	794,587.
<b>d</b> Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
<b>f</b> Grassroots lobbying expenditures					



NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM

**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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC

Employer identification number 38-3678458

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement and grant restrictions.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for held at the end of the tax year (2a-2d), and questions about monitoring, expenses, and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets, and amounts related to these items.

**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 are a 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 programs
  - 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" to 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?  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" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Temporarily restricted endowment \_\_\_\_\_ %
- The percentages in 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   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 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" to 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		316,342,339.	35,618,550.	280,723,789.
c Leasehold improvements		5,680,079.	4,938,608.	741,471.
d Equipment		13,086,538.	6,211,028.	6,875,510.
e Other		1,958,811.	1,250,331.	708,480.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				289,049,250.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	395,361,720.
(2) DUE FROM RELATED PARTY	687,196.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	396,048,916.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	57,431.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	57,431.

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 FIN 48 (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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	83,943,532.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	1,132,753.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	7,200.	
e	Add lines 2a through 2d	2e		1,139,953.
3	Subtract line 2e from line 1	3		82,803,579.
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		82,803,579.

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

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

1	Total expenses and losses per audited financial statements		1	61,926,583.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,947,002.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	7,200.	
e	Add lines 2a through 2d	2e		1,954,202.
3	Subtract line 2e from line 1	3		59,972,381.
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		59,972,381.

**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 VALUE OF THE ORGANIZATION'S COLLECTION IS NOT REFLECTED AS AN ASSET IN THE STATEMENT OF FINANCIAL POSITION, AND GIFTS OF COLLECTION ITEMS ARE EXCLUDED FROM REVENUE IN THE STATEMENT OF ACTIVITIES. PURCHASES OF COLLECTION ITEMS ARE RECORDED IN THE YEAR IN WHICH THE ITEMS WERE ACQUIRED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE STATEMENT OF ACTIVITIES. PURSUANT TO THE ORGANIZATION'S COLLECTIONS AND MANAGEMENT POLICY, PROCEEDS FROM DEACCESSIONS ARE TO BE USED EXCLUSIVELY TO ACQUIRE OTHER ITEMS FOR THE COLLECTION AND WILL BE RECORDED AS UNRESTRICTED NET ASSETS DESIGNATED FOR ACQUISITIONS OF COLLECTION ITEMS.

**PART III, LINE 4:**

**Part XIII** Supplemental Information (continued)

THE ORGANIZATION IS IN THE PROCESS OF ASSEMBLING A PERMANENT COLLECTION AND HAS INSTITUTED A COLLECTIONS MANAGEMENT POLICY TO DEFINE THE SCOPE AND INTELLECTUAL FRAMEWORK OF CONTENT ASSETS AND THE PROCEDURES BY WHICH THESE MATERIALS ARE ACCESSIONED, CATALOGUED AND PRESERVED. THROUGH LEADERSHIP OF THE BOARD AND STAFF, THE ORGANIZATION STRIVES TO ESTABLISH, PRESERVE AND DOCUMENT PRIMARY RECORDS, MATERIAL EVIDENCE, SPOKEN TESTIMONY AND OTHER WIDE-RANGING CULTURAL DOCUMENTATION RELATED TO THE FEBRUARY 26, 1993 AND SEPTEMBER 11, 2001 TERRORIST ATTACKS, THE HISTORICAL CONTEXT LEADING UP TO THEM, AND THEIR AFTERMATH AND ONGOING REPERCUSSIONS. THE ORGANIZATION ALSO COLLECTS ARTIFACTS, SPOKEN REMEMBRANCES AND OTHER MATERIALS WHICH HONOR AND COMMEMORATE THE VICTIMS OF THE SEPTEMBER 11, 2001 AND FEBRUARY 26, 1993 TERRORIST ATTACKS AND THEIR LEGACIES. THE ORGANIZATION MAKES ITS COLLECTION AVAILABLE AS LOANS TO OTHER MUSEUMS AND PRESENTING INSTITUTIONS, IN THE U.S. AND ABROAD, THAT MEET OUR SECURITY AND ENVIRONMENTAL CRITERIA. THE COLLECTION IS ALSO AVAILABLE, THROUGH ITS CATALOGUE AND BY APPOINTMENT, TO THE PUBLIC FOR RESEARCH PURPOSES AND IN COOPERATION WITH OUR PROFESSIONAL STAFF AND SCHOOL EDUCATORS FOR THE CREATION OF LESSON PLANS THAT ARE THEN MADE AVAILABLE THROUGH OUR WEBSITE. WHEN THE MUSEUM IS FULLY OPEN TO THE PUBLIC, ITS COLLECTIONS WILL ALSO BE USED IN EDUCATIONAL AND PUBLIC PROGRAMS FOR THE BENEFIT OF VISITORS.

IN 2013, THE ORGANIZATION SPENT \$92,033 ON ACQUISITIONS OF COLLECTION ITEMS. THESE ACQUISITIONS WERE FUNDED IN PART BY TEMPORARILY RESTRICTED CASH CONTRIBUTIONS.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX

**Part XIII** Supplemental Information (continued)

POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE  
SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO  
UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION  
OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY  
THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO 2010.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFICATION: DISPOSAL OF FIXED ASSETS 7,200.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFICATION: DISPOSAL OF FIXED ASSETS 7,200.





NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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	
		BENEFIT DINNER (event type)	5K RUN/WALK (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	3,264,050.	399,569.	125,118.	3,788,737.
	2	Less: Contributions	3,137,510.	399,569.	125,118.	3,662,197.
	3	Gross income (line 1 minus line 2)	126,540.			126,540.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	497,144.			497,144.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	593,460.	297,656.	46,380.	937,496.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,434,640.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-1,308,100.

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
		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 operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate 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: \_\_\_\_\_

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM

- 11 Does the organization operate 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 operated in:
 

<b>13a</b>		%
<b>13b</b>		%
- 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 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 complete this part to provide any additional information (see instructions).

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

(I) NAME OF FUNDRAISER: THE LUKENS COMPANY

(I) ADDRESS OF FUNDRAISER:

2800 SHIRLINGTON RD. SUITE 900, ARLINGTON, VA 22206

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

THE LUKENS COMPANY ("TLC") AND THE ORGANIZATION HAS A NON-EXCLUSIVE AGREEMENT FOR DIRECT RESPONSE MARKETING CONSULTATION AND

**Part IV** Supplemental Information (continued)

MANAGEMENT, THE CREATION AND PRODUCTION OF DIRECT MAIL PACKAGES, PACKAGE INSERTS, SPACE ADVERTISEMENTS, TELEMARKETING CAMPAIGNS, DIRECT RESPONSE TELEVISION, AND INTERNET-BASED MARKETING PROGRAMS.

TLC RECEIVED A MONTHLY RETAINER FEE OF \$4,000 PER MONTH PLUS REIMBURSEMENT OF ALL MAILING, COPY CREATION, AND OTHER SERVICE FEES INCURRED UNDER THE CONTRACT AGREEMENT.

THE ORGANIZATION DISTINGUISHES BETWEEN PAYMENT FOR CONSULTING FEES AND EXPENSE REIMBURSEMENT WITH TLC BASED ON SPECIFIC CONTRACT ARRANGEMENTS AND ITEMIZED INVOICING. IN ADDITION TO THE \$48,000 OF CONSULTANT FEES PAID, TLC ALSO RECEIVED ADDITIONAL AMOUNTS OF \$483,104 AS REIMBURSEMENT FOR POSTAGE AND PRINTING EXPENSES INCURRED.

FORM 990, PART VIII, LINE 8C AND FORM 990, SCHEDULE G, PART II, LINE 11: THE PROPER COMPLETION OF FORM 990 REQUIRES ORGANIZATIONS TO REPORT THE ACTIVITY FROM FUNDRAISING EVENTS THAT SUBSTANTIALLY FURTHER THE ORGANIZATION'S EXEMPT PURPOSE IN PART VIII, LINE 8C AND FORM 990, SCHEDULE G, PART II, LINE 11. FUNDRAISING EVENTS OFTEN GENERATE BOTH CONTRIBUTIONS AND INCOME, SUCH AS WHEN AN INDIVIDUAL PAYS MORE THAN THE RETAIL VALUE FOR THE GOODS OR SERVICES FURNISHED. DURING THE YEAR ENDED DECEMBER 31, 2013 THE MEMORIAL CONDUCTED THREE SUCCESSFUL FUNDRAISING EVENT GENERATING CONTRIBUTION REVENUE TOTALING \$3,662,197. THIS CONTRIBUTION REVENUE IS REQUIRED TO BE REPORTED ON PART VIII, LINE 1C OF THE FORM 990 AS CONTRIBUTIONS FROM FUNDRAISING EVENTS PER THE IRS INSTRUCTIONS. THIS RESULTED IN A LOSS FROM FUNDRAISING EVENTS IN THE AMOUNT OF \$1,308,100 BUT AN OVERALL NET GAIN OF \$2,354,097.

**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM  
AT THE WORLD TRADE CENTER FOUNDATION, INC** Employer identification number **38-3678458**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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 in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing 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"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported in 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 .....	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2013

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM

AT THE WORLD TRADE CENTER FOUNDATION, INC 38-3678458

**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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH DANIELS PRESIDENT/CEO	(i)	320,448.	0.	240.	25,477.	26,272.	372,437.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID LANGFORD CFO	(i)	197,980.	0.	240.	19,278.	20,441.	237,939.	0.
	(ii)	17,308.	0.	0.	0.	0.	17,308.	0.
(3) ALLISON BLAIS SECRETARY & CHIEF OF STAFF	(i)	195,250.	0.	157.	19,900.	18,117.	233,424.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CLIFFORD CHANIN VP EDUCATION & PUBLIC PRGM	(i)	172,288.	0.	645.	17,500.	15,441.	205,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMES CONNORS EVP OF OPERATIONS	(i)	273,908.	0.	1,032.	21,156.	0.	296,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALICE GREENWALD EVP/DIR MEMORIAL & MUSEUM	(i)	313,922.	0.	1,584.	25,477.	11,450.	352,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LUIS F. MENDES, SR. VP. OF FACILITIES DESIGN & CONSTRUCTION	(i)	218,008.	0.	483.	19,192.	28,714.	266,397.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOSEPH WEINKAM, VP OF GOVERNMENT RELATIONS & DEVELOPMENT	(i)	156,948.	0.	132.	16,000.	24,772.	197,852.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) NOELLE LILIE GENERAL COUNSEL	(i)	178,288.	0.	156.	16,200.	23,204.	217,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LAWRENCE MANNION DIRECTOR OF SECURITY	(i)	166,915.	0.	1,857.	17,187.	19,465.	205,424.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CAROLYN RASIC, EVP OF EXTERNAL AFFAIRS & STRATEGY	(i)	184,861.	0.	148.	17,591.	9,699.	212,299.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JERMEY FRAZIER SR. VP OF COMMUNICATIONS & DIGITAL M	(i)	139,969.	0.	86.	5,782.	17,244.	163,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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.

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM  
AT THE WORLD TRADE CENTER FOUNDATION, INC** Employer identification number **38-3678458**

**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	5,135		
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....	X		150,000.	FAIR MARKET VALUE
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	9	1,662,649.	FAIR MARKET VALUE
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 ▶ ( <u>EQUIPMENT</u> ) .....	X	4	2,075,498.	FAIR MARKET VALUE
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 IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		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 non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**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 ITEMS CONTRIBUTED IN PART I COLUMN (B).

SCHEDULE M, LINE 33:

THE VALUE OF THE ORGANIZATION'S COLLECTION IS NOT REFLECTED AS AN ASSET IN THE STATEMENTS OF FINANCIAL POSITION, AND GIFTS OF COLLECTION ITEMS ARE EXCLUDED FROM REVENUE IN THE STATEMENT OF ACTIVITIES.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization	NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC	Employer identification number 38-3678458
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CENTER SITE. THE ORGANIZATION OPERATES THE FACILITIES AS COMPLETED.

THE MEMORIAL MUSEUM WILL BE AN AUTHORITATIVE SOURCE OF INFORMATION,

LEARNING AND UNDERSTANDING OF THE 9/11 ATTACKS, THEIR PRECURSORS, AND

ONGOING RAMIFICATIONS WITH EDUCATIONAL RESOURCES AND PROGRAMS AS A CORE

COMPONENT OF PROGRAMMING FOR VISITORS.

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

THE MEMORIAL MISSION:

REMEMBER AND HONOR THE THOUSANDS OF INNOCENT MEN, WOMEN, AND CHILDREN

MURDERED BY TERRORISTS IN THE HORRIFIC ATTACKS OF FEBRUARY 26, 1993 AND

SEPTEMBER 11, 2001.

RESPECT THIS PLACE MADE SACRED THROUGH TRAGIC LOSS.

RECOGNIZE THE ENDURANCE OF THOSE WHO SURVIVED, THE COURAGE OF THOSE WHO

RISKED THEIR LIVES TO SAVE OTHERS, AND THE COMPASSION OF ALL WHO

SUPPORTED US IN OUR DARKEST HOURS.

MAY THE LIVES REMEMBERED, THE DEEDS RECOGNIZED, AND THE SPIRIT

REAWAKENED BE ETERNAL BEACONS, WHICH REAFFIRM RESPECT FOR LIFE,

STRENGTHEN OUR RESOLVE TO PRESERVE FREEDOM, AND INSPIRE AN END TO

HATRED, IGNORANCE AND INTOLERANCE.

THE MEMORIAL MUSEUM MISSION:

THE NATIONAL SEPTEMBER 11 MEMORIAL MUSEUM AT THE WORLD TRADE CENTER

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

Name of the organization	NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC	Employer identification number	38-3678458
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WILL BEAR SOLEMN WITNESS TO THE TERRORIST ATTACKS OF SEPTEMBER 11, 2001 AND FEBRUARY 26, 1993. THE MUSEUM WILL HONOR THE NEARLY 3,000 VICTIMS OF THESE ATTACKS AND ALL THOSE WHO RISKED THEIR LIVES TO SAVE OTHERS. IT WILL FURTHER RECOGNIZE THE THOUSANDS WHO SURVIVED AND ALL WHO DEMONSTRATED EXTRAORDINARY COMPASSION IN THE AFTERMATH. DEMONSTRATING THE CONSEQUENCES OF TERRORISM ON INDIVIDUAL LIVES AND ITS IMPACT ON COMMUNITIES AT THE LOCAL, NATIONAL AND INTERNATIONAL LEVELS, THE MUSEUM WILL ATTEST TO THE TRIUMPH OF HUMAN DIGNITY OVER HUMAN DEPRAVITY AND AFFIRM AN UNWAVERING COMMITMENT TO THE FUNDAMENTAL VALUE OF HUMAN LIFE.

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

ALL 50 U.S. STATES AND FROM AROUND THE WORLD VISITED THE 9/11 MEMORIAL SINCE ITS OPENING IN SEPTEMBER 2011 THROUGH THE END OF 2013.

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

INSTALLED, AND NEARLY ALL OTHER ARTIFACTS DISPLAYED ON OPEN MOUNTS WERE ALSO IN PLACE. WORK COMMENCED ON MOUNT-MAKING AND INSTALLATION FOR ENCASED ARTIFACTS. BY THE END OF 2013, THE MUSEUM HAD ACQUIRED MORE THAN 12,500 ARTIFACTS, 23,000 IMAGES, 580 HOURS OF FILM AND VIDEO, AND 1,990 ORAL HISTORIES.

EDUCATION ACTIVITIES INCLUDED NEW PUBLICATIONS, MATERIALS, AND PROGRAMS FOR TEACHERS AS WELL AS PREPARATION FOR THE MUSEUM'S INTERPRETIVE GUIDE-LED TOURS AND DOCENT PROGRAMS. THE ORGANIZATION PLANNED AND HELD COMMEMORATION EVENTS ON THE ANNIVERSARIES OF THE SEPTEMBER 11, 2001 AND FEBRUARY 26, 1993 TERRORIST ATTACKS THAT INCLUDED CEREMONIES FOR VICTIMS' FAMILIES. THE ORGANIZATION ALSO MANAGED AND OVERSAW TRIBUTE IN

Name of the organization	NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC	Employer identification number	38-3678458
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LIGHT, A PUBLIC ART PROJECT THAT MARKS EACH ANNIVERSARY OF THE ATTACKS.

FORM 990, PART VI, SECTION A, LINE 4:

SIGNIFICANT CHANGES MADE TO THE BY-LAWS PROVIDE FOR THE APPOINTMENT OF A NEW DIRECTOR DESIGNATED BY THE GOVERNOR OF NEW JERSEY AND ALSO GIVE THE MEMORIAL THE FLEXIBILITY TO INCREASE THE NUMBER OF DIRECTORS WHO CAN SERVE ON THE BOARD FROM 50 TO 55.

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

A DRAFT OF THE 990 IS SHARED ELECTRONICALLY AND IN PAPER FORM WITH THE AUDIT COMMITTEE AND FINANCE AND INVESTMENT COMMITTEE OF THE BOARD OF DIRECTORS. EACH COMMITTEE REVIEWS AND THE AUDIT COMMITTEE APPROVES THE 990 IN ADVANCE OF FILING. PRIOR TO FILING, ELECTRONIC AND PAPER COPIES ARE ALSO PROVIDED TO THE FULL BOARD FOR REVIEW AND AN OPPORTUNITY TO ASK QUESTIONS.

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

THE NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM HAS A CONFLICT OF INTEREST POLICY WHICH IT ACTIVELY MONITORS AND ENFORCES. THE BOARD CURRENTLY MANDATES THAT ALL EMPLOYEES AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST QUESTIONNAIRE AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST QUESTIONNAIRE IS FILED ANNUALLY WITH THE SECRETARY OF THE MEMORIAL OR HER DESIGNEE WHO REVIEWS THE SIGNED ATTESTATIONS FOR POTENTIAL OR ACTUAL CONFLICTS EXPECTED TO OCCUR WITHIN THE FOLLOWING YEAR. IF A CONFLICT IS REPORTED THE GENERAL COUNSEL IS CONSULTED. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS ON THE PART OF A DIRECTOR OR OFFICER, DISCLOSURE SHALL BE MADE TO THE CHAIR(S) OF THE NOMINATING, GOVERNANCE AND COMPENSATION COMMITTEES. IN THE

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CASE OF ANY OTHER OFFICER OR EMPLOYEE, DISCLOSURE SHALL BE MADE TO THE OFFICER'S OR EMPLOYEE'S SUPERIOR, AS PROVIDED IN THE MEMORIAL'S EMPLOYEE MANUAL. IF AN ACTUAL CONFLICT EXISTS AND INVOLVES A PARTICULAR TRANSACTION THAT REQUIRES A VOTE OF THE BOARD OR A COMMITTEE OF THE BOARD, THE AFFECTED MEMBER OF MANAGEMENT OR THE GOVERNING BODY WILL NOT BE ENTITLED TO VOTE, DELIBERATE OR OTHERWISE USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER IN QUESTION.

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

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM HAS ESTABLISHED A WRITTEN COMPENSATION POLICY FOR THEIR COMPENSATION COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATIONS FOR THE PRESIDENT/CEO, TOP MANAGEMENT OFFICIALS, OTHER OFFICERS OR KEY EMPLOYEES. THE POLICY MANDATES THAT EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE COMPENSATION COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST. IN ADDITION, THE APPROVING COMPENSATION COMMITTEE REVIEWS APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF COMPENSATION BEING CONSIDERED. THE COMPENSATION COMMITTEE USES A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO ITS EXECUTIVES. THE COMPENSATION COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT INCLUDING THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE DECISION, THE FULL TERMS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABLE DATA USED AND RELIED UPON TO MAKE THE DECISION. THE PROCESS WAS LAST UNDERTAKEN IN 2011.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, NH, NJ, NM, NY, NC, ND, OH, OK

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OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM MAKES ITS FORM 990,  
 FORM 1023 AND CONFLICT OF INTEREST POLICY AVAILABLE FOR PUBLIC INSPECTION  
 AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT  
 ON ITS WEBSITE. THE FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS AS PART  
 OF FORM 1023 ARE ALSO POSTED ON THE WEBSITE. THE FORM 990 IS ALSO  
 AVAILABLE ON GUIDESTAR.ORG. IN ADDITION, FORMS 990 AND 1023 AS WELL AS THE  
 FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST AT 200 LIBERTY  
 STREET, 16TH FL., NEW YORK, NY 10281 OR BY CALLING THE ORGANIZATION  
 DIRECTLY AT 212-312-8800.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES  
 RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS  
 AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT  
 CHANGE FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

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. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization **NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM  
AT THE WORLD TRADE CENTER FOUNDATION, INC** Employer identification number **38-3678458**

**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
WORLD TRADE CENTER PERFORMING ARTS CENTER, INC. - 45-5316035, ONE LIBERTY PLAZA, 20TH FLOOR, NEW YORK, NY 10006	CREATE A CULTURAL AND PERFORMING ARTS CENTER AT THE WORLD TRADE CENTER	NEW YORK	501(C)(3)	LINE 7	NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2013

SEE PART VII FOR CONTINUATIONS

NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM  
 AT THE WORLD TRADE CENTER FOUNDATION, INC

**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



NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM  
 AT THE WORLD TRADE CENTER FOUNDATION, INC

**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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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) WORLD TRADE CENTER PERFORMING ARTS CENTER, INC.	D	386,985.FMV	
(2) WORLD TRADE CENTER PERFORMING ARTS CENTER, INC.	L	24,000.FMV	
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME OF RELATED ORGANIZATION:**

WORLD TRADE CENTER PERFORMING ARTS CENTER, INC.

**PRIMARY ACTIVITY:** CREATE A CULTURAL AND PERFORMING ARTS CENTER AT THE

WORLD TRADE CENTER SITE

**DIRECT CONTROLLING ENTITY:** NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM AT THE

WORLD TRADE CENTER FDTN, INC.