

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC Doing Business As 9/11 MEMORIAL		D Employer identification number 38-3678458
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE LIBERTY PLAZA, 20TH FLOOR		E Telephone number (212) 312-8800
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10006		G Gross receipts \$ 111,698,384.
	F Name and address of principal officer: DAVID LANGFORD SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

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

J Website: ▶ WWW.911MEMORIAL.ORG

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 2003 **M State of legal domicile:** NY

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION WAS INCORPORATED IN 2003 TO RAISE MONEY TO FUND THE DESIGN AND</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	47
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	47
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	107
	6 Total number of volunteers (estimate if necessary)	6	54
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	92,680,699.	87,438,036.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,340,835.	710,085.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	151,719.	1,276,634.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	94,173,253.	89,424,755.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	119,675.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,328,700.	6,563,215.
16a Professional fundraising fees (Part IX, column (A), line 11e)		48,000.	48,000.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,828,548.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		4,061,105.	5,073,958.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,557,480.	11,992,173.	
19 Revenue less expenses. Subtract line 18 from line 12	84,615,773.	77,432,582.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 546,093,119.	End of Year 626,461,940.
	21 Total liabilities (Part X, line 26)	37,727,514.	41,871,246.
	22 Net assets or fund balances. Subtract line 21 from line 20	508,365,605.	584,590,694.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	DAVID LANGFORD, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MARK J. PISZKO, CPA	Preparer's signature MARK J. PISZKO, CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ O'CONNOR DAVIES MUNNS & DOBBINS, LLP	Firm's EIN ▶	Firm's address ▶ 60 EAST 42ND STREET, 36TH FL. NEW YORK, NY 10165-3698	Phone no. (212) 286-2600	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's 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.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 7,306,529. including grants of \$ 307,000.) (Revenue \$)
MEMORIAL AND MUSEUM:
THE YEAR 2010 MARKED A PERIOD OF INTENSE PREPARATION TO REALIZE THE OPENING OF THE MEMORIAL IN SEPTEMBER 2011, INCLUDING DEVELOPING AN OPERATIONS PLAN FOR VISITOR SERVICES, MAINTENANCE, CUSTODIAL, PEDESTRIAN ACCESS, SECURITY AND OTHER SUPPORT SERVICES FOR THE MEMORIAL AND MUSEUM. THE ORGANIZATION WORKED WITH THE WORLD TRADE CENTER STAKEHOLDERS AND GOVERNMENT AGENCIES ON THE OPERATIONAL PLANNING AS WELL AS TRANSPORTATION PLANNING FOR FUTURE VISITORS TO THE MEMORIAL. STAFF ALSO WORKED TO FINALIZE KEY DESIGN ELEMENTS OF THE MEMORIAL INCLUDING THE ARRANGEMENT AND VERIFICATION OF THE NEARLY 3,000 NAMES LISTED ON THE MEMORIAL. IN 2010, STAFF COMPLETED DESIGN DEVELOPMENT FOR THE MUSEUM'S MEMORIAL EXHIBITION AND INTERSTITIAL SPACES, AND

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
CONSTRUCTION:
THIS YEAR, CONSTRUCTION ON THE MEMORIAL FORGED AHEAD RAPIDLY. THE 9/11 MEMORIAL POOLS, EACH ABOUT AN ACRE IN SIZE, WERE COMPLETELY FRAMED IN STEEL BY MARCH 2010. 100% OF THE STEEL FOR THE PROJECT WAS INSTALLED AND OVER 90% OF THE CONCRETE WAS POURED. INSTALLATION OF THE GRANITE CLADDING FOR THE INTERIOR OF THE NORTH FOUNTAIN WAS COMPLETED AND INSTALLATION IN THE SOUTH POOL NEARED COMPLETION. PLAZA LANDSCAPING COMMENCED IN 2010. IN AUGUST, THE FIRST BATCH OF SWAMP WHITE OAK TREES WERE PLANTED ON THE MEMORIAL'S PLAZA. BY THE END OF THE YEAR, A TOTAL OF 124 TREES WERE PLANTED ON THE MEMORIAL PLAZA. THE SURVIVOR TREE WAS ALSO RETURNED TO THE SITE AND PLANTED AMONGST THE SWAMP WHITE OAK TREES IN DECEMBER 2010. THE CALLERY PEAR TREE BECAME KNOWN AS THE SURVIVOR

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

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

4e Total program service expenses ▶ **7,306,529.**

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

Form 990 (2010)

38-3678458 Page 3

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 Schedule B, Schedule of Contributors?	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 where 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; 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 term, permanent, 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010)

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

Form 990 (2010)

38-3678458 Page 4

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and 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 25</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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <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, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a	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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 22		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 107		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
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.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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 to any question in this Part VI

Section A. Governing Body and Management

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
15c	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 **AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MR. DAVID LANGFORD, CFO - 212-312-8800**
ONE LIBERTY PLAZA, 20TH FLOOR, NEW YORK, NY 10006

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

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(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			
MICHAEL R. BLOOMBERG CHAIRMAN	2.50	X		X			0.	0.	0.	
ANDREW M. SENCHAK TREASURER	2.50	X		X			0.	0.	0.	
PAULA GRANT BERRY DIRECTOR	2.50	X					0.	0.	0.	
DEBRA BURLINGAME DIRECTOR	2.50	X					0.	0.	0.	
JOHN P. CAHILL DIRECTOR	2.50	X					0.	0.	0.	
RUSSEL L. CARSON DIRECTOR	2.50	X					0.	0.	0.	
KENNETH I. CHENAULT DIRECTOR	2.50	X					0.	0.	0.	
KEATING CROWN DIRECTOR	2.50	X					0.	0.	0.	
BILLY CRYSTAL DIRECTOR	2.50	X					0.	0.	0.	
ROBERT DE NIRO DIRECTOR	2.50	X					0.	0.	0.	
SAMUEL A. DIPIAZZA, JR. DIRECTOR	2.50	X					0.	0.	0.	
CHRISTINE A. FERER DIRECTOR	2.50	X					0.	0.	0.	
MAURICE R. GREENBERG DIRECTOR	2.50	X					0.	0.	0.	
DR. VARTAN GREGORIAN DIRECTOR	2.50	X					0.	0.	0.	
PATRICIA E. HARRIS DIRECTOR	2.50	X					0.	0.	0.	
WILLIAM B. HARRISON, JR. DIRECTOR	2.50	X					0.	0.	0.	
GERALD L. HASSELL DIRECTOR	2.50	X					0.	0.	0.	

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

Form 990 (2010)

38-3678458 Page 8

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
ROBERT IGER DIRECTOR	2.50	X					0.	0.	0.	
LEE A. IELPI DIRECTOR	2.50	X					0.	0.	0.	
MONICA IKEN DIRECTOR	2.50	X					0.	0.	0.	
ROBERT WOOD JOHNSON, IV DIRECTOR	2.50	X					0.	0.	0.	
THOMAS S. JOHNSON DIRECTOR	2.50	X					0.	0.	0.	
ROBERT KASDIN DIRECTOR	2.50	X					0.	0.	0.	
ANTHOULA KATSIMATIDES DIRECTOR	2.50	X					0.	0.	0.	
PETER M. LEHRER DIRECTOR	2.50	X					0.	0.	0.	
HOWARD W. LUTNICK DIRECTOR	2.50	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							2,791,228.	0.	339,987.	
d Total (add lines 1b and 1c)							2,791,228.	0.	339,987.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **19**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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	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		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.

(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	169101411.
DAVIS BRODY BOND, LLP 315 HUDSON STREET, NEW YORK, NY 10013	ARCHITECTURAL PLANNING	3,769,787.
SERVICE METAL FABRICATING 10 STICKLE AVENUE, ROCKAWAY, NJ 07866	PARAPET FABRICATION	2,309,809.
DCM ERECTORS, INC., 110 E. 42ND STREET SUITE 1704, NEW YORK, NY 10017	PARAPET CONSTRUCTION	2,308,565.
ENVIRONMENTAL TREE & DESIGN, INC. 23544 DOONS ROAD, TOMBALL, TX 77375	TREE CARE & TRANSPLANT	2,013,705.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **39**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

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

Form 990 (2010)

38-3678458

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

(A) Name and title	(B) Average hours per week	(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			
JULIE MENIN DIRECTOR	2.50	X						0.	0.	0.
IRA M. MILLSTEIN DIRECTOR	2.50	X						0.	0.	0.
HOWARD MILSTEIN DIRECTOR	2.50	X						0.	0.	0.
HON. PETER G. PETERSON DIRECTOR	2.50	X						0.	0.	0.
EMILY K. RAFFERTY DIRECTOR	2.50	X						0.	0.	0.
KEVIN M. RAMPE DIRECTOR	2.50	X						0.	0.	0.
DAVID ROCKEFELLER DIRECTOR UNTIL AUGUST 2010	2.50	X						0.	0.	0.
JUDITH RODIN DIRECTOR	2.50	X						0.	0.	0.
THOMAS H. ROGER DIRECTOR	2.50	X						0.	0.	0.
JANE ROSENTHAL DIRECTOR	2.50	X						0.	0.	0.
E. JOHN ROSENWALD JR. DIRECTOR	2.50	X						0.	0.	0.
AVI SCHICK DIRECTOR	2.50	X						0.	0.	0.
DAVID BEAMER DIRECTOR	2.50	X						0.	0.	0.
JERRY I. SPEYER DIRECTOR	2.50	X						0.	0.	0.
CRAIG ROBERTS STAPLETON DIRECTOR	2.50	X						0.	0.	0.
ANNE M. TATLOCK DIRECTOR	2.50	X						0.	0.	0.
DANIEL R. TISHMAN DIRECTOR	2.50	X						0.	0.	0.
SETH WAUGH DIRECTOR	2.50	X						0.	0.	0.
JOHN C. WHITEHEAD DIRECTOR	2.50	X						0.	0.	0.
JOHN E. ZUCCOTTI DIRECTOR	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

Form 990 (2010)

38-3678458 Page 9

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	2053620.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	69,452,552.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,931,864.				
	g	Noncash contributions included in lines 1a-1f: \$		141,065.				
	h	Total. Add lines 1a-1f		87,438,036.				
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		766,692.			766,692.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses	20,675,000.					
		Gain or (loss)	20,699,640.	31,967.				
		Net gain or (loss)	-24640.	-31967.				
	8 a	Gross income from fundraising events (not including \$ 2,053,620. of contributions reported on line 1c). See Part IV, line 18	a	194535.				
	b	Less: direct expenses	b	550755.				
	c	Net income or (loss) from fundraising events			-356,220.		-356220.	
9 a	Gross income from gaming activities. See Part IV, line 19	a						
	Less: direct expenses	b						
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a	2,623,221.					
	Less: cost of goods sold	b	991267.					
	Net income or (loss) from sales of inventory			1631954.	1631954.			
Miscellaneous Revenue			Business Code					
11 a	MEDIA GUIDE FEES		900099	900.		900.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			900.				
12	Total revenue. See instructions.			89,424,755.	1631954.	0.	354,765.	

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Form 990 (2010)

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

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) but are not required to complete columns (B), (C), and (D).*

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 U.S. See Part IV, line 21	307,000.	307,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,161,562.	1,286,906.	313,893.	560,763.
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	3,293,843.	1,797,031.	725,272.	771,540.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	296,023.	165,608.	63,179.	67,236.
9 Other employee benefits	430,741.	296,203.	63,957.	70,581.
10 Payroll taxes	381,046.	174,420.	135,145.	71,481.
11 Fees for services (non-employees):				
a Management	282,350.	185,169.	97,181.	
b Legal	58,910.	58,910.		
c Accounting	24,766.		24,766.	
d Lobbying	20,000.			20,000.
e Professional fundraising services. See Part IV, line 17	48,000.			48,000.
f Investment management fees				
g Other	770,464.	672,624.	21,280.	76,560.
12 Advertising and promotion	885,456.	661,877.	1,551.	222,028.
13 Office expenses	427,917.	270,246.	115,048.	42,623.
14 Information technology	398,930.	195,050.	165,126.	38,754.
15 Royalties				
16 Occupancy	541,117.	477,122.	22,921.	41,074.
17 Travel	152,216.	102,544.	2,000.	47,672.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	82,362.	24,815.	21,220.	36,327.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	418,039.	346,782.	29,374.	41,883.
23 Insurance	337,432.	240,402.	46,842.	50,188.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a DIRECT MAIL EXPENSES	617,817.			617,817.
b OTHER EXPENSES	56,182.	43,820.	8,341.	4,021.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	11,992,173.	7,306,529.	1,857,096.	2,828,548.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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

Form 990 (2010)

38-3678458 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	876,099.	1	412,610.	
	2 Savings and temporary cash investments	152,258,585.	2	110,607,274.	
	3 Pledges and grants receivable, net	129,058,379.	3	85,694,753.	
	4 Accounts receivable, net	14,922,487.	4	7,055,543.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5
	6 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 instructions)				6
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	265,359.	8	423,571.	
	9 Prepaid expenses and deferred charges	141,507.	9	357,749.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,179,388.			
	b Less: accumulated depreciation	10b 1,078,449.	1,021,240.	10c	1,100,939.
	11 Investments - publicly traded securities	20,699,640.	11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	226,849,823.	15	420,809,501.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	546,093,119.	16	626,461,940.		
Liabilities	17 Accounts payable and accrued expenses	37,727,514.	17	41,871,246.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	37,727,514.	26	41,871,246.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	442,401,007.	27	546,916,540.	
	28 Temporarily restricted net assets	65,964,598.	28	37,674,154.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	508,365,605.	33	584,590,694.	
34 Total liabilities and net assets/fund balances	546,093,119.	34	626,461,940.		

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	89,424,755.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,992,173.
3	Revenue less expenses. Subtract line 2 from line 1	3	77,432,582.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	508,365,605.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,207,493.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	584,590,694.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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 (2010)

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

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 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 - Other
- 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?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- 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 support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	114,842,533.	190,537,099.	45,970,282.	92,680,699.	87,438,036.	531,468,649.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	114,842,533.	190,537,099.	45,970,282.	92,680,699.	87,438,036.	531,468,649.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,548,885.
6 Public support. Subtract line 5 from line 4.						522,919,764.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	114,842,533.	190,537,099.	45,970,282.	92,680,699.	87,438,036.	531,468,649.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,006,780.	4,242,424.	3,585,868.	1,332,950.	766,692.	10,934,714.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					900.	900.
11 Total support. Add lines 7 through 10						542,404,263.
12 Gross receipts from related activities, etc. (see instructions)					12	3,781,662.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	96.41	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	91.48	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Complete this part to 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

Multiple horizontal lines for providing supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

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, aggregate 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 aggregate 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 line 2 of its Form 990-PF, 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) (2010)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC	Employer identification number 38-3678458
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 13,037,756.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 54,480,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 1,934,541.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC	Employer identification number 38-3678458
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC	Employer identification number 38-3678458
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating 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. See instructions.) ▶ \$

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2010

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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 35a (Proxy Tax), then

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

Name of organization NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM AT THE WORLD TRADE CENTER FOUNDATION, INC	Employer identification number 38-3678458
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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) 2010

LHA

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.
 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
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
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.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		7,141.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		20,000.
j Total. Add lines 1c through 1i			27,141.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

IN 2010, THE NATIONAL SEPTEMBER 11TH MEMORIAL AND MUSEUM WORKED WITH A CONSULTANT TO DEVELOP A LOBBYING STRATEGY.

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, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

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 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 purposes (land for public use, natural habitat, open space, historically important land, historic structure), a table for held at end of 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 required to be reported.

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 XIV.
- 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 XIV 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 XIV.

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 year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		691,471.	178,202.	513,269.
d Equipment		1,073,595.	699,407.	374,188.
e Other		414,322.	200,840.	213,482.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,100,939.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ACCRUED INTEREST RECEIVABLE	4,886.
(2) CONSTRUCTION IN PROGRESS	420,804,615.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	420,809,501.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	89,424,755.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,992,173.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	77,432,582.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	-1,082,493.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-125,000.
9	Total adjustments (net). Add lines 4 through 8	9	-1,207,493.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	76,225,089.

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

1	Total revenue, gains, and other support per audited financial statements	1	89,562,682.
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	105,960.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	31,967.
e	Add lines 2a through 2d	2e	137,927.
3	Subtract line 2e from line 1	3	89,424,755.
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 XIV.)	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	89,424,755.

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

1	Total expenses and losses per audited financial statements	1	13,212,593.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,188,453.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	31,967.
e	Add lines 2a through 2d	2e	1,220,420.
3	Subtract line 2e from line 1	3	11,992,173.
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 XIV.)	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	11,992,173.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, 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

Part XIV Supplemental Information (continued)

ASSETS DESIGNATED FOR ACQUISITIONS OF COLLECTION ITEMS.

PART III, LINE 4: THE ORGANIZATION IS IN THE PROCESS OF ASSEMBLING A PERMANENT COLLECTION AND HAS ADOPTED 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 THE LEADERSHIP OF THE BOARD AND STAFF, THE MEMORIAL STRIVES TO ESTABLISH, PRESERVE AND DOCUMENT PRIMARY RECORDS, MATERIAL EVIDENCE, SPOKEN TESTIMONY AND OTHER WIDE-RANGING CULTURAL DOCUMENTATION TO CAPTURE THE EXPERIENTIAL AND TRANSFORMATIVE NATURE OF THE SEPTEMBER 11, 2001 TERRORIST ATTACKS, THE BOMBING OF THE WORLD TRADE CENTER ON FEBRUARY 26, 1993 AND THE HISTORY OF THE BUILDINGS THEMSELVES. THE MEMORIAL ALSO COLLECTS ARTIFACTS, SPOKEN REMEMBRANCES AND OTHER MATERIALS WHICH HONOR THE VICTIMS OF THE 9/11/01 AND 2/26/93 TERRORIST ATTACKS AND THEIR LEGACIES.

THE COLLECTION IS MAINTAINED FOR USE IN THE PERMANENT EXHIBITION OF THE FUTURE MEMORIAL MUSEUM, AS WELL AS FOR TRAVELING EXHIBITIONS AND FOR LOANS TO OTHER ORGANIZATIONS AND AS AN ON-LINE RESEARCH AND EDUCATIONAL TOOL, TO BE USED BY THE PUBLIC FOR RESEARCH PURPOSES AND TO ENHANCE PUBLICATIONS OF INTELLECTUAL MERIT.

IN CONFORMITY WITH ACCOUNTING POLICIES GENERALLY FOLLOWED BY HISTORY AND ART MUSEUMS, THE VALUE OF THE MEMORIAL'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

Part XIV Supplemental Information (continued)

ACTIVITIES. PURSUANT TO THE ORGANIZATION'S COLLECTIONS MANAGEMENT POLICY, PROCEEDS FROM DE-ACCESSIONS ARE TO BE USED EXCLUSIVELY TO ACQUIRE OTHER ITEMS FOR THE COLLECTION AND WILL BE RECORDED AS TEMPORARILY RESTRICTED NET ASSETS.

ACQUISITIONS OF COLLECTION ITEMS:

IN 2010, THE ORGANIZATION SPENT \$125,000 ON ACQUISITIONS OF COLLECTION ITEMS. THESE ACQUISITIONS WERE PARTIALLY FUNDED BY CASH CONTRIBUTIONS THAT WERE RECEIVED IN 2009 AND RESTRICTED FOR THIS PURPOSE.

PART X, LINE 2: THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX 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 AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO DECEMBER 31, 2007.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

COLLECTIONS ACTIVITIES AS PER DECREASES IN UNRESTRICTED NET ASSETS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFICATION: DISPOSAL OF FIXED ASSET

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFICATION: DISPOSAL OF FIXED ASSET

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 (add col. (a) through col. (c))	
		ANNUAL BENEFIT DINNER (event type)	COCKTAIL RECEPTION (V (event type)	NONE (total number)		
Revenue	1	Gross receipts	2,197,260.	50,895.		2,248,155.
	2	Less: Charitable contributions	2,026,925.	26,695.		2,053,620.
	3	Gross income (line 1 minus line 2)	170,335.	24,200.		194,535.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	186,772.			186,772.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	322,691.	41,292.		363,983.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(550,755)
	11	Net income summary. Combine line 3, column (d), and line 10				-356,220.

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. Combine line 1, column d, and line 7				

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:

13a		%
13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter 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. Complete this part to 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

SCHEDULE G, PART I, LINE 2B, COLUMN (V): THE LUKENS COMPANY ("TLC") AND

THE ORGANIZATION HAS A NON-EXCLUSIVE AGREEMENT FOR DIRECT RESPONSE MARKETING CONSULTATION AND MANAGEMENT, THE CREATION AND PRODUCTION OF

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2010

**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 General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUND PORTRAIT PRODUCTIONS, INC. (STORY CORPS) - 80 HANSON PLACE, 2ND FLOOR - BROOKLYN, NY 11217	13-3753011	501(C)(3)	47,000.	0.	N/A	N/A	TO FUND ORAL HISTORIES THROUGH THE "STORY CORPS" PROJECT COVERING 9/11 EVENTS."
VOICES OF SEPTEMBER 11TH 161 CHERRY STREET NEW CANAAN, CT 06840	16-1639299	501(C)(3)	260,000.	0.	N/A	N/A	USED FOR COMPONENTS NEEDED FOR MEMORIAL EXHIBITION.

2 Enter total number of section 501(c)(3) and government organizations **2.**

3 Enter total number of other organizations **0.**

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

Schedule I (Form 990) (2010)

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

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

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: IN EACH CASE, THE ORGANIZATION REQUIRED AN AGREEMENT MANDATING SIGNIFICANT OVERSIGHT OF PROGRAM ACTIVITIES WHERE ORGANIZATION FUNDS WERE BEING PROVIDED. FOR EXAMPLE, THE ORGANIZATION REQUIRED THESE RECIPIENTS TO SUBMIT REPORTS DOCUMENTING SPECIFIC PROGRAM OUTCOMES SUPPORTED BY THE GRANT; GRANT FUNDS EXPENDED AGAINST THE PROGRAM BUDGET; ANY CHANGES TO THE INITIAL PROGRAM BUDGET; ADDITIONAL SOURCES OF LONG-TERM FUNDING; CHANGES TO PROGRAM STAFFING AND/OR CONSULTANTS; AND THE CURRENT ORGANIZATIONAL BUDGET.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2010

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

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
1a 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 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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <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		
4 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: a Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 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: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 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: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 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	7	X
8 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	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2010

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSEPH DANIELS	(i)	333,467.	0.	0.	22,615.	22,206.	378,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DAVID LANGFORD	(i)	191,611.	0.	0.	19,574.	16,977.	228,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ALLISON BLAIS	(i)	170,942.	0.	0.	15,427.	6,866.	193,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JOAN GERNER	(i)	125,100.	0.	296,565.	10,724.	7,074.	439,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CATHY BLANEY	(i)	287,663.	0.	0.	22,280.	22,206.	332,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ALICE GREENWALD	(i)	326,884.	0.	0.	22,442.	7,254.	356,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JAMES CONNORS	(i)	215,778.	0.	0.	16,177.	0.	231,955.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 CAROLYN RASIC	(i)	193,407.	0.	0.	16,872.	7,254.	217,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 LUIS MENDES	(i)	186,838.	0.	0.	16,840.	21,159.	224,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 NOELLE LILIE	(i)	163,088.	0.	0.	14,824.	0.	177,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 SUANY CHOUGH	(i)	170,372.	0.	0.	16,841.	7,254.	194,467.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 ALIYAH KOZIROVSKY	(i)	129,513.	0.	0.	13,132.	13,989.	156,634.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A: JOAN GERNER, EVP OF DESIGN & CONSTRUCTION, SEPARATED
FROM THE ORGANIZATION ON MAY 7, 2010 AND RECEIVED SEVERANCE PAYMENT
TOTALING \$296,565, PER THE TERMS OF HER EMPLOYMENT CONTRACT.

FORM 990, PART VII, SECTION A AND SCHEDULE J, PART 2, PAGE 2:
AS WITH OTHER ORGANIZATIONS PAYING EMPLOYEES ON A BI-WEEKLY BASIS, THERE
WERE 27 PAY DATES IN CONTRAST WITH PREVIOUS YEARS WHEN THERE WERE ONLY 26
PAY DAYS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

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.**

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	2	0.	
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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>AUDIOVISUAL E</u>)	X	1	115,000.	FMV
26 Other ▶ (<u>FILE CABINETS</u>)	X	1	22,875.	FMV
27 Other ▶ (<u>SOFTWARE</u>)	X	1	1,771.	FMV
28 Other ▶ (<u>DECALS</u>)	X	1	1,050.	FMV

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** **2**

	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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

STATIONERY

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 369.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, LINE 33: THE ORGANIZATION RECEIVED 2 CONTRIBUTIONS OF VIDEO AND PHOTOGRAPHY ARCHIVES IN 2010. THESE COLLECTION ITEMS ARE SIGNIFICANT HISTORICAL TREASURES THAT DOCUMENT THE HISTORY OF THE WORLD TRADE CENTER SITE. THESE COLLECTION ITEMS ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION IN LINE WITH THE GENERALLY ACCEPTED ACCOUNTING PRACTICES FOR SIMILAR CULTURAL ORGANIZATIONS.

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

2010

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

CONSTRUCTION OF THE NATIONAL SEPTEMBER 11 MEMORIAL, MEMORIAL MUSEUM AND
MUSEUM PAVILION. UPON COMPLETION, THE ORGANIZATION WILL OPERATE THE
FACILITIES AND 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:

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
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.

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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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:

PROGRESSED THROUGH CONCEPT DESIGN FOR THE HISTORICAL EXHIBITIONS, AND LAUNCHED PRODUCTION OF AUDIO-VISUAL COMPONENTS FOR THE EXHIBITIONS.

THE PROCESS OF SOLICITING QUALIFICATIONS AND BIDS FOR EXHIBITION FABRICATION WAS INITIATED.

CONTINUED ACQUISITION OF MATERIALS AND ORAL TESTIMONIES WAS PURSUED TO ENABLE THE EXHIBITIONS TO CONVEY THE EXPERIENCES OF INDIVIDUALS, FIRST RESPONDERS, SURVIVORS, FAMILIES, LOWER MANHATTAN RESIDENTS, AND WORKERS IMPACTED BY THE 9/11 ATTACKS. A PARTICULAR FOCUS IN 2010 WAS THE LAUNCH OF A MAJOR OUTREACH EFFORT TO SOLICIT PORTRAITS, MEMORABILIA, AND OTHER DOCUMENTATION FROM FAMILY MEMBERS OF VICTIMS OF THE 9/11 ATTACKS AND THE 1993 WORLD TRADE CENTER BOMBING IN SUPPORT OF THE PLANNED MEMORIAL EXHIBITION.

2010 ALSO SAW THE LAUNCH OF THE 9/11 MEMORIAL'S FIRST IPHONE APP FEATURING A TOUR OF GROUND ZERO THAT DRAWS UPON EXCERPTS OF ORAL HISTORIES FROM THE MUSEUM ARCHIVE. THE APP, EXPLORE 9/11, RECEIVED THE GOLD MUSE AWARD FROM THE AMERICAN ASSOCIATION OF MUSEUMS, THE TOP AWARD IN ITS CATEGORY. IN ADDITION, AN INTERACTIVE, ONLINE TIMELINE WAS

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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LAUNCHED AS AN EDUCATIONAL RESOURCE FOR TEACHING AND LEARNING ABOUT
9/11.

PLANNING CONTINUED IN 2010 FOR A SPECIAL EXHIBITION THAT WILL OPEN IN
MULTIPLE LOCATIONS (NEW YORK, LONDON, MADRID, AND BARCELONA) IN
SEPTEMBER 2011, IN CONJUNCTION WITH THE 10TH ANNIVERSARY OF 9/11:
MEMORY REMAINS: 9/11 ARTIFACTS AT HANGAR 17, FEATURING THE PHOTOGRAPHS
OF FRANCESCO TORRES.

FINALLY, IN A CONTINUING EFFORT TO PROVIDE TEACHERS WITH TOOLS TO
FACILITATE COMMEMORATION OF 9/11 IN THEIR CLASSROOMS, AND TO TEACH THIS
HISTORY MOST EFFECTIVELY, MUSEUM STAFF PRODUCED A FULLY DOWNLOADABLE
BOOKLET FOCUSED ON TRIBUTE ART AND 9/11: HEALING THROUGH ARTISTIC
RESPONSE COMMEMORATIVE RESOURCES FOR UPPER ELEMENTARY, MIDDLE AND HIGH
SCHOOL EDUCATORS, AND CONTINUED TO PRODUCE CLASSROOM SUPPLEMENTS TO THE
ONGOING SERIES OF ORIGINAL WEBCAST INTERVIEWS, EXPLORING 9/11: THE
WORLD BEFORE AND AFTER.

THE 9/11 MEMORIAL PREVIEW SITE WELCOMED ITS ONE MILLIONTH VISITOR LESS
THAN ONE YEAR AFTER OPENING TO THE PUBLIC. THE PREVIEW SITE WAS
ESTABLISHED TO PROVIDE THE PUBLIC WITH AN OPPORTUNITY TO LEARN ABOUT
THE MEMORIAL AND MUSEUM, SEE CONSTRUCTION PROGRESS AND RECORD THEIR OWN
9/11 STORIES FOR USE IN FUTURE MUSEUM EXHIBITS. THE PREVIEW SITE
WELCOMED VISITORS FROM MORE THAN 63 DIFFERENT COUNTRIES IN 2010,
ACCORDING TO AN INTERNAL SURVEY ON VISITATION. IN 2010, THE 9/11
MEMORIAL PREVIEW SITE ALSO HOSTED A PUBLIC SPEAKERS SERIES PROGRAM
FEATURING SEVEN EVENTS DISCUSSING CURRENT ISSUES AND TOPICS RELATED TO
9/11.

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 III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

TREE AFTER SUSTAINING EXTENSIVE DAMAGE, BUT SURVIVING THE SEPTEMBER 11, 2001, TERROR ATTACKS AT THE WORLD TRADE CENTER.

IN 2010, STRUCTURAL STEEL FOR THE MUSEUM PAVILION NEARED COMPLETION.

IN SEPTEMBER 2010, THE TWO ORIGINAL WORLD TRADE CENTER TRIDENTS THAT WILL BE VISIBLE THROUGH THE MUSEUM PAVILION WERE BROUGHT TO THE SITE AND INSTALLED IN THE PAVILION ATRIUM. CLADDING OF THE PAVILION BEGAN IN DECEMBER AND WILL CONTINUE THROUGH 2011. STRUCTURAL STEEL FOR THE WEST VENT STRUCTURES WAS ALSO COMPLETED AND THE CLADDING OF THE STRUCTURES WILL BEGIN IN 2011.

THE EXHIBITION SPACES OF THE MUSEUM PROGRESSED RAPIDLY IN 2010 AS WELL. INTERIOR FRAMING OF THE MUSEUM SPACES COMMENCED IN 2010 AND THE GRAND STAIRCASE WHICH IS SITUATED BESIDE THE SURVIVOR STAIR WAS COMPLETED BY DECEMBER 2010. FRAMING OF THE HIGH CEILINGS IN THE EXHIBITION SPACES ALSO COMMENCED THIS YEAR.

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, AND EACH COMMITTEE REVIEWS AND 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 ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WHICH IT MONITORS AND ENFORCES. THE BOARD CURRENTLY MANDATES THAT ALL EMPLOYEES AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT

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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OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY ARISE. THE SIGNED CONFLICT OF INTEREST POLICY IS SUBMITTED TO THE CORPORATE COMPLIANCE OFFICER WHO REVIEWS THE SIGNED ATTESTATIONS FOR POTENTIAL OR ACTUAL CONFLICTS. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE CORPORATE COMPLIANCE OFFICER WILL NOTIFY MEMBERS OF MANAGEMENT OR THE GOVERNING BODY ABOUT SUCH CONFLICT AND INVESTIGATE THE CONFLICT. THE RESULTS OF THE INVESTIGATION WILL BE SUMMARIZED AND DOCUMENTED BY THE CORPORATE COMPLIANCE OFFICER AND BE REPORTED TO THE GOVERNING BODY. IF THE CORPORATE COMPLIANCE OFFICER ESTABLISHES THAT AN ACTUAL CONFLICT EXISTS, THE MEMBER OF MANAGEMENT OR THE GOVERNING BODY WILL BE NOTIFIED IMMEDIATELY AND WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL SUCH TIME THERE IS NO LONGER A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION HAS ESTABLISHED A WRITTEN COMPENSATION POLICY FOR THEIR COMPENSATION COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATION 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 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

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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WAS APPROVED AND THE COMPARABLE DATA USED AND RELIED UPON TO MAKE THE
DECISION.

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

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND
OH, OK, OR, SC, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM 990
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, FORM 1023 AND THE IRS DETERMINATION
LETTER ARE ALSO POSTED ON ITS WEBSITE AND GUIDESTAR.ORG. THE SAME
INFORMATION IS AVAILABLE UPON WRITTEN REQUEST AT ONE LIBERTY PLAZA, 20TH
FLOOR, NEW YORK, NY 10006 OR BY CALLING THE ORGANIZATION DIRECTLY AT
212-312-8800.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

DONATED SERVICES AND USE OF FACILITIES:	-1,082,493.
COLLECTIONS ACTIVITIES AS PER DECREASES IN UNRESTRICTED NET ASSETS	-125,000.
TOTAL TO FORM 990, PART XI, LINE 5	-1,207,493.

FORM 990, PART XI, LINE 2C:

COMMITTEE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS:

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.

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 VIII, LINE 8C AND FORM 990, SCHEDULE G, PART II, LINE 11:
EXPLANATION OF FUNDRAISING EVENTS LOSS:

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, 2010 THE MEMORIAL CONDUCTED TWO SUCCESSFUL
FUNDRAISING EVENTS GENERATING CONTRIBUTION REVENUE TOTALING \$2,053,620.
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 \$356,220, BUT AN OVERALL NET GAIN OF \$1,697,400.